Meeting
Adults AND HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE
Date and time
Thursday 26TH OCTOBER, 2023
At 7.00 PM
Venue
Hendon TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

To: Members of Adults AND HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE (quorum 3)

Chair: Councillor Philip Cohen
Vice Chair: Councillor Caroline Stock

Rishikesh Chakraborty	Alison Cornelius	Gill Sargeant
Richard Barnes	Ella Rose	Lucy Wakeley

Substitute Members

Andrea Bilbow OBE	Sarah Wardle	Nick Mearing-Smith
Woodcock-Velleman		

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Mon 23rd October at 10:00hrs. Requests must be submitted to Tracy Scollin, Principal Scrutiny Officer tracy.scollin@barnet.gov.uk

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service Contact: tracy.scollin@barnet.gov.uk

Media Relations Contact: Tristan Garrick 020 8359 2454 Tristan.Garrick@Barnet.gov.uk

Assurance Group

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Order of Business

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14.	Any item(s) that the Chair decides are urgent	

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Minutes of the Adults and Health Overview and Scrutiny Sub-Committee

28 June 2023

Members Present:-

AGENDA ITEM 1

Councillor Philip Cohen (Chair)
Councillor Caroline Stock (Vice-Chair)

Councillor Richard Barnes	Councillor Lucy Wakeley
Councillor Ella Rose	Liron Woodcock-Velleman (Substitute for Councillor Rishikesh Chakraborty)
Councillor Gill Sargeant	

Apologies for Absence

Councillor Rishikesh Chakraborty	Councillor Alison Cornelius

1. ABSENCE OF MEMBERS (IF ANY)

Apologies were received from Councillor Chakraborty who was substituted by Councillor Woodcock- Velleman

Apologies were received from Councillor Alison Cornelius.

2. DECLARATION OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS (IF ANY)

None.

3. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

4. PUBLIC COMMENTS AND QUESTIONS (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

None.

6. OVERVIEW AND SCRUTINY ARRANGEMENTS

The Committee considered a report that sets out Overview & Scrutiny arrangements at the London Borough of Barnet following the move to Executive arrangements at Annual

Council on 23 May 2023. The Sub-Committee noted the legislative framework that underpinned the scrutiny arrangements.

RESOLVED that the Committee noted the Overview & Scrutiny arrangements as outlined in the report.

7. QUARTER 4 (Q4) 2022/23 PERFORMANCE REPORT

The Executive Director – Communities, Adults and Health presented her report, providing a summary of performance for 2022/23, which focused on activities to deliver the council's priorities.

It was explained that the final outturn for year 2022/23 reported an overspend of £16m which had been reduced by the application of reserves; a significant factor was the increased number of people the Council had to provide statutory care for in conjunction with the increased complexity of care needs. The Council has a statutory duty to meet the needs of care provisions regardless of the current budget pressures and this was a situation that was reflected across the country.

Whilst there had been numerous pressures throughout the year a savings programme was already in place with robust controls in relation to agreeing cost of care packages. Barnet was one of four North London Boroughs sharing an ethical but robust approach to setting care fees, using independent analysis. Barnet also works closely with the community and voluntary sector and emphasises an 'independent living' ethos.

In response to questions the Executive Director – Communities, Adults and Health confirmed the following information:

Concerns over potential closure of care homes due to financial pressures:

- A minimum sustainable price for placements is used for Barnet residents and this price is modelled; no non-local authority residents were placed in the same care home as private residents so private residents are not 'subsidising' local authority care homes. Around 30-40% of care homes in the Borough are small businesses rather than large national chains, and the typical financial risks for the sector were factors across Barnet.

Proportion of people offered reablement following hospital discharge:

- There continued to be increased demand in the system, and Barnet's homecare and reablement service had grown significantly as people are supported on their return from hospital with a care package in place.

The Committee raised several questions in relation to the Adult Social Care Outcomes Framework provisional indicators for 22/23.

- Two indicators; only 62% of users felt safe and secure.
- 35% of carers felt they needed more social contact.

It was explained that improvements were being made and the Council is using many channels including the voluntary and community sector, GPs and other health

professionals, focussing on providing a wraparound approach. As a social care service, great efforts were being made to actively engage and improve service delivery including co-production of services.

In response to a question on how resident engagement in the Healthy Hearts Programme is being encouraged, Dr Djomba, Deputy Director, Public Health responded that there is a comprehensive approach, using existing channels including the voluntary and community sector, as well as Barnet Health Champions. Officers are also raising awareness amongst health professionals, specifically targeting GPs and health visitors.

A Member asked whether bespoke resources for faith communities were in place as part of the Barnet Dementia Friendly Borough. Dr Djomba responded that the service has undertaken an accreditation process to achieve 'Dementia Friendly' status. She would ask a colleague to forward detailed information to the committee.
Action: Dr Djomba

A Member enquired about waiting lists compared to other Boroughs. The Executive Director, Adults, Communities and Health noted that there is no longer a standard way of collecting this data so benchmarking was not possible. Patients are triaged so that urgent cases are allocated quickly, but there are large numbers of people nationally on waiting lists for adult social care and occupational therapy assessments.

A Member asked about increasing the recycling of equipment no longer required by patients. The Director of Adult Social Care reported that the equipment service provider is incentivised to recycle as much as possible and this would be encouraged with the new provider within their contract. Community equipment recycling could be added to the Work Programme of the committee, including NHS colleagues.
Action: Scrutiny Officer

Resolved that: the Adults and Health Overview and Scrutiny reviewed the progress, performance, finance and risk information for 2022/23.

8. CABINET FORWARD PLAN (KEY DECISION SCHEDULE)

The Head of Governance reported that there is a legal requirement for a list of key decisions to be made by Cabinet to be published a minimum of 28 days before the Cabinet meeting. In Barnet the Forward Plan covered a longer period where possible, of up to 12 months ahead. He recommended that committee members consider undertaking pre-scrutiny, to influence a strategy or policy prior to the decision being made. Members should notify the Scrutiny Officer of any item on the Cabinet Forward Plan that they wish to scrutinise.

The Chair commented that there would also be continued discussions with the relevant Portfolio Holders for early engagement on issues that the Committee may wish to scrutinise.

A Member noted that the Homelessness Strategy would be of interest and relevance to the Adults & Health O&S Sub Committee. It was noted that Members could attend the Overview and Scrutiny Committee to participate on the discussion on the item.

Resolved that: the Adults & Health Overview and Scrutiny Sub-Committee considered the Cabinet Forward Plan and considered items the Committee may wish to request for pre-decision scrutiny during 2023/24.

9. SCRUTINY WORK PROGRAMME

The Chair noted that the report set out the draft 2023/24 Work Programmes for the Adults and Health Overview and Scrutiny Sub-Committee 2023/24 and provides the committee's plan of work for the municipal year. He added that the committee can make any amendments or additions, to enable it to respond to issues of concern or to request new pre-decision items ahead of their consideration by Cabinet/Council.

It was agreed that progress reports on the Task and Finish Groups would be added to the Work Programme, to begin on 20th September.
Action: Scrutiny Officer

The Chair noted that the Health and Wellbeing Board Work Programme would be circulated at each meeting for awareness.
Action: Scrutiny Officer

Resolved that:

a) **the Adults and Health Overview and Scrutiny Sub-Committee received and inputted into the proposed 2023-2024 Work Programme for the Adults and Health Overview and Scrutiny Sub-Committee**

b) **The Committee noted the scrutiny review topics attached at Appendix BI and using the prioritisation criteria attached (appendix BII), determined which items should be prioritised for reporting to a committee or the subject of a task and finish group.**

c) **the Work Programme was noted and recommended to Council at its meeting on 11 July 2023.**

10. PROPOSED TASK AND FINISH GROUPS - SCOPED ITEMS FOR COMMITTEE APPROVAL

The Chair noted that the report set out scoped Task and Finish Group review items for the Sub-Committee to consider and include in the work programme. These had been suggested by residents, officers and Members. The Chair recommended that the two scoped items be chosen first as they reflected public concern as reported to Members.

A Member suggested including in the GP Access scope a forecast of where people are due to be moving in to the borough over the next 10-15 years, in light of new developments currently going ahead.
Action: Scrutiny Officer

The Head of Governance commented that Task and Finish Group Members did not need to be Adults & Health O&S Members and that any non-executive Member can become a

Task and Finish Group Member. He recommended cross-party membership of up to 4-5 Members.

Also co-opted Members could be invited to join. The Head of Governance noted that professional Task and Finish Group Members usually contributed their time on a voluntary basis but this could be reviewed if incentives were needed. The Executive Director, Adults, Communities and Health noted that patient representatives were paid under the Council's Reward and Recognition Policy.

Cllr Stock nominated herself for the GP Access Group and noted that she would enquire with the Conservative Group to seek additional members. Cllrs Sargeant, Barnes and Perlberg nominated themselves to join this group.

Cllr Cohen noted that he, Cllrs Sargeant, Wakeley and Woodcock-Velleman had nominated themselves for the Discharge to Assess group. An additional Member would be requested from the Conservative Group.
Action: Scrutiny Officer

Resolved that:

- **the Sub-Committee received and inputted into the proposed Task and Finish - Scoped items at Appendix A and B of the report and determined both of the scoped items in the appendices.**

- **the Sub-Committee agreed to a) proceed to the two Task and Finish Groups; and b) agreed the make-up/membership of the agreed task and finish group.**

11. ANY ITEM(S) THE CHAIR DECIDES ARE URGENT

The Executive Director, Communities, Adults and Health presented her report which provided options for resident involvement in the work of the Adults and Health Overview and Scrutiny Sub-Committee and recommendations to ensure co-production and involvement with people who draw on health, care and support in Barnet. The Committee was asked to appoint an advisor. If agreed officers would work on an appropriate recruitment exercise. The principles of the Coproduction and Engagement Plan were also outlined in the report.

It was noted that the Committee would regularly receive reports from groups such as Healthwatch and patient participation groups on their experiences of accessing health and care services in Barnet.

The Executive Director, Communities, Adults and Health commented that suggestions for appointing the advisor were welcome outside the meeting. She offered to share details of the recruitment process outside the meeting if requested but emphasised that a fair process would be followed.

Resolved that:

1. **the Adults and Health Overview and Scrutiny Sub-Committee agreed to appoint an advisor to the committee with lived experience of using health**

and social care services within the borough, as set out in paragraph 1.6.1 of the report.

2. **the Adults and Health Overview and Scrutiny Sub-Committee agreed to adopt the co-production and engagement ways of working set out in paragraphs 1.6.2 and 1.6.3 of this report.**

The meeting finished at 8.07 pm

Adults & Health Overview and Scrutiny Sub-Committee Actions Log

2023-24

Meeting Date/Reference	Action	Assigned to	Due Date/ Completed	Response
28.06.23	Forward information to the committee on Barnet's 'Dementia Friendly' accreditation	Assistant Director Public Health	Completed	Senior Public Health Strategist emailed the committee on 03.07.2023.
28.06.23	Community equipment recycling (both adult social care and NHS) to be added to the A&HOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
28.06.23	Add progress reports on Task and Finish Groups relating to A&H to the Forward Plan	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Circulate Health and Wellbeing Board Forward Plan with each A&HOSC agenda	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Add forecast of where people are due to be moving into Barnet/new major developments to the Primacy Care Access Task and Finish Group Scope	Principal Scrutiny Officer	Completed	Added to the scope ahead of T&F meeting 19.10.23.
28.06.23	Seek additional Conservative Group Member for Discharge to Assess Task and Finish Group	Principal Scrutiny Officer/ Conservative Political Assistant	Due Jan 2024	Ongoing due by Jan 2024 ahead of the Discharge to Assess Task and Finish Group
28.06.23	Initiative process to appoint an advisor with lived experienced to the Sub-Committee	Principal Scrutiny Officer/Executive Director, Communities, Adults and Health	Due Jan 2024	Officers have initiated an open recruitment process including an engagement event. It is anticipated that two advisors (Health and Adult Social Care) will be appointed by the January 2024 meeting.

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Barnet Borough Partnership

North Central London Integrated Care System

Barnet Neighbourhood health and care model plans

Health and care overview and scrutiny sub-committee

October 26th 2023

AGENDA ITEM 7

Barnet Borough Partnership

North Central London Integrated Care System

Background to Neighbourhood working in Barnet

- Neighbourhood programme agreed at Barnet Borough Partnership Executive Board in October 2022
- System buy-in to prioritise a neighbourhood approach, through funding neighbourhood, health inequalities and coproduction posts, as well as hosting of neighbourhood workshop in February 2023.
- Decision made to adopt pragmatic position of 'PCN = neighbourhood' as a starting point, and to focus on hyper-local place-based initiatives e.g. in Grahame Park
- Where progress has been made in other boroughs, agreeing a common language has helped move things forward (see 'key terms' below) and starting with small pilots or 'test and learn' sites. It has embraced an asset-led approach and actively ensured resident co-production.
- The February workshop looked at what further initiatives (either hyper-local or PCN MDT-based activity) could be developed at neighbourhood level, and looked to develop further engagement from key stakeholders including PCN leads.
- Agreement that Barnet neighbourhood programme should reflect previous insights and knowledge from local and wider resources.
- Building consensus that, using a shared terminology, we need to understand what PCN level neighbourhood progression is and take the early adopters to test and progress further, and build on work in one hyper-local area (for example, Grahame Park), before looking to other targeted initiatives.
- April 2023 – now: engagement with system partners including PCNs, sign-off of programme approach at BBP Board and Barnet HWBB, PCN event on 13th July, commencement of GPE hyper-local, navigation and CYP asthma workstreams, alignment with health inequalities agenda
- Engagement around CYP early-help/ child development centre, and enablement and community services workstreams
- Value of neighbourhood models first seen in examples such as Manchester and now promoted through work such as the Fuller Stocktake of Primary Care
- Barnet system workshop on 11th October had representation from across different settings and sectors in Barnet and focussed on developing local ideas for PCN-based neighbourhood pilots.

Barnet Borough Partnership

What is our vision?

North Central London Integrated Care System

- MORE SUPPORT FOR RESIDENTS through provision of integrated teams to help residents to get healthy, stay well, keep safe and be as independent as possible
- ACTIVELY SUPPORTED COMMUNITIES within neighbourhoods to help themselves and each other
- INVOLVING AND ENGAGING RESIDENTS to ensure their interests come first and resources are collectively focussed on improving their health outcomes
- FLEXIBLE APPROACH BASED ON NEEDS and complex issues at place, addressing health inequalities and co-morbidity, and focussing efforts in more deprived areas
- CARE THAT IS SEAMLESS at the point of delivery, joined up and personalised
- A CONNECTED WORKFORCE who feel socially and logistically connected to each other, and able to work flexibly, better able to meet people's needs
- REDUCED BOUNDARIES between organisations so that care meets physical, mental, social and related needs of residents and families

Updated from November 2022 slide

Barnet Borough Partnership

Programme Overview – August 2023

North Central London Integrated Care System

Barnet Borough Partnership Neighbourhood Model: 3-pronged approach:

Establishing Integrated Neighbourhoods at Primary Care Network level:

Developing framework (gold standard) for how integrated neighbourhood teams can work.

Recruit and fund Integrated Neighbourhood pilots (2-3) with Primary Care Networks (PCNs) as the integrated neighbourhood 'host' ('engine room') involving multi-disciplinary teams of professionals including statutory and voluntary services **wrapped around the needs of people**. To do so, developing data available to PCNs to help them make informed neighbourhoods and health inequalities decisions.

Working closely with VCS organisations to help identify gaps and need for capacity building.

Establishing and testing out a 'hyper-local' approach to neighbourhood health and care:

Grahame Park 'Adults, Health and Wellbeing' Group as the 'host'/ engine room for this work.

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.

Group is now establishing workplan and achievables for the next year, with the principle of ensuring that interventions are multi-disciplinary, integrated and **wrapped around the needs of people.**

Once fully established, will explore other areas to further test the 'hyper-local' approach.

Projects that encapsulate the integrated nature of neighbourhood working and present opportunities to bring different system partners together:

Mapping navigation, prevention, signposting and wellbeing services across health, council and 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 patient/ resident journey to the right services easier.

Developing community-based approach to preventing, managing and treating children's asthma.

Early stages of projects improving coordination of community health and enablement services; and coordination of health and early-help 0-19 services.

Opportunities to align projects to PCN and hyper-local approaches.

Engagement (system and peer), user involvement and coproduction underpinning all the work.

Barnet Borough Partnership

North Central London Integrated Care System

Programme governance, resource and alignment

- **Accountable to:** Barnet Borough Partnership (BBP) Joint Programme Board; Barnet Neighbourhood Programme Delivery Board
- **Resource:** 1 Programme Lead (hosted by BBP/ ICS, funded by partner organisations), 1 Clinical Lead (GP in the borough), matrix working with BBP colleagues across organisations, including SRO from CLCH
- **Funding:** confirmed seed primary care funding for PCNs to pilot initiatives (max £90k available, non-recurrent), PCN commissioning funding, other funding needs to be identified and sought as appropriate
- **Alignment:** Health and Wellbeing Strategy, Our Plan for Barnet, Children and Young People's Plan, JSNA, Barnet Together Alliance

Barnet Borough Partnership

North Central London Integrated Care System

What's in place already?

Current core PCN 'neighbourhood model ' services include:

- *Ageing Well Multi-disciplinary team (MDT/)pathway – all residents able to access this*
- *Integrated Paediatric clinic*
- *Social prescribing*
- *Prevention services such as Health Checks – in place*
- *PCN referral/access links to 0-19 hubs and Prevention and Wellbeing team*
- *Mental Health Practitioner based in each PCN*
- *First access physiotherapist*
- *Practice pharmacists and structured medication reviews*

Further building on existing work such as aligning wider prevention, signposting and wellbeing services with PCNs

Other areas: including building back-office functionality and data analysis

What's in place already?

- Hyper local work creates the opportunity for microscopic view of issues and challenges, and an opportunity to target specific stakeholders on very specific issues.
- The Grahame Park Estate 'Adults, Health and Wellbeing' workstream of LBB programme is responding to the Health Needs Assessment and Community Research Project, and using the Colindale Integrated Hub development as an opportunity. Hyper-local mental health and substance misuse services are now in operation on Grahame Park.
- Peer support and education - Healthy Hearts project to support targeted (e.g. Somali and South Asian) communities with heart health, prevention and wellbeing challenges, and Art against Knives, who run local projects on young black men's mental health and young women in overcoming barriers to employment.
- Ensuring that primary care services are engaged with hyper-local approaches.

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North Central London Integrated Care System

Barnet Integrated Neighbourhood Framework

DRAFT – comments welcomed

- The definition of ‘neighbourhoods’ in a health and wellbeing context is not agreed upon nationally.
- **This framework is built from previous work in Barnet and a best practice review of neighbourhood working across the UK, to develop the ‘gold standard’ of neighbourhood working for system partners to work towards over time**
- **It should guide thinking, provide structure to the concept of developing integrated neighbourhoods, and enable evaluation**
- **The framework provides examples of options for integrated neighbourhood Hosts to direct Neighbourhood resource towards**
- This is an early draft developed with input from some system partners. Further input is welcomed to ensure that it represents the vision of all system partners in delivering neighbourhood services and interventions.

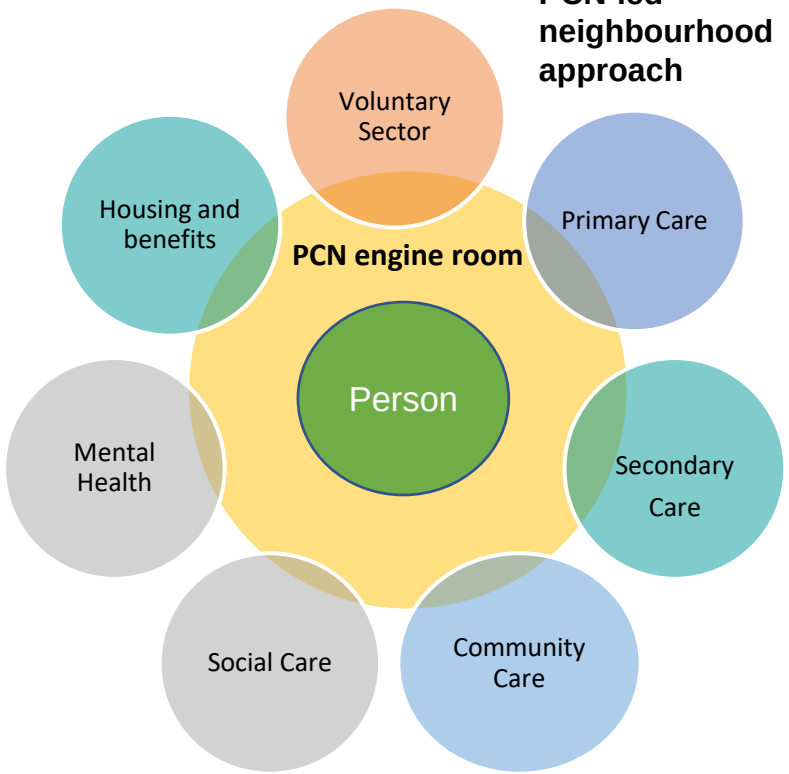
Barnet Borough Partnership

North Central London Integrated Care System

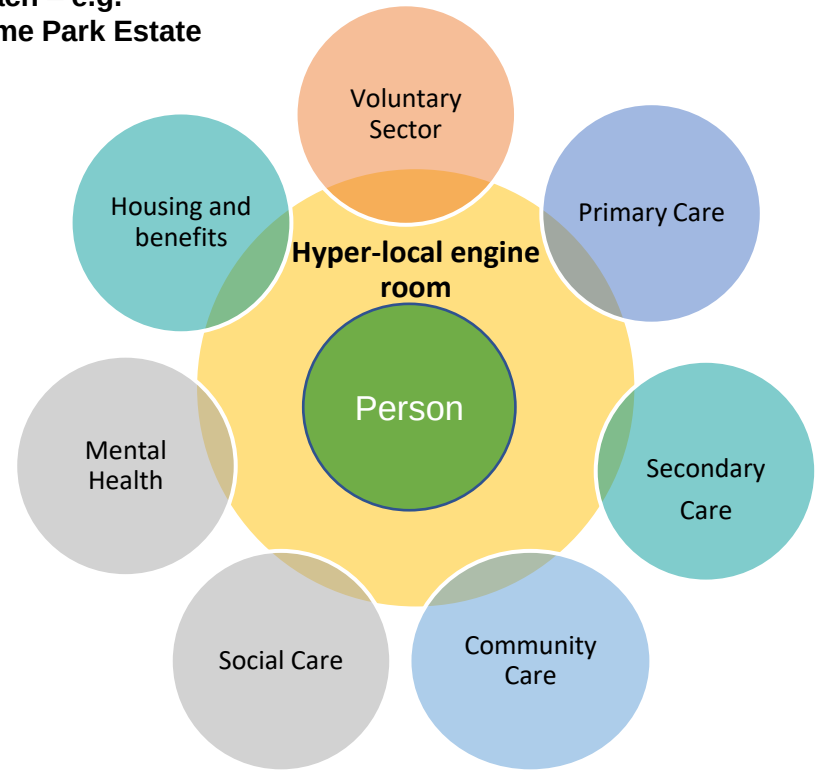
	INTEGRATED NEIGHBOURHOOD FRAMEWORK DOMAINS	What does this mean?	Constituents of domains
A	Integrator Host (engine room)	Which organisation is responsible for holding the Integrated Neighbourhood team/ initiatives together?	PCN, Community trust, Hospital trust, Local authority hub, community organisation etc
B	Integrator enablers	Factors that are likely to enable the host to be an effective host organisation, and for organisations to work effectively together.	Governance, Leadership, Strategic vision, ICR, Pooled budgets, Estates, communications, resident involvement
C	Integrated partnership	Principles to inform the approach to developing Integrated Neighbourhoods.	Systems focus, Individual role in system, Integrated care skill set, team work etc
D	Core integrator workforce team members	Should be based within the host organisation; key to enabling the partnership to work.	Examples: Clinical and non-clinical leads, project management et
F	Core areas of work	What, besides provision of healthcare at a provider level, does the integrated neighbourhood partnership do to improve the health and wellbeing of its residents and service users?	Access and demand/capacity management, Health promotion, Prevention, Care coordination, Personalised care
G	Services provided in an integrated manner	To fulfil the core areas of work, what services currently exist to improve the health and wellbeing of residents and service users? What is missing/ could be developed?	Examples: MDTs, social prescribing, mental health worker etc
TBC	*Workforce type in place at neighbourhood (PCN Additional roles - as part of PCN DES)*	*Existing roles across organisations and services to provide the neighbourhood services.*	*Examples: Pharmacist, physician associate, social prescriber etc*

Barnet Neighbourhood Programme

PCN-led neighbourhood approach



Hyper-local neighbourhood approach – e.g. Grahame Park Estate



CORE NEIGHBOURHOOD MODELS:

Different 'engine rooms' possible to convene system partners (including but not limited to those displayed) together to work in partnership, wrap around the needs of local people.

Opportunities to align projects/ workstreams with both PCN-led and hyper-local neighbourhood models.

Barnet Borough Partnership

North Central London Integrated Care System

What's happening now…

Programme governance – first Neighbourhood Programme Delivery Board took place on Thursday 24th August.

PCN data and analysis – working with Primary Care Network (PCN) Digital & Transformation Leads, Integrated Care Board (ICB) data team and Public Health data leads to support PCNs to develop data packs to support them to meet primary care commissioning and contractual requirements to address neighbourhood and health inequalities priorities.

Sharing knowledge/networking - Next system workshop confirmed for October 11th to bring together health and care system partners and PCNs and encourage collaboration on addressing neighbourhood and health inequalities priorities.

Expanding existing neighbourhood provision including integrated paediatric multidisciplinary team (MDT) clinics and continuing to grow the Ageing Well MDTs.

Expressions of interest for programme funding – we are developing an expression of interest (EOI) process for PCN teams to apply for seed funding to support new or expanding Integrated Neighbourhood initiatives or evaluating existing initiatives.

Evaluation support – we are exploring options and developing a framework for evaluating neighbourhood initiatives funded through programme funding and/or health inequalities funding.

Collaboration and Partnership – we work in partnership with all stakeholders to ensure that our local residents receive the best, most personalised and localised care possible.

See slide 4 for more information on projects including Grahame Park, navigation project, and Children and Young People's Asthma.

Barnet Borough Partnership

North Central London Integrated Care System

Provisional Timelines

September: #AskAboutAsthma campaign sharing messaging about impact of smoking, vaping, air pollution, access on green spaces, and much more, on children's asthma; shared across schools, youth settings, clinical settings. Children and young people's neighbourhood asthma stream launched

October: Barnet Neighbourhood System Workshop

October: Applications for PCN seed funding open

October: Grahame Park Estate: 'Adults, Health and Wellbeing' work-plan to be agreed and confirmed

November: Communications campaign promoting and clarifying access to borough-wide navigation, signposting, prevention and wellbeing services

December: 2 – 3 PCN joint pilots funded/ launched

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North Central London Integrated Care System

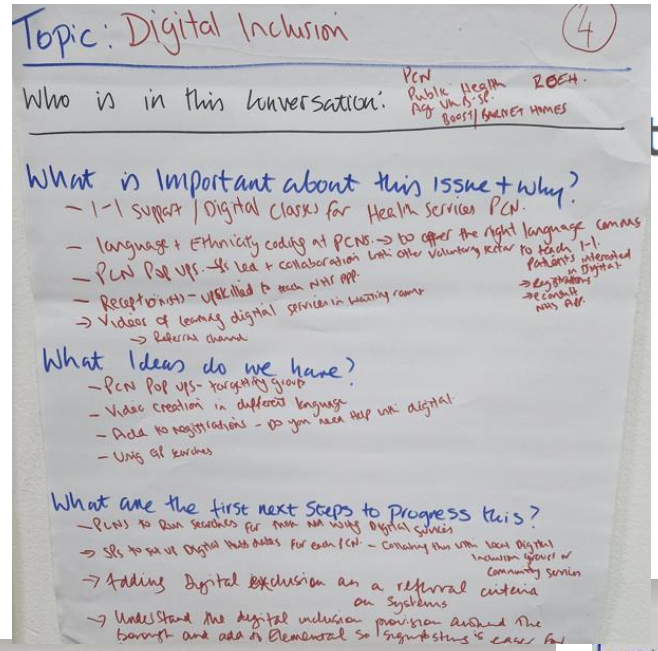
Neighbourhood workshop

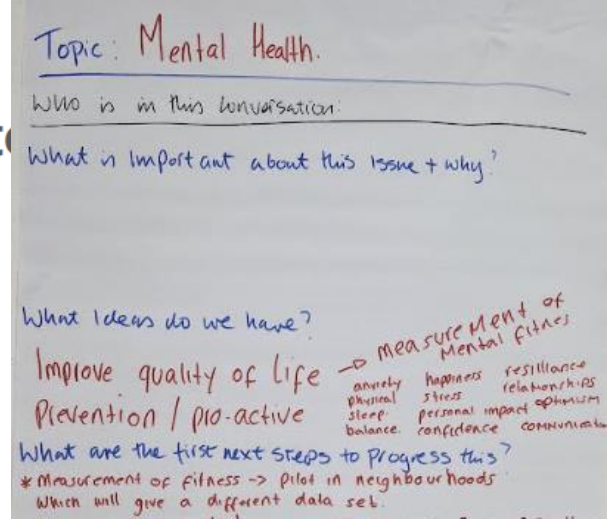
Barnet Borough Partnership

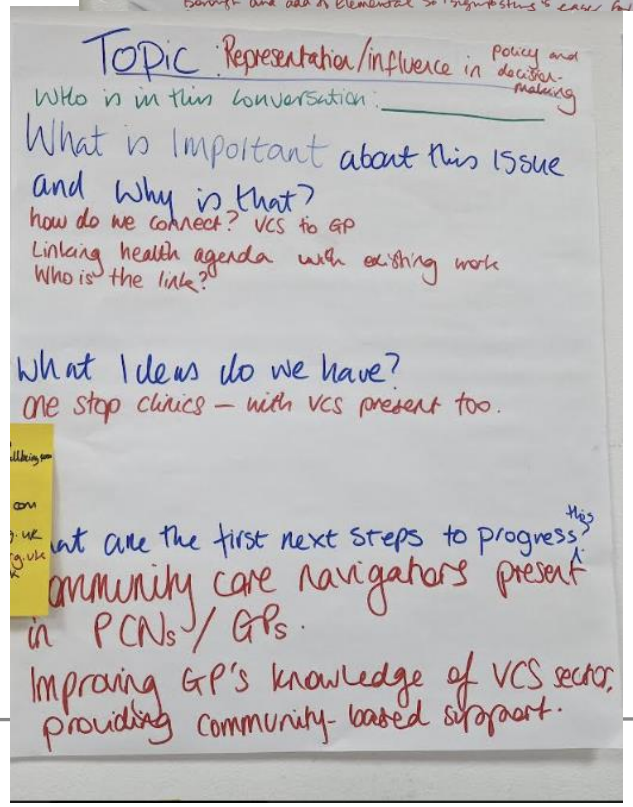
Neighbourhood workshop

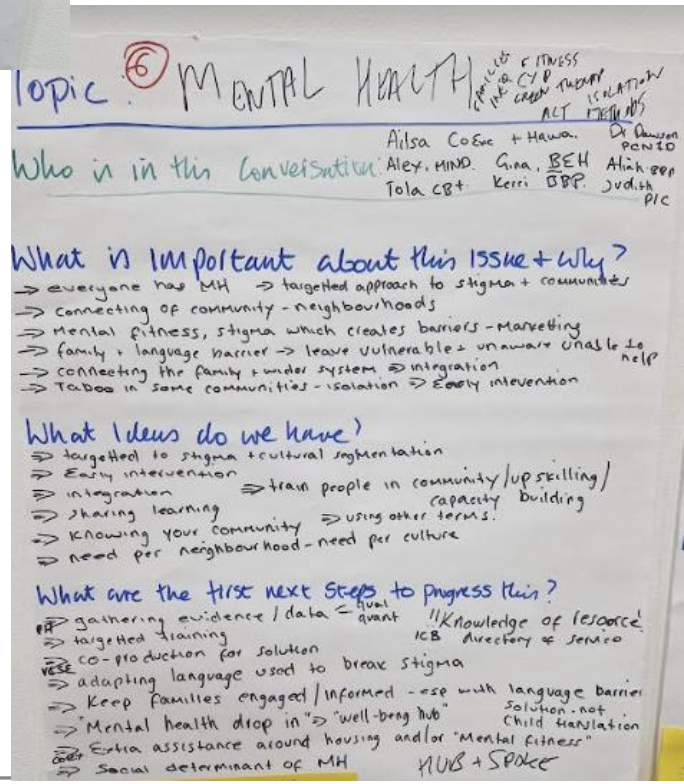
13 key ideas to take forward to potentially develop into pilot funding bids:

- Representation/influence in policy & decision-making
- Mental Health
- Housing & Health
- Inequalities
- Housebound & isolated people
- Interface between all providers
- Preparing for exponential growth of our ageing population
- Partnership working
- ‘Live’ neighbourhoods
- Expanding on Frailty MDTs
- Single point of access
- Cardiovascular disease & targeted communities
- Digital inclusion









Barnet Borough Partnership

North Central London Integrated Care System

Integrated neighbourhood early adopter examples

What is being done across the UK to deliver Neighbourhood care?

Examples: National and Local

Greater Manchester: reframing relationship between services away from 'council + health services', towards 'public services'. Local Care Organisations built to connect organisations catering for 30k – 50k populations. Shared leadership, culture, governance and collocated, open-plan office space to enable true joint working. Huddles bringing people together 2 – 3 times a week.

Wigan New Deal: Footprints as common currency across system, colocation of services encouraged, weekly huddles with rotating leadership depending on priorities of patients, brought together by footprint manager. Improved health outcomes, life expectancy, staff satisfaction, system financial outcomes, school readiness etc.

Haringey & Islington: integrated care conferences – weekly face-to-face MDTs re 'complex patients' (similar Ageing Well MDT and borough-wide risk panel). Haringey Connected Communities drop-in sessions for residents, assisting re housing, benefits and health (similar to BOOST centres and Prevention and Wellbeing Team). This presents a simplified offer of navigation and signposting services in the communities that have no wrong front-doors. Underpinned by joined up services and enabled by a shift in culture.

Neighbourhood Integration Project: Leeds, Luton, Norfolk, with focus on overcoming barriers to integration: **shared** governance, **shared** practices and workforce

Well London: Partnership approach working from the ground up to understand local communities and work with their assets and strengths. Adds value to and informs development of services to better meet local needs.

Lancashire & South Cumbria: PCN and Neighbourhood Development Support Tool. Jointly developed checklist.

Gloucestershire: Integrated Locality Partnerships aligned to PCN footprints (aka Integrated Neighbourhood Teams) made up of local Government, NHS, Voluntary Community and Social Enterprise (VCSE) sector, housing and increasingly communities, people and wider partners such as police, education etc. They work with each other to bring services together and plan how they are delivered to their local populations.

Keys to successful neighbourhood working

Such as:

- Embedding closer coordination and governance between different parts of a local system – resulting in better responsiveness to emerging/ changing needs
- Resource into organisational/ system development to lay the groundwork for cross-system working
- Asset/ strengths-based coordination and sharing resources
- Connecting health with services addressing ‘wider determinants of health’ e.g. police, housing, benefits, VCFS
- Navigation support for patients/ residents – underpinned by a care coordinator
- Weekly MDTs with widening coverage beyond frailty e.g. including people whose needs are complex, or where risk is increasing, and those most impacted by inequality
- Note that Barnet Ageing Well MDT, Borough wide risk panel, Prevention and Wellbeing Team, and BOOST service fulfil some of the key factors above.

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	AGENDA ITEM 8 Adults and Health Overview and Scrutiny Committee
Title	**Adult Social Care Annual Complaints Report 2022-2023**
Date of meeting	26 October 2023
Report of	Dawn Wakeling - Executive Director – Communities, Adults and Health
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Adult Social Care, Annual Complaints Report, 2022-2023
Officer Contact Details	Paul Kennedy - Head of Business Intelligence, Performance & Systems paul.kennedy@barnet.gov.uk 020 8359 3267 Courtney Davis – Assistant Director Communities and Performance courtney.davis@barnet.gov.uk 020 8359 4901

Summary

The production of an annual complaints report is a statutory requirement for Councils with adult social care responsibilities. The report provides an overview of the management of and performance in responding to adult social care complaints.

Effective complaints management is an important element in maintaining the Council's reputation. Complaints are a valuable tool in helping to understand resident expectations of the services they receive. As well as providing a meaningful response to all complainants, the outcomes of investigations are used by the council to improve services and resident experience.

Recommendations

1. That the Overview and Scrutiny Committee notes the Annual Complaints Report 2022-2023 and approves the report for publication.

1. Reasons for the Recommendations

1.1 This report is produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereby referred to

as 'the Regulations'). Under those regulations, Barnet Council is required to report annually to the relevant Council committee on adult social care complaints.

1.2 The Council is required to operate a separate statutory complaints and representations procedure for adult social care under these regulations. Any complaint which does not fall under these requirements is considered under the Council's corporate complaints procedure.

1.3 Learning from complaints is a valuable tool in helping to understand residents' and customers' expectations of service delivery and plays a key part in identifying service improvements in adult social care.

1.4 The report provides information on complaints and compliments for Barnet Council's adult social care services for the period 1 April 2022 to 31 March 2023. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints procedures.

1.5 Between 1 April 2022 and 31 March 2023, the following were received from Individuals, carers and/or their representatives:

- 128 compliments
- 78 statutory complaints
- 5 corporate complaints
- 12 Local Government Ombudsman enquiries

1.7 Of the 78 statutory complaints, 67 resulted in an outcome, 11 were withdrawn. Of the 67:

- 32 were not upheld
- 23 were upheld
- 12 were partially upheld

2. Alternative Options Considered and Not Recommended

2.1 None. It is a statutory requirement to publish a Complaints Report for adult social care.

3. Post Decision Implementation

3.1 The Annual Complaints Report 2022-2023 is a public document and will be made available through the Council website and Open Barnet website.

3.2 The Annual Complaints Report includes examples of 'lessons learnt'. These are actions for improvement identified as the result of complaints investigations. Implementation of these actions will continue during 2023-24

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 The priorities in this report align with the corporate plan theme of "living well".

4.2 Relevant Council strategies and policies include the following:

- Our Plan for Barnet – caring for people, places and planet.

- Barnet Health and Wellbeing Strategy
- Medium Term Financial Strategy
- Performance and Risk Management Frameworks

Sustainability

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

Corporate Parenting

4.4 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. There are no implications for Corporate Parenting in relation to the recommendations in this report.

4.5 Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.

Risk Management

- The publication of the report is a statutory requirement, the impact of not publishing it would be a breach of the regulations.
- Complaints are an essential means by which the Council assures the quality of Adult Social Care provision, and compliance with statutory duties. By listening to complaints and taking improvement action, the Council minimises the risk of non-compliance and ensures improvements to customer satisfaction.
- Where complaints are received and highlight any safeguarding issues, these are dealt with under the agreed Pan-London Multi-Agency Adult Safeguarding Policy and Procedures.

Insight

4.6 Learning from complaints provides insight into service improvement opportunities, complementing quantitative and statistical data on service performance.

Social Value

4.7 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. There are no social value implications in relation to the recommendations in this report.

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

5.1 The work carried out in responding to comments, compliments and complaints is contained within the current staffing establishment and budget.

6. Legal Implications and Constitution References

6.1 The Annual Complaints Report 2022-2023 complies with the statutory requirement to produce an annual report of Adult Social Care complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (the Regulations).

6.2 The Regulations identified in 6.1 above also require the Council to operate a statutory complaints procedure which complies with the provisions.

6.3 The terms of reference for Adults and Health Overview and Scrutiny Sub-Committee include that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia , all matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing London Borough of Barnet

7. Consultation

7.1 Learning from complaints can assist the Council in identifying changes to services, local policy and procedure. Any changes will be subject to appropriate consultation with relevant groups.

8. Equalities and Diversity

8.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

8.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

8.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

8.4 This is set out in the Council's Equalities Policy, which can be found on the website at: https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity

9. Background Papers

None.

Barnet Council
Adult Social Care
Annual Complaints Report

2022-2023

Contents

1. Introduction

Barnet Council's adult social care service, part of the Communities, Adults and Health directorate, provides statutory social care services including individual care and support; safeguarding; information and advice; preventative services; assessments under the Mental Health Act (MHA 1983, amended 2007) and the Mental Capacity Act (MCA 2005). Social Care Direct acts as the front door for adult social care enquiries.

Comments, complaints and compliments are welcomed by the Service and are seen as a tool to help improve and develop services and practice. They provide the opportunity to learn from mistakes and to put things right for an individual when they have gone wrong.

Barnet Council is required, under statutory regulations, to report annually to the relevant Council Committee on adult social care complaints.

This report provides information about complaints for Barnet's Adult Social Care Service for the period 1 April 2022 to 31 March 2023. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints Procedures where these relate to Adult Social Care.

2. Adult Social Care Statutory Complaints Procedure

The Council is required to operate a separate Statutory Complaints and Representations procedure for adult social care, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009. Any complaint which does not fall under these requirements is considered under the Council's Corporate Complaints Procedure.

All complainants who have exhausted the Council's Statutory and local complaints procedure retain the right to approach the Local Government and Social Care Ombudsman (LGSCO). The LGSCO is impartial and independent and act as the final stage for complaints about the Council, Social Care Providers, Care Homes and Home Care Agencies.

3. Accessing the complaints procedure

The service continually seeks to encourage people who use social care and their carers, to provide feedback (positive or negative) on the services and customer care that they have received.

The process is publicised through the following means:

- Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and others who would find a simplified version easier to understand.
- Information about making a comment, compliment or complaint in relation to Adult Social Care is published on the council website www.barnet.gov.uk/comments-and-complaints-adult-social-care.
- Individual staff and managers, advise people who draw on social care support, their family, carers and relevant organisations of the procedures during their interactions with them, as appropriate.
- Managers are asked to feature compliments and complaints as a standing item in their team meetings and briefing sessions.
- Historic complaints reports are published on Open Barnet the council's data portal, a

valuable tool in pushing forward Barnet's Transparency Agenda.

- Compliments are shared with staff and promoted internally through the staff newsletter, senior manager briefings and staff awards.
- Information about complaints and the learning from them is shared with the Management Team and with staff, to improve practice.

The council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information, advice and advocacy support. This ensures that the Council has a dedicated support service in place for people who require access to independent information, advice and advocacy. Staff are trained in accordance with the Care Act 2014 and staff understand their statutory duties in relation to advocacy.

4. Overview

The following complaints and compliments were received into Adult Social Care in 2022/23 from individuals, carers and/or their representatives. To give these figures context, there were 6,348 new requests for services in 2022/23 (2,283 resulting from a hospital discharge). 5,445 people were receiving a long- term service. Of these, 4,186 were receiving a community service & 1,259 were receiving residential/nursing services.

- 128 compliments
- 78 statutory complaints
- 5 corporate complaints
- 12 Local Government Ombudsman enquiries

Of the 78 statutory complaints, 67 resulted in an outcome, 11 were withdrawn. Of the 67:

- 32 were not upheld
- 23 were upheld
- 12 were partially upheld

The main themes of complaints were:

- **Quality** - relates to the quality of service from care homes, home care agencies or care assessments
- **Decision** – disagreement with the outcome of a care assessment; or with the outcome of a financial assessment under the charging policy; or a decision made as a result of a statutory duty or national policy.
- **Conduct** – behaviour, communication or conduct of staff employed by care providers or by the council.

Common improvement themes were:

- **Staff** – formal reflection and training
- **Procedures** – updates and amendments to, or staff reiteration of procedures
- **Provider** - provider to review working practices, procedures, policies and contract compliance.

5. Compliments

Compliments are just as useful as complaints in helping to improve service. By having people tell the Council when things are done well, the Council can make sure that it continues to recognise and build on its strengths. It is also important to recognise the excellent work that is being delivered and provides balance within the complaints annual report.

Many individuals who compliment staff and teams provide verbal feedback directly to individuals via face-to-face conversations or by phone; we do not reflect these in our annual figures. Formal written compliments received in the period were varied and ranged from individual messages of gratitude to team praise.

From 1 April 2022 to 31 March 2023, Adult Social Care received a total of 128 compliments. This is comparable to the 131 compliments received in 2021/22. Chart 1 provides an overview of compliments by service area:

Chart 1

The Mental Health Service figures include compliments received by the Network via its mental health enablement services. This service provides therapeutic group programmes and individual direct work for people experiencing mental health issues.

Examples of compliments received in 2022-2023

" I wanted to extend an enormous thank you to you for the quite outstanding care, support and attention you have shown to my mother and I over the past few weeks, day in day out. Answering calls on the mobile day and night and liaising with everybody in such a structured and caring approach, that I stand in awe. xxx you are one in a million - I am so glad to have met you and for your attention, kindness and help with everything so far." *Compliment regarding a member of Assessment and Prevention Services.*

"I just felt that you should be aware of how terrific xxx is. Throughout my daughters review and assessment, he has been so helpful and clear and has always been open to both of us if we have any queries or concerns. He has been friendly and professional at all times, and his written

assessment has clearly demonstrated that he has listened to both of us. xxx has always stressed and demonstrated by his approach that yyy's needs are paramount. xxx has excelled in his role and we have nothing but praise for his calm and sensible approach." *Compliment regarding a member of Localities*

" xxx you are a stand out person showing compassion and kindness which made a huge difference to the quality of xxx's life - sadly she recently passed away but she made it to 100 years."
Compliment regarding a member of Business Intelligence, Performance & Systems

"Thanks for everything you've done for Mum and I, xxx. My health was really impacted from time to time by everything around Mum's finances and you took the stress away! Thanks again!" *Compliment regarding a member of the Care Quality Service*

"xxx has really made a positive change to my life and for my future, me and my family are so grateful for all the help she has given me, she is so savvy and very clever. I suffer with mental health and physical health problems and they are getting worse every day, BUT with all the help from (Barnet's angel's) they have made my life better happier and so much more. I will always remember xxx and yyy changed my life." *Compliment regarding members of the Mental Health Team*

"Thank you so much for your caring approach. You are one of the shining lights in this system. With all my appreciation and gratitude for all your hard work and the dedication in what you do for the mental health community." *Compliment regarding a member of the Learning Disabilities Service*

"We cannot thank you enough for your role in arranging the care package for Mum - it enabled her to be at home to the end, which was always her wish, and that made things much better for us. She was able to have family and friends visiting freely, so everyone came to see her in the last weeks which was lovely for everyone. So, thank you again for all that you did- you are someone who really made a difference in our lives." *Compliment regarding a member of the Hospitals & Health Team*

"My social worker gave me a lot of support and care, she is very thoughtful and tactile, understandable, gives lots of hope and positive thoughts." *Compliment regarding a member of the Network*

6. Complaints

6.1 Overview of performance

From 1 April 2022 to 31 March 2023, Adult Social Care received a total of 83 complaints, 78 were considered under the statutory procedure and five were managed through the corporate complaints' procedure.

It should also be noted that the service received 13 complaints which were resolved within 24 hours to the resident/person's satisfaction and six potential complaints that were resolved outside of the formal procedure. In line with the statutory procedure, these were not formally recorded, but do highlight the services ambition to resolve immediate concerns (where guidance permits) as swiftly as possible.

Less than 1% of people who draw on social care support through the council (or someone acting on their behalf) raised a complaint in 2022-23. This percentage reduces further if we take into consideration all contacts into the service.

6.2 Complaints received by category.

Of the 78 Statutory Complaints received:

- 61 were considered as straightforward complaints
- 6 were considered as serious and/or complex complaints
- 11 were withdrawn

2022/23 witnessed a 14 percent reduction in the number of complaints that were recorded as serious and/or complex (high risk) and a slight increase (1%) in cases withdrawn.

6.3 Statutory Complaint outcomes

Of the 67 complaints with an outcome:

- 32 were not upheld
- 12 were partially upheld
- 23 were upheld

6.4 Statutory Complaints by Service Area

The table below provides a breakdown of statutory complaints figures for complaints with an outcome:

Service Area	2021-22	2022-23	No of complaints DOT	No. of cases upheld (2021-22)	No. of cases upheld (2022-23)	No. of cases partially upheld (2021-22)	No. of cases partially upheld (2022-23)
Localities (Older People & Physical Disabilities)	16	11	▼	0 (0%)	6 (55%)	4 (25%)	1 (9%)
Assessment & Prevention	5	4	▼	2 (40%)	2 (50%)	0 (0%)	0 (0%)
Integrated Learning Disabilities	11	15	▲	0 (0%)	2 (13%)	1 (9%)	4 (27%)
Mental Health	10	9	▼	0 (0%)	1 (11%)	1 (10%)	2 (22%)
Customer Financial Affairs	8	8	↔	2 (25%)	3 (38%)	1 (13%)	0 (0%)
Integrated Care Quality	4	7	▲	2 (50%)	2 (29%)	0 (0%)	1 (14%)
Hospitals & Health Partnerships	7	13	▲	1 (14%)	7 (54%)	4 (57%)	4 (31%)
Total	**61**	**67**	▲	**7**	**23**	**11**	**12**

Complaints by Service Area:

Localities, Assessment and Prevention and the Mental Health service, all witnessed a reduction in the number of complaints received. The majority of complaints into the Mental Health Service were unsubstantiated and the service has one of the lowest uphold rates. Complaints received into the Assessment and Prevention service have decreased by 31 percent and were at their lowest in the last five-year period.

Complaints into Integrated Learning Disabilities, Integrated Care Quality and Hospitals & Health Partnerships all witnessed an increase in concerns raised.

Two of the three areas observing an increase in complaints all revolve around a particular theme/issue within the service.

The Hospitals and Health Partnership's main areas of discontent, relate to changes in the national hospital discharge policy which came into effect in 2020. This policy change required that care home placements from acute hospitals, should be an interim placement to the first care home which can meet the need, with a full assessment to follow in a few weeks to establish long-term arrangements. This was a change from the previous system where long-term plans were made for a care home, whilst the person was still in hospital.

There was initial NHS funding to cover the cost of a care home placement for the first four weeks, until a full assessment could take place. This funding has ceased, and care home placements are now subject to financial assessment from the date of discharge. The two main reasons for these complaints are the person themselves not wishing to have to make a financial contribution to the interim placement; and the NHS not funding the placement through NHS Continuing Health Care funding (which covers all costs and is not subject to financial assessment). In addition, at times people drawing on care and support have been dissatisfied, that in times of high demand the Service may not always be able to complete new assessments within four weeks.

A new system of completing post-discharge reviews (where an assessment for Continuing Health Care funding is needed), has been implemented to give the Service more capacity to meet the high demand for post-discharge assessment. We are anticipating that this new system which encompasses a team of dedicated workers to oversee a person's discharge into a care home and to complete NHS Continuing Health Care paperwork, assessments and post-discharge review, will improve future performance and ensure continuity of support for individuals.

Over 70 percent of cases received into the Integrated Care Quality Service related to residential or domiciliary care providers. As these relate to the service provided by an external organisation, these are passed to providers for initial investigation. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adult Social Care may take further action.

In October 2022 the 18-25 Transitions team transferred into the adult social care Integrated Learning Disabilities Service, from Family Services. Six complaints in the year related to transition cases. These six complaints account for the services 36 percent increase in complaints. 40 percent of the overall complaints into the Integrated Learning Disabilities Service focused on discontentment with supported living and day care options. This is not a unique problem to Barnet and all local authorities are managing similar challenges; to provide care that meets both the specialised care needs of the individual in services that are close to family and friends. Addressing this can be complex, lengthy and involve legal consultation.

6.5 Complaints by category

The table below identifies complaints by subject and the investigation outcome.

	Category	Upheld	Partially upheld	Not upheld
Decision (10)	Care Assessment - Assessment disagreement (including unhappy with decision)	2	2	2
	Care Home - General policy decision	0	0	1
	Finance - Assessment disagreement (including unhappy with decision)	1	0	2
	Total	**3**	**2**	**5**
Conduct (11)	Staff Conduct - Conduct of council employed staff (attitude/ behaviour)	2	2	6
	Care Agency - Conduct of staff (attitude/behaviour)	0	0	1
	Total	**2**	**2**	**7**
Quality (21)	Care Agency - Quality of service	3	0	3
	Care Assessment - Quality of service	0	0	0
	Care Home - Quality of service	1	1	1
	Care Assessment (process)	0	1	0
	Finance - Quality of service	3	0	1
	Hospitals – Discharge Process	4	1	1
	Care Assessment - Equipment provision/ Installation	0	0	1
	Total	**11**	**3**	**7**
Timeliness & Delays (9)	Care Assessment - Assessment delay (including delay in making a decision)	4	2	2
	Care Home - Assessment delay (including delay in making a decision)	1	0	0
	Total	**5**	**2**	**2**
Communication (7)	Care Assessment - Lack of communication	1	1	3
	Hospitals - Lack of communication	1	0	0
	Finance - Lack of communication	0	0	1
	Total	**2**	**1**	**4**
Other (9)	**Total**	**0**	**2**	**7**

Decision:
Ten complaints were received due to dissatisfaction with a decision reached by the Council or one of our providers. Five were either upheld or partially upheld. Four related to the outcome of a care assessment and one in relation to a financial/charging decision.

The five complaints that were not upheld, related to a statutory duty concerning either financial charging, national care legislation, regulations or policy, where the council or provider cannot influence the outcome. Where complainants are unhappy with the outcome of an assessment, the council can offer a reassessment or take into consideration changes of circumstance where relevant.

Conduct:

Eleven complaints were received in relation to staff conduct. Ten of these complaints were raised against council employed members of staff and one related to a staff member employed by a care agency. Four complaints in total were either upheld of partially upheld. Training, formal reflection and staff reminders are used to address complaints concerning the behaviour or conduct of staff. One of the upheld complaints resulted in a compliment for the team who acted swifty to resolve the issues once they were made aware of the problem.

Quality:
The largest number of complaints received were due to dissatisfaction regarding the quality of services provided directly from Barnet or its providers. Seven complaints regarding Barnet's services were upheld and two were partially upheld. These were addressed through further training and a series of learning events, the implementation of additional auditing and procedural amendments. The upheld cases concerning care provider services were addressed through contract management procedures, with lessons learned fed into the work of the Integrated Care Quality team to shape the work it does with providers, thus improving the quality of provision across the social care market.

Delays & Timeliness:
This category relates to the time taken to conduct an assessment or provide a service. Waiting times for care assessments and financial reviews are the main cause of complaints relating to timeliness. Adult Social Care always seeks to avoid delays in assessing or reviewing clients and targets resources to ensure the most urgent cases and people with the highest levels of need are prioritised. However, any delay may understandably still be dissatisfying for members of the public whose assessments have not been prioritised.

Communication:
Seven complaints relating to poor communication were received in the period, three of these were upheld and addressed in formal reflection with the staff members concerned.

6.6 Timeliness of responses to statutory complaints within the internal 20 working day target

It is important to note that the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Complaints guidance allows six months (commencing on the day on which the complaint was received) for the resolution of Social Care statutory complaints.

Adult Social Care are committed to help resolve as many complaints as speedily and efficiently as possible. The process is intended to be resolution focused and offer complainants the option of discussing their concerns in face-to-face meetings, family meetings and mediation where appropriate.

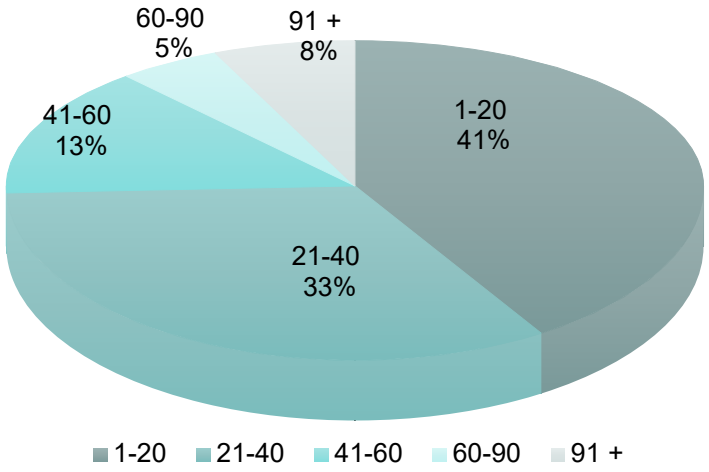
Our internal procedure is to maintain an internal target of 20 working days for straightforward complaints and 25 working days for more complex or serious complaints (or within an extended period of up to 65 working days)

It is also important to note that statutory complaints are managed through a single stage process. If the complainant is not satisfied with the initial response to their complaint, they can request further information or a further investigation which may prolong the overall outcome of a complaint. When a complaint was likely to exceed our initial target response date, we endeavoured to keep complainants informed of the case progress.

In 2022/23, all cases were closed within the statutory six-month period and 42 percent of cases were closed within our internal deadline. This is a two percent improvement on 2021/22 performance. We had anticipated a greater improvement in our performance in 2022/23, however, the a trial of a new IT corporate complaints system did not have the positive impact desired. The system requirements

could not align with the Adult Social Care statutory complaints processes and the additional workload generated resulted in this aspiration not being met.

The following chart provides a breakdown of the 39 cases that were responded to out of time and the number of additional days the service required to fully resolve the concerns raised.



The cases in the 41+ days range involved multifaceted investigations, where the depth of the investigation and the time needed to investigate were proportionate to the seriousness of the complaint; examples include where legal advice on a case was required, changes in circumstances/ongoing developments, waiting for the outcome of a safeguarding enquiry, Local Government Social Care Ombudsman (LGSCO) and Care Quality Commission (CQC) investigations.

Co-ordination of responses with the NHS means that the Council may be obliged to work to the Statutory Social Care and National Health Service timescales, which allows a six-month timeframe for complaints to be investigated and responded to.

Complaints about providers being received through the complaints process, must be either signposted to the provider's internal complaints process or managed through our internal procedures on behalf of the complainant. We do ask partner organisations to work within our timeframes, however this is a request and is not enforceable.

7. Learning from Complaints

Learning from our complaints provides an opportunity to gain a deeper understanding of what is not working so well and ensures opportunities for improvement are realised and that future instances can be prevented, where possible.

In some cases, outcomes to complaints are case specific and there are no general learning points that would influence policy or procedure. Individual issues and staff/team specific learning is addressed through training, reflection, supervision and team meetings.

The table below categorises the learning themes and the number of lessons learnt that fell into each category. The table identifies the types of actions Adult Social Care's management team and our providers and partners have taken to try and mitigate any further complaints of a similar nature. These are broad themes that enable us to monitor trends, however different actions will result from a theme.

Theme	No of lessons identified	Action
People Issues relating to the behaviour or conduct of a member of staff	31	Formal reflection Training Staff reminder
Policy Review or amendment of a formal policy to reflect the need for change	2	Reflection Audit Amend policy
Systems Preventative updates /amendments to system/s, staff training on systems or applications	4	Amend system Change working practice
Procedure Changes to current procedures and working practice as a preventative measure	18	Change working practice Amend procedure Cultural change
Provider Work with a provider to review working practices, procedures, policies and contract compliance	5	Report findings (to provider) Review contract Suspend provider

The below chart (chart 2) provides an overview of the actions taken as a result of learning from our complaints. In a number of cases there were several actions identified that were addressed to mitigate further complaints of a similar nature.

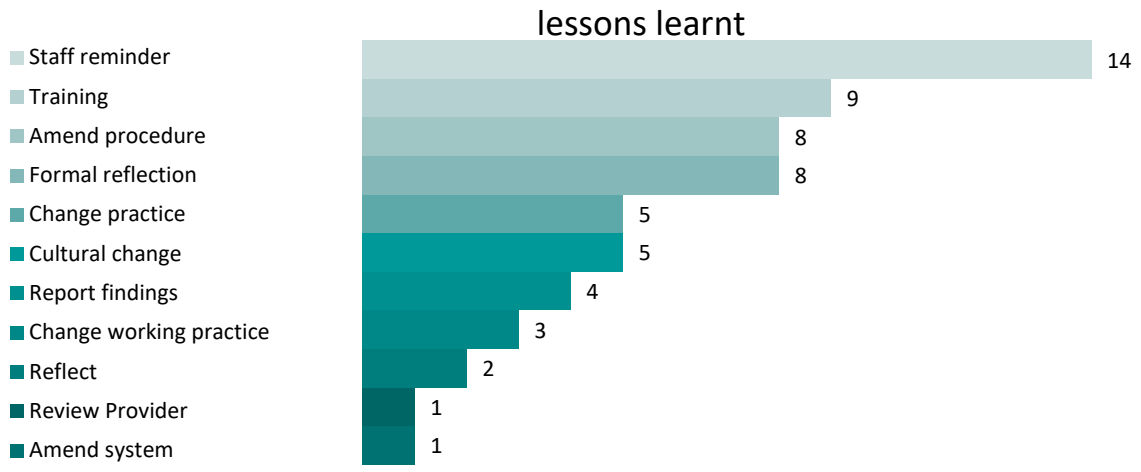


Chart 3 highlights the number of identified learnings by service area and chart 4 identifies the learning by complaint issue.

Chart 3

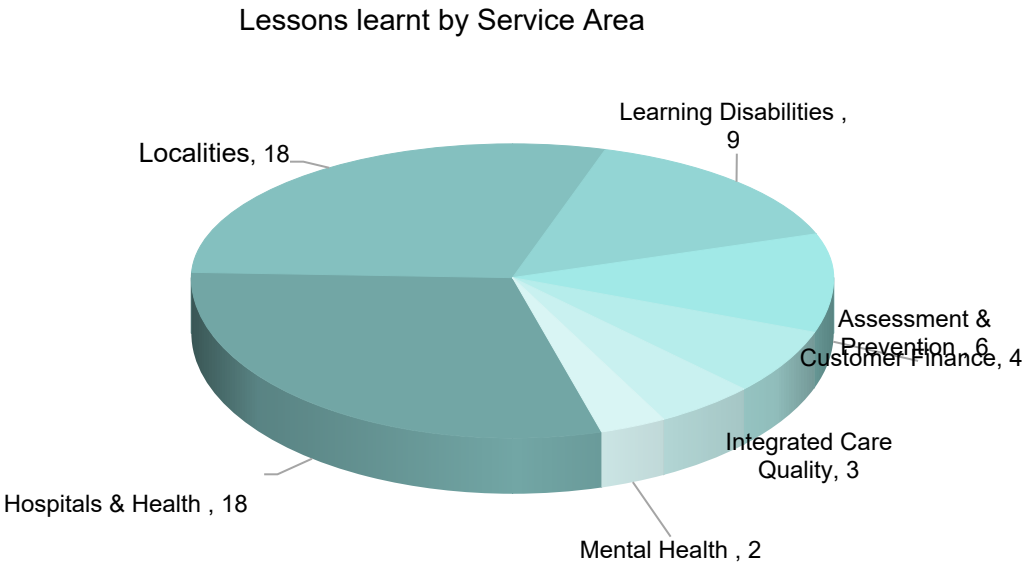
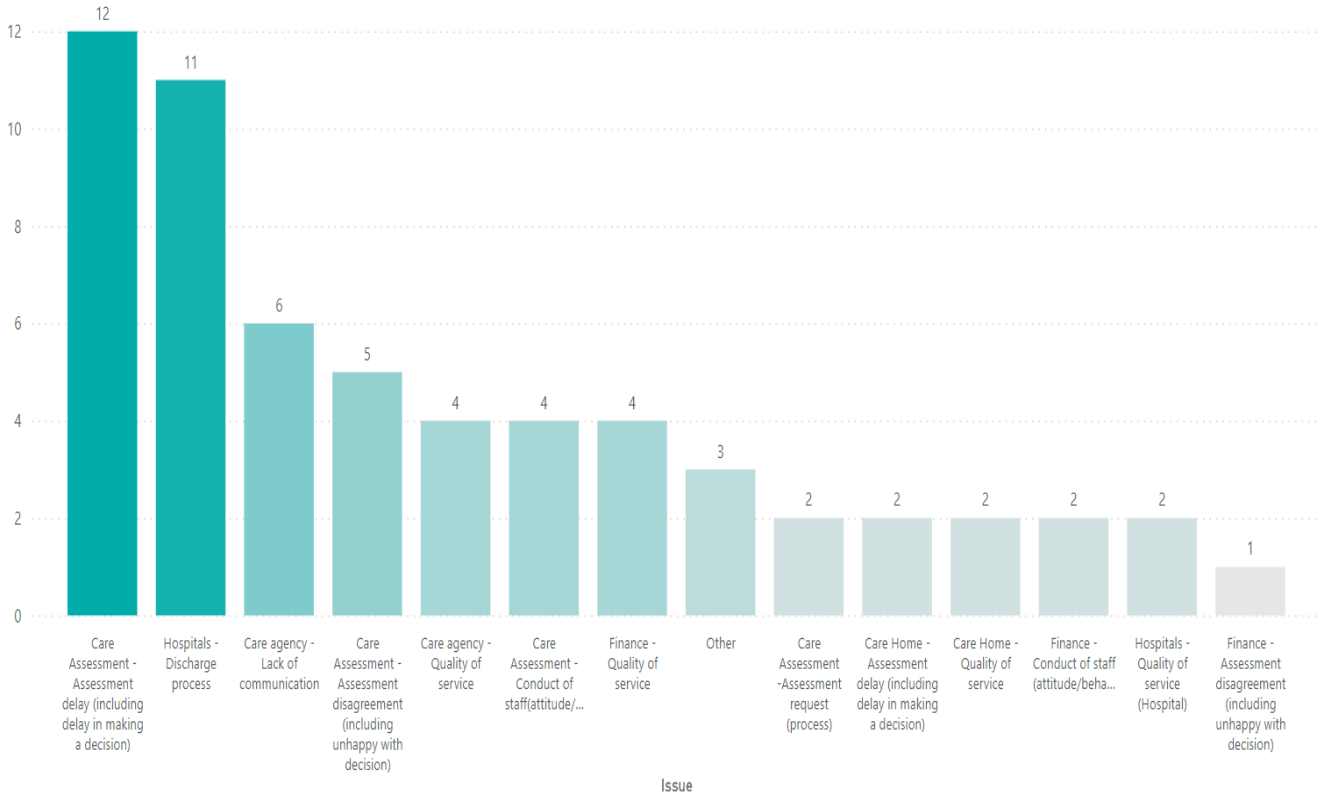


Chart 4



Examples of some of the learning from our complaint investigations:

Lesson Identified	Outcome
Several complaints identified communication issues in the current hospital discharge process in which staff from different teams complete the tasks of discharge, NHS Continuing Health Care (CHC) and post-discharge reviews.	A new system of completing post-discharge reviews has been implemented. A team of dedicated workers will supervise the person's discharge into a care home, complete CHC paperwork, assessment and complete the post-discharge review to ensure continuity of support for people and for families, who will have a dedicated officer to communicate with them.
Social work staff were not always as specific and clear regarding funding of care after hospital discharge.	Discharge checklist used by social workers has been revised to include a very full section on funding and charging and workshops were provided in June 2023 to launch the tool.

8. Local Government & Social Care Ombudsman

The Local Government and Social Care Ombudsman (LGSCO) is an external body that looks at complaints relating to councils and Adult Social Care providers. The LGSCO investigates matters where there is an alleged or apparent maladministration or service failure.

8.1 Complaints and enquiries dealt with by the LGSCO 2022/23

A complainant has the right to raise a complaint with the Local Government Ombudsman at any time. However, the Ombudsman will usually refer a complaint back to the council if it has not previously been considered under the council's procedures. Such complaints are described as premature.

The table below (Table 1) presents the total number of new LGSCO enquiries received by Adult Social Care, for the period 1 April 2022 to 31 March 2023.This identifies that the number of enquiries reduced when compared to previous years (excluding 2020-21 when the LGSCO did not accept new complaints and stopped investigating existing cases between March and June 2020 to allow authorities to respond to the Covid-19 pandemic).

In 2022-23 the LGSCO changed their investigation processes, contributing towards an increase in the average uphold rate across all complaints. Adult Social Care's uphold rate was 50%, this is lower than the councils overall average uphold rate of 78% and of other authorities overall uphold rate of 77%. However, our uphold rate has increase when compared to 2021-22.

	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Enquiries	20	19	12	17	12

Of the 12 enquiries received by the LGSCO in 2022/23:

- 6 cases were upheld - evidence of fault was found or we accepted fault early on
- 1 case was not upheld
- 5 cases were closed by the ombudsman after initial enquiries

In 100% of cases the Ombudsman were satisfied that Adult Social Care had successfully implemented their recommendations about what we needed to do to put things right.

9. Responding to complaints and concerns about quality relating to external service providers

The Service is responsible for ensuring its contracted providers meet the quality and performance standards they have been set.

Adult Social Care requires all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living and Extra Care), this is a statutory requirement. For services that are not regulated, there is no statutory requirement but all new contracts for services commissioned by the council include a requirement to have a complaints procedure. This is also examined during the procurement process.

Where a person who used social care services or their representatives raises a concern about the quality of an external provider with the council, the Care Quality Service logs the matter and passes it to the provider to investigate, in line with their complaint's procedure. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adult Social Care may take further action, through the complaints process if this is the most appropriate route.

The Service takes complaints about providers very seriously, both to ensure individuals and their carers receive high quality services and to learn lessons and make improvements more widely where necessary.

If it is found that a provider regulated by the Care Quality Commission (CQC) does not meet the CQC's fundamental standards, the Service will inform the CQC, acting primarily to ensure the safety of individuals and, once this is established, working with the provider to improve their standards.

10. Monitoring Care Quality

The quality of care and support services is monitored by the Care Quality Service through a range of contract compliance mechanisms. These include:

- Quality Assurance visits, which include a review of complaints management by the provider.
- Quality alerts, which are written / telephone / electronic communications alerting us to a shortcoming in the delivery of a service.
- Working with the Care Quality Commission as appropriate when services do not meet the fundamental standards below which the provision of regulated activities and the care people receive must never fall.
- Responding to any other events, including safeguarding incidents which indicate that the provider is not fully complying with contractual requirements.

The table below provides a breakdown of concerns about quality that were passed to providers to investigate

	2020-2021	2021-2022	2022-2023
Complaints and quality alerts	117	92	103 Care Homes & Extra Care- 9 Homecare-79 Supported Living- 15

For the Care Homes and Extra Care services these low numbers reflect that out of all services, care homes were the last to emerge from pandemic restrictions during 2022/23. Despite visiting by relatives and professionals resuming, it was reinstated slowly and with caution.

There are not any consistent themes for the nine quality alerts received, however specific areas that were mentioned more than once were incidents, staff training and dignity and respect.
Good practice and staff training are areas that we shall be reviewing at provider compliance visits.

The homecare concerns were mainly pertaining to missed/late calls and staff not always following the care and support plan. Across supported living there were no specific trends however the concerns reported were of a safeguarding nature. We are currently reviewing the services via our contract quality assurance process using CM2000- visit monitoring (digital monitoring or arrival and departure times), PAMMS assessments (collaborative provider tool for quality assurance monitoring) and internal compliance tools.

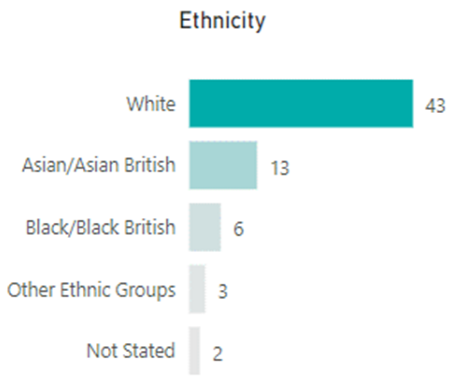
11. Complaints demographics

We have now linked our complaints data to Adult Social Care's case management system, which has enabled us to capture demographic information. The demographic information provided below, is representative of the information held on our case management system against the individual drawing on care and support.

Overview of complaints by ward.

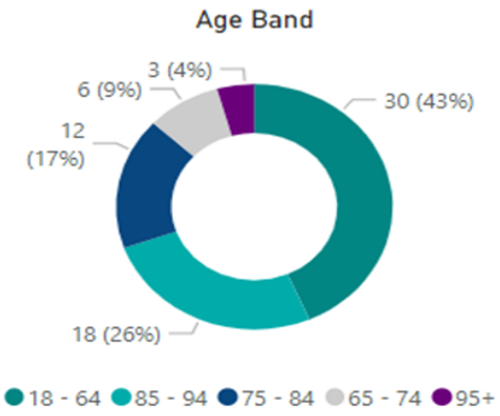
As this visual demonstrates complaints were received from wards across the borough. Darker shading on the map emphasises a higher number of complaints received. The highest proportion of complaints that we are unable to visualise were from individuals drawing on care and support provided out of borough (11 cases). The three wards with slightly higher complaint figures: Edgware, Underhill and West Hendon each received 2 complaints relating to the same individual within the period.

Ethnicity



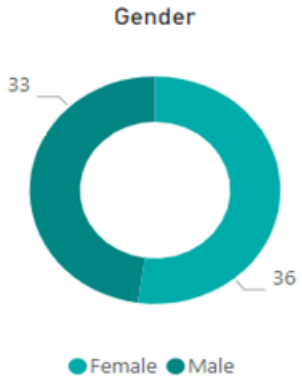
The highest percentage of complaints (67%) were received from individuals who identify as white.

Age range of complainants



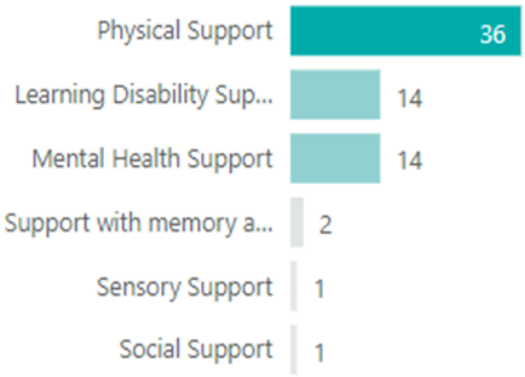
The majority of complaints related to people aged 65 and over (39 over 65 and 30 18-64). The population aged 65 and over in Barnet is around 58,000, of these over 3,300 clients are accessing long term support.

Gender



52% of complaints were about women who draw on care and support and 48% were about men.

Primary Support group



Complaint distribution from the six primary support groups align with the percentage (55.5%) of our service users who are accessing long term physical care and support. Physical support is the national reporting category which most often relates to care & support for older people, followed by working age adults with physical impairments.

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	AGENDA ITEM 9 Adults and Health Overview and Scrutiny Committee
Title	**Adult Social Care Quarter 1 (Q1) 2023/24 Performance Report**
Date of meeting	26 October 2023
Report of	Dawn Wakeling - Executive Director – Communities, Adults and Health
Wards	All
Status	Public
Urgent	No
Appendices	None
Officer Contact Details	Paul Kennedy, Head of Business Intelligence, Performance & Systems paul.kennnedy@barnet.gov.uk

Summary

This report provides a summary of performance for 2023/24, focussing on activities to deliver the council's priorities in the areas of adult social care.

Recommendations

1. Adults and Health Overview and Scrutiny is asked to review the progress, performance, and risk information for 2022/23.

1. Reasons for the Recommendations

The Adults and Health Overview and Scrutiny Committee is responsible for scrutiny of health and adult social care, including the council's statutory health scrutiny functions. This report provides an overview of adult social care activity and performance for 2023/24.

The new plan for Barnet 2023-26 sets out the vision that puts Caring for People, our Places and the Planet at the heart of everything the council does.

Within the plan, the theme of living well sets out the council's mission for the delivery of high-quality adult social care:

"Focus on all residents having the best opportunities to live well and feel part of the community. This will mean increasing the inclusion of older and disabled residents and celebrating their contributions. We will recognise people's goals and support them to build on their existing abilities and strengths. We will work with residents, communities and our partners to support residents to stay well and free from abuse."

- We will work towards this ambition through the implementation of a new Adult Social Care Strategy which will focus on 5 key priorities:
- We will be ambitious about what people can achieve and get the right support for each individual.
- We will support people to live well and be part of communities.
- We will work with people to shape and develop care and support.
- We will work towards more equal access and more inclusive services.
- We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative in finding solutions.

The strategy is being shaped through engagement with staff and residents and brings together priorities from a number of existing strategies including engagement and co-production, dementia and carers and will include prevention and workforce. It will draw on our developing self-assessment, evidence and areas of focus as part of our preparation for the new Care Quality Commission (CQC) inspection framework. This strategy will be brought to a future meeting for discussion when finalised. Updates on activities that will likely be included in the strategy as well as performance metrics used to understand its effectiveness have been included below.

Engagement and Co-production:

In Q1 we continued to progress with the priorities from the Engagement and Co-Production Strategy.

Priority 1: We will hear from more people about their experiences and use this information to make positive change.

- We have implemented a new feedback survey to more frequently and more quickly capture people's experiences of adult social care. The survey was co-produced with residents and staff. In our first 50 surveys received we found that:
  - People were overwhelmingly positive about their social care practitioner (this could be a social worker, occupational therapist or assessment and enablement officer). 96% agreed that 'the social care practitioner treated me with respect and as an individual'.
  - 96% of people felt involved and included – they agreed with the statement 'I was part of planning my care (and) /support in a way that makes sense to me'.
  - 91% of people agreed that 'I feel safe and am supported to understand and manage any risks'.
  - We found that people often had multiple professionals from different agencies visiting them, and lots of information at what can be a stressful time. This led to slightly lower scores on 'I know who to contact if I have any worries about my care/support, or things are going wrong' (78%). We

have followed this up through communication back to staff members so they can ensure messages to people are clearer in the future.

- The feedback forms are reviewed as they come in – we pass on any positive or constructive feedback immediately to the practitioner and / or their manager. We review the cumulative scores weekly, and report to the adult social care management team on any themes and to agree actions.

In this quarter we also received and inputted 350 statutory surveys (the DHSC annual survey of people who draw on care and support), which will give us a further picture of people's experiences who are long term users of adult social care. The benchmarked results will be available later in the year.

Priority 2: We will build our People's Voice community and provide more opportunities to be part of adult social care.

- We continued to promote and engage with our People's Voice members, now numbering 220 people. We send out a weekly email promoting engagement opportunities in adult social care, health, and more widely, as well as a co-produced newsletter. This quarter we engaged with around 50 residents directly on projects and groups (not including the feedback surveys mentioned in priority 1).
- Our Involvement Board continue to give valuable input at a strategic level, on both health and social care topics including social prescribing, prevention and wellbeing, and out of hours GP services. All comments and feedback are recorded and the impact is tracked so we know where residents' input has made a change.
- Our main project this quarter was the Right Homes strategy which aims to target individuals with housing and support needs that also have care and support needs. We engaged with people through online and in person focus groups and surveys, and identified key priorities for people with care and support needs when it comes to housing and accommodation. Some of the themes that came up were accessibility, damp and mould, ensuring support across all types of housing tenure for vulnerable adults. These findings will become part of the Right Homes strategy and action plan.
- We involved residents with lived experience in our social work recruitment days – this gained really positive feedback from the residents, existing staff as well as the candidates. We will continue to do this as standard.
- We involved residents with lived experience as part of our 'business as usual' work, including presenting at the Council's management conference, and at an event for care providers. At this event our two autism representatives from the Involvement Board shared their experiences and guidance with around 70 managers and staff from care homes, homecare providers, supported living providers and others across Barnet, which will have a positive influence in the support for autistic residents.

Priority 3: We will move beyond feedback to participation in adult social care and ensure that people have a voice across a wider range of services.

- We continued to work closely with the corporate Consultation and Engagement team, and external company Habitus on an ethnographic research project exploring the experiences of disabled residents in Barnet. We supported with connecting participants, validating findings and recommendations. The report provided useful insights for the council to consider and positive feedback about our staff including that of the seven residents with visual impairments who took part in the research, five made explicit references to a Rehabilitation Officer within adult social care when talking about the support they received with regard to their person-centred approaches, to build trust, acknowledge lived experience and focus on solutions to barriers.

- We have continued to build our relationship with health services and local partnerships, working closely with the Barnet Borough Partnership to support the co-production workstream of the partnership.
- We work with the Barnet Integrated Care Board to make sure we have the right representation at the Involvement Board, to hear and take back feedback on health services.

Enablement and hospital discharge

The aim of enablement is to provide a short intense service to support residents in their homes, promote independence and prevent a full assessment and further support being required. We are reviewing our hospital discharge services to maximise person-centred effectiveness and increase our skills at meeting the needs of people with complex conditions being discharged from hospital. We have piloted and are expanding occupational therapy (OT) -led enablement services which will more effectively support people to recover at home after hospital.

In August 2023, in order to build on the success of the OT led enablement model, the Council awarded contracts to two approved providers (Thames Care and Exceptional Care) to provide additional enablement capacity for a twelve-month period. These two new providers will offer additional care alongside our two existing providers, Your Choice Barnet and Bliss Care. The Council's Care Quality Team and the occupational therapy lead will work closely with all four core enablement providers to ensure that they continue to deliver high quality services, this will include regular service reviews as part of proactive performance management.

Officers are currently developing the longer-term commissioning approach for enablement which will be going out to tender in Autumn 2023. The new service will commence in August 2024. A market event was held on 21st June with enablement and homecare providers to help inform the approach.

Becoming a dementia friendly borough

Submission of a comprehensive action plan as well as the key achievements to the Alzheimer's Society resulted in gaining recognition as Barnet working to become a Dementia Friendly Community in October 2022. Since then, 15 organisations and some faith groups have achieved Dementia Friendly Status through the Mayor of London's Dementia Friendly Venues Charter. Working with key partners, a comprehensive communications plan is being delivered. The Council Website's dementia pages have now been updated to include detailed information on local resources as well as updated messaging around risk reduction and treatment. In collaboration with key partners, we have produced an information leaflet on dementia featuring local support services. Dementia Friendly Barnet has been featured in numerous community newsletters, including Memory Matters, Together Barnet and a full page in Barnet First. To mark Dementia Action Week 2023, the council created six videos and shared a communications toolkit. The number of Dementia Friends in Barnet has increased from 12,326 in June 2021 to 15,453 in February 2023. "Understanding Dementia" training has been commissioned by Public Health and to date over 500 people from different sectors including businesses have received the training. Training provides the individuals with CPD qualification.

Provision of extra care

Extra care support provides independence to residents while also ensuring an extra level of care that may not be available in a home setting.

The construction of Atholl House Extra Care Scheme in Burnt Oak is due to complete at the end of August 2023. The keys to the building are due to be handed over to the Barnet Group on 24th August.

Barnet Homes will be the landlord and Your Choice Barnet (YCB) will be the care and support provider for the scheme.

YCB have recruited the staff team for the service and the registered manager is already in post to review referrals, carry out assessments and liaise with social workers, ahead of the scheme opening. The Atholl Mobilisation Group, comprised of Your Choice Barnet and council commissioning, contracts and operational staff, meets fortnightly. This group will continue to oversee referrals into the scheme and the phased move-in of tenants. The scheme will be ready for the first residents to move-in from mid-September 2023.

Community Equipment

The Integrated Community Equipment service transferred from Millbrook Healthcare to NRS Healthcare via the London Consortium framework on 1st August 2023. LBB commissioners and contract leads have met daily with NRS and consortium partners throughout August to resolve transition issues and ongoing oversight and contract monitoring is in place locally, at NCL ICB level and as part of the 23 London borough consortium. Despite significant challenges experienced across the consortium with a transfer of service at this scale, the local service has mobilised well, though work remains underway to address outstanding issues.

NRS are experiencing a number of problems with stock levels and delivery speeds across the contract, with the most significant issues arising at the Tottenham depot where other NCL partners are based, while the Barnet service is run from the Greenford depot. NRS have implemented an improvement plan and a redesigned escalation process which went live on 29th August 2023 to address these issues. Council commissioners continue to monitor progress daily and work closely with the consortium to oversee progress.

Deep Clean

The current Deep Cleaning service is due to expire on 2nd December 2023. The Council plans to go out to tender for the new service in September 2023 with contract award in November 2023. The successful provider will be in place by 3rd December 2023.

Performance information – Local ASCOF Measures

The Adult Social Care Outcomes Framework (ASCOF), measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. More information and definitions can be found using the link below to the NHS Digital website.

Measures from the Adult Social Care Outcomes Framework - NHS Digital

The ASCOF indicator measures in table 2 are collected from local data submitted as part of our annual Short and Long Term (SALT) and user survey statutory returns in 22/23 as well as data from health systems outside of the council's control. Comparisons to our performance in 2021/22 has been included to show changes in performance over the past 12 months. The data is considered provisional until it has been published by NHS digital in the Autumn and is subject to change until considered final. When published it is possible to compare data with other local authorities as well as national and regional benchmarks and quartile performances.

Annual performance 2022/23:

There were 21 ASCOF indicators reported in 2022-23, of which 11 measures are extracted from the SALT return, 2 came from Health (1F, 1H), and 8 from the Adult Social Care Survey. 8 Indicators improved, 5 stayed the same, 6 declined by less than 10% and 2 declined by more than 10%.

There were some significant improvements from previous years seen with the following indicators:

- 2A Part 2 (65+ Admissions) – This is a measure of the number of permanent admissions to residential and nursing homes. An improvement from 316 placements in 2021/22 to 216 in 2022/23 resulted in there being 100 fewer permanent residential/ nursing home admissions made.
- 2D (Short term services/ no ongoing service) an increase in performance from 54.5% in 2021-22 up to 76.4% in 2022-23 highlights an increase in the effectiveness of short-term services such as support for residents enabling them to remain at home and preventing the need for further ongoing longer-term services.
- 2B part 1 (reablement still at home 91 days later). An improvement from 77.4% in 2021-22 up to 88.3% in 2022-23 indicates that more individuals were still living independently in their own homes 91 days after being discharged from hospital.

The two indicators that declined by more than 10% were as follows:

- Proportion of adults in contact with secondary mental health services living independently, with or without support. This indicator is a health indicator and not within the control of the local authority.
- Proportion of older people (65+) offered reablement services following discharge from hospital. Although we have seen a decrease in performance in this area, this performance is still likely to be a quartile 1 performance and is higher than local, regional and national averages when compared to 21/22 benchmarks. Regular checks of this data in line with our performance framework will continue to be undertaken to monitor performance.

2023/24 in year performance

11 of the indicators can be tracked for performance within year, the remaining indicators are only collected annually either via results of surveys or by combine data with other sources such as health data. Of the 11 collected in year 5 are expected to improve in performance, 3 remained the same and 3 decreased in performance. It should be noticed that this performance may change over the year and these predictions are based on only a single quarter of activity.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	Q1 2023/24 Forecast based on Q2 performance	2021-22 score	2022-23 Provisional score	% Change	RAG
1C(1A)	Proportion of people using social care who receive self-directed support: (Adults, older people receiving self-directed support in the year)	100.0%	100.0%	**100%**	0.0%	➡
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self-directed support in the year)	100.0%	100%	**100%**	0.0%	➡
1C(2A)	Proportion of people using social care who receive direct payments as part of self-directed support (Adults receiving direct payments)	27.1%	29.6%	**28.3%**	-4.3%	⬇
1C(2B)	Proportion of people using social care who receive direct payments as part of self-directed support (Carers)	100.0%	100%	**100%**	0.0%	➡
1E	Proportion of adults with a learning disability in paid employment	8.3%	8.9%	**8.2%**	-7.7%	⬇

1F	Proportion of adults in contact with secondary mental health services in paid employment	5.0%	5.0%	**5.5%**	9.8%	⬆
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.7%	82.4%	**84.9%**	3.0%	⬆
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	16.0%	19.0%	**16.6%**	-12.8%	⬇
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	8.6	11.0	**11.5**	5.1%	⬆
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	244.0	543.2	**382.0**	-29.7%	⬇
2B(1)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	NA	77.4%	**88.3%**	14.1%	⬆
2B(2)	Proportion of older people (65+) offered reablement services following discharge from hospital	NA	6.0%	**4.9%**	-18.2%	⬇
2D	Outcome of short-term services: sequel to service	77.5%	54.5%	**76.4%**	40.3%	⬆
1A	Social care reported quality of life	NA	18.2	**18.1**	-0.5%	➡
1B	Proportion of people who use services who have control over their daily life	NA	72.1%	**69.6%**	-3.5%	⬇
1I(1)	Proportion of people who use services and carers, who reported that they had as much social contact as they would like - Users	NA	36.7%	**35.6%**	-3.0%	⬇
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	NA	0.400	**0.423**	5.7%	⬆
3A	Overall satisfaction of people who use services with their care and support	NA	56.5%	**60.4%**	6.9%	⬆
3D(1)	Proportion of people who use services and carers who find it easy to find information about services (Users)	NA	62.9%	**62.8%**	-0.2%	➡
4A	Proportion of people who use services who feel safe and secure	NA	65.2%	**60.3%**	-7.5%	⬇
4B	Proportion of people who use services who say that those services have made them feel safe and secure	NA	87.8%	**88.2%**	0.5%	➡

2. Post Decision Implementation

2.1 None

3. Corporate Priorities, Performance and Other Considerations

Corporate Plan

3.1 The priorities in this report align with the corporate plan theme of “living well”.

3.2 Relevant Council strategies and policies include the following:

- Our Plan for Barnet – caring for people, places and planet.
- Barnet Health and Wellbeing Strategy
- Medium Term Financial Strategy
- Performance and Risk Management Frameworks

Sustainability

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

Corporate Parenting

3.4 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. There are no implications for Corporate Parenting in relation to the recommendations in this report.

3.5 Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.

Risk Management

3.6 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum).

Table 3 – Risk position as at the end of Q1 2022/23

Risk description	Risk Mitigations and Q1 Update
AD001 Finances: Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of hospital discharge funding streams and support, legislative changes, could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. **Risk Rating: 20**	The service continues to do all it can to manage the budget whilst meeting statutory duties. There is an increasingly pressured health and social care system and social care market. Actions include senior sign-off of all high-cost packages, the negotiation of rates (including block contracts), quick reviews of people following discharge from hospital to ensure a proportionate level of care as people recover, the use of equipment and technology wherever suitable and maximising the benefits of enablement services. **Mitigations** 1. The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. 2. Budget and performance monitoring and management controls are used throughout the year. 3. The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.
AD017 Shortage of community equipment Nationwide delays in equipment supply could lead to shortages of frequently used items and delays in discharging people from hospital or people receiving prescribed equipment resulting in negative impacts to their health and wellbeing and financial implications to the council.	The provider has asked to exit our contract effective 31 July 2024. The Council is working with the provider and Brent Council (who are also parties to our contract with the provider) on a transition plan. Assurances have been given by the provider around maintaining service continuity and this will be monitored closely. There remain operational performance concerns at the same level as last quarter.

In addition to the risk of general supply shortages, the Council's existing community equipment provider is exiting its contract with the Council effective 31 July 2023. The Council is working with the provider to ensure service continuity and identify an alternative provider. Any contract exit of this scale carries risk as staff working for the provider may seek to leave before the contract ends. **Risk Rating: 16**	Alongside managing the existing service the Council is also seeking to establish new long-term commissioning arrangements and also identify short-term contingency measures should contract exit not be orderly. These discussions are on-going **Mitigations** 1. The council is working very closely with contractor to monitor and mitigate risk, including: - Prescribers are advised to inform contractor if they are aware of any unused items in the community. - Contractor is driving a collection campaign via social media posters and focus phone calls to existing customers. - Additional driver allocation to increase collections of Out of Stock (OOS) items. - Reviewing and triangulating data on number of people, length of time waiting and assessing risk. 2. Out of stock list is shared with prescribers to explore suitable alternatives and to encourage prescribers and authorizers to not place/ authorize orders for products that are out of stock - OOS list updated daily on Online ordering system. - OOS list shared with prescribers via regular emails, prescriber meetings and newsletters. 3. Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap. - Close Technical Equivalents (CTEs) are explored and authorised in the interim without delay. - Contractor continue to explore alternative suppliers, explore stock availability in their other depots. - Contractor/council officer in regular contact with neighbouring LA/health authorities to ascertain supply issues/explore opportunities for joint working to resolve stock issues e.g. NCL CCG/LAs. 4. Occupational Therapy (OT) lead (Equipment) working with prescribers to risk assess and consider any of the available standard stock products (as an alternative) as a temporary solution to safely meet people's needs. OT managers are advised to explore same approach in the interim when discussing cases with OT teams. 5. Increased communication to A&H team leads, SMT to brief OOS issues; to manage expectation on both prescriber/ end user; and to encourage joint working to use available equipment efficiently.

Insight

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

Social Value

3.8 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. There are no social value implications in relation to the recommendations in this report.

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

4.1 None

5. Legal Implications and Constitution References

5.1 The terms of reference for Adults and Health Overview and Scrutiny Sub-Committee include that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia, all matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing London Borough of Barnet

6. Consultation

6.1 There are no consultation and engagement implications in relation to the recommendations in this report.

7. Equalities and Diversity

7.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

7.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

7.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

7.4 This is set out in the Council's Equalities Policy, which can be found on the website at: https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity

8. Background Papers

8.1 None

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AGENDA ITEM 10

Adults & Health Overview and Scrutiny Sub-Committee

Title	Task and Finish Groups Update
Date of meeting	26 October 2023
Report of	Overview and Scrutiny Manager
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A –Task and Finish Groups update Appendix B – Primary Care Access background report
Officer Contact Details	Faith Mwende, Overview and Scrutiny Manager Faith.mwende@barnet.gov.uk Tracy Scollin, Principal Scrutiny Officer Tracy.scollin@barnet.gov.uk

Summary

This report provides an update on progress made to date by Task and Finish Groups established by the Adults & Health Overview and Scrutiny Sub-Committee (Appendix A).

Recommendations

1. **That the Adults & Health Overview and Scrutiny Sub-Committee notes and comments on the updates on the Task and Finish Groups in progress.**

1. Reasons for the Recommendations

1.1 Part 3C (52) of the council's Committee Procedure Rules outlines the options for Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:

> "Overview and Scrutiny Committees may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.
>
> In conducting Task and Finish Groups they may also ask people to attend to give evidence at their meetings.
>
> Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.
>
> Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive."

1.2 The progress of current Task and Finish Groups are outlined in Appendix A.

2. Alternative Options Considered and Not Recommended

2.1 None in the context of this report.

3. Post Decision Implementation

3.1 The 2023-2024 scrutiny topics for review were decided at meetings of the Overview and Scrutiny Committee and Sub-Committees in June/July 2023 (See Background Papers)

3.2 Part 3C (52) of the council's Committee Procedure Rules states that following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 The Overview and Scrutiny Committee work programmes and proposed Task and Finish Group topics include suggestions and input from Councillors, officers, members of the public, community groups and the voluntary sector.

The input of executive members, senior officers, and external partners will all assist scrutiny Members to effectively fulfil their role as critical friends constructively challenging decision makers. [CfGS 2022]

4.2 The work programme should reflect the Council's priorities and should be targeted on issues where scrutiny can add real value. Good practice guidelines for setting overview and scrutiny work programmes state that if scrutiny is to be effective in driving service improvement and making a real difference to outcomes for local people, its work programme must be:

- Informed by the priorities and concerns of local people.
- Led by scrutiny members.
- Manageable and realistic

- Integrated effectively with corporate budget-making and strategic planning and policy setting processes and add value in contributing to the achievement of the Council's corporate objectives.
- Reflect a proactive approach to driving service improvement, rather than being simply reactive in response to decisions of the Executive.

4.3 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of "caring for people, our places and the planet" and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a 'listening council' collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making, and Scrutiny acts to amplify the voice of the public, on issues of concern.

Corporate Performance / Outcome Measures

4.4 This item measure how "We act on concerns of local residents and involve them in decision making."

Sustainability

4.5 None in the context of this report.

Corporate Parenting

4.6 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. This duty will be considered when including items to the work programme. This is especially relevant for the work programme for the children and education sub-committee.

Risk Management

4.7 None in the context of this report.

Insight

4.8 Insight data and evidence will be used to support scrutiny reviews on the work programme.

Social Value

4.9 None in the context of this report.

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

5.1 A dedicated team supports the Overview and Scrutiny function, and the Task and Finish Groups will be delivered within the existing Governance service budget.

6. Legal Implications and Constitution References

6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution and states that:

The Adults and Health Overview and Scrutiny Sub-Committee shall perform the overview and scrutiny role and function in relation to:

- All matters as they relate to Adults Social Care;
- Matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation
- Referring contested major service reconfigurations to the Secretary of State in accordance with the Health and Social Care Act 2001
- Receiving and commenting upon any external inspections and reviews
- To have specific responsibility for scrutiny of the Health and social care infrastructure and service, NHS England, Integrated Care Boards and the Health and Wellbeing Board, Public Health, Collaborative working with health agencies, Commissioning and contracting health services
- To review the planning, provision and operation of Health services in Barnet and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.
- Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.
- Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of London Borough of Barnet.
- Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health and Social Care

6.2 The Council's Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council

10.1.1 states that the Committee will oversee an agreed work programme that can help secure service improvement through in-depth investigation of performance issues and the development of an effective strategy/policy framework for the council and partners.

6.3 Part 3C (52) of the Committee Procedure Rules here outlines the authority given to Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:

- Overview and Scrutiny Committee may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.
- Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.
- Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

6.4 This report complies with the requirements of the Constitution.

7. Consultation

7.1 Consultation and engagement of Councillors, Officers, members of the public, community groups and the voluntary sector was undertaken to provide input into the list of topics for scrutiny and will be ongoing as the work programme is implemented.

7.2 The Scrutiny team has engaged with Councillors through the political assistants and Officers. The team also undertook a public consultation exercise on engage Barnet and in the Barnet First eNews letter.

7.3 The Overview and Scrutiny Committee and Sub-Committees agreed their programme of Task and Finish Groups for 2023/24 at their first meetings (see Background Papers).

8. Equalities and Diversity

8.1 Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.

9. Background Papers

9.1 Agenda for Overview and Scrutiny Committee on Monday 19th June, 2023, 7.00 pm (moderngov.co.uk)

9.2 Agenda for Children and Education Overview and Scrutiny Sub-Committee on Thursday 8th June, 2023, 7.00 pm (moderngov.co.uk)

9.3 Agenda for Adults and Health Overview and Scrutiny Sub-Committee on Wednesday 28th June, 2023, 7.00 pm (moderngov.co.uk)

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Appendix A

Task and Finish Groups Update

1. Primary Care (GP) Access Task and Finish Group

Membership: Cllr Caroline Stock (Chair), Cllr Elliott Simberg, Cllr Matthew Perlberg, Cllr Richard Barnes, Cllr Gill Sargeant, Cllr Nick Mearing-Smith

Cllr Stock was appointed Chair of the Task and Finish Group.

The Task and Finish Group held its first meeting on 26 July 2023 and its second meeting will be held on 19th October, 7pm at Hendon Town Hall. Meetings are scheduled on 20 November, 7pm (HTH) and Monday 11th December.. The Group will discuss future meetings and timelines for completion of its work at the meeting on 19th October but this is anticipated to be January 2024.

At the first meeting Members discussed the draft scope, which would be further refined following the meeting. Primary Care representatives (GPs) and a Patient Participation Group representative attended the meeting to advise on the current situation and to present ideas for improving communication with residents. The LBB Director for Public Health attended as an expert to guide the discussion.

A number of issues were discussed as areas for potential review including:

- Digital exclusion and impact of GPs' remote working on Barnet demographic; improving communication with residents, including production of a signposting leaflet in Barnet First for all residents – further guidance on this would be received from the North Central London Integrated Care Board (NCL ICB).
- NHS sustainability, including other sources of care such as community pharmacists, and focus on single or multiple GP practice models, and review of what is happening where new developments arise in the Borough and in areas where patients have fed back that they cannot get registered with a local GP.
- Examination of 'what good looks like' to ensure the best models are in place for Barnet. To include an examination of the funding across NCL given Barnet's older population relative to other Boroughs, and its large number of care homes.

The agenda for the second meeting is outlined below and a background report that has been provided by the council, Barnet Healthwatch and NHS colleagues for the Group to consider on 19th October is attached.

Agenda, 19th October, Primary Care Access Task and Finish Group

1. Hear from Colette Wood on the Integrated Care Board's plans for Barnet, followed by questions from Members.
2. Dr Nick Dattani on best practice examples and models of care – followed by questions from Members
3. Hear from the Barnet Patient Participation Network followed by questions from Members
4. Hear from Barnet Healthwatch followed by questions from Members.

2. Discharge to Assess

Membership: Cllr Philip Cohen, Cllr Gill Sargeant, Cllr Tony Vourou, Cllr Lucy Wakeley

A briefing was held with James Mass, Director of Adult Social Care, on 25th July 2023. The Group would convene as soon as the Primary Care Access Task and Finish Group has completed its recommendations – Members would be notified following the next meeting of this group (19th October, see above).

The information below was presented at the briefing session with the Director Adults Social Care:

The theme is managing discharge of Barnet patients from acute hospitals and community beds. This will predominantly be from either Barnet Hospital and the Royal Free Hospital (Hampstead) sites; step-down hospitals such as Finchley Memorial Hospital and Edgware Hospital; but will also include other sites.

The four nationally recognised pathways for patients re discharge are:

- Pathway 0 - for people who return home on their own.
- Pathway 1 - for people who return home with care and support from the NHS and / or the council.
- Pathway 2 - for people discharged to a community hospital bed.
- Pathway 3 - for people who go to residential or nursing care.

Among the issues involved are:

- How does the discharge process work?
- What are the possible obstacles and delays?
- Is the discharge system financially sustainable given over-spending by council and NHS?

Barnet Council is part of the Barnet Integrated Discharge Team (IDT) along with Central London Community Healthcare Trust (CLCH), the North Central London Integrated Care Board (ICB), and Barnet Hospital. The voluntary sector, such as the Red Cross, also have an important role to play.

The process is that any hospital with a Barnet resident will look at the discharge procedures using the pathways described. Normally it would a nurse or therapist on the ward who propose a referral to the integrated team (IDT). There is a shared inbox between the agencies to look at referrals. There is a twice-daily discharge call in which the teams go through action needed, and work through possible disagreements. Much of the work is done remotely but social care practitioners will visit all residents on pathway 3 and the more complex pathway 1 cases on the wards.

In arranging discharge, the IDT liaises with another team called the Intermediate Bed Escalation (ICE) hub which co-ordinates pathway 2 bed referrals within the North Central London (NCL) and North West London (NWL) health systems.

There is weekly discharge reporting and the Group received the most recent data. The table below shows the position as at 19 July:

Discharge System	Total MO	MO P1	MO P2	MO P3	System MO Target	Distance from target	P1 Discharges (last week)	P2 Discharges (last week)	P3 Discharges (last week)	Total Discharges (P1-P3)	MO as % of total weekly discharges*	Hospital OPEL	Discharge OPEL (proposed)
Barnet	**36**	20	8	8	31	5	56	17	4	77	47%	1.0	3
Camden	**8**	2	3	3	14	-6	40	8	7	55	15%	1.0	2
Enfield	**27**	15	7	5	28	-1	45	13	4	62	44%	4.0	2
Haringey	**40**	15	11	14	22	18	28	5	5	38	105%	3.0	4
Islington	**28**	10	7	11	15	13	36	6	1	43	65%	1.5	4
Non NCL	**46**	15	21	10	23	23	63	11	3	77	60%	n/a	4
Total	**185**	**77**	**57**	**51**	**133**	**52**	**268**	**60**	**24**	**352**	-	**1.8**	**3**

For residents on pathway 1, a period of up to six weeks reablement is normally offered to support people to regain their independence as they recover in their own home.

Possible issues

- People have increasingly complex needs. This means those going home on P1 require more care on average; some P2 units within hospitals cannot support the level of need; and it can be difficult to find a care home that can support high needs on P3.
- Partners across North Central London, including Barnet Council, commissioned external support to identify improvements that can be made to help make the discharge system better for residents and more financially sustainable. Among the recommendations are the way different partners organise themselves, better data reporting, cultural change in hospitals around discharge decisions and the need to progress with decisions on financial responsibility between councils and the NHS.

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PRIMARY CARE ACCESS IN BARNET

Background report

Adults and Health Overview and Scrutiny Task and Finish Group
19th October 2023

Contributors: North Central London Integrated Care Board Barnet Borough Partnership and London Borough of Barnet (Kelly Pool, Carol Kumar, Collette Wood, Dan Heller, Dr Nick Dattani, James Rapkin, Tracy Scollin and Dr Tamara Đuretić

CONTENT Page

1. CONTEXT

Demographics of the borough

1.1 Census 2021 suggests that Barnet's population figure is 389,352 which represents a 9.2% increase from 2011. This is a higher percentage increase than seen for England (6.6%) and London as a whole (7.7%). Barnet has the 2nd largest population in London.[1]

1.2 A quarter of Barnet's 2021 population were children and young people under 19 years of age. This represents a 40% increase from 2011.[1] However, there has been an 8% decrease in the proportion of under-5s in Barnet (Figure 1), which has been driven by fewer births in recent years. Despite birth decline locally, demand for health services for children and young people has continued to be high due to an increase in population coupled with an increase in mental ill health in children and young people as well as improved diagnoses of various conditions such as asthma, allergies and neurodivergence.

1.3 The percentage of young people in Barnet in 2021 aged under 24 years old who reported that they were disabled under the Equality Act was 5.6%. This is an increase compared to 2011 of 3.5%.[1] Similarly, when looking at young peoples' mental health, nationally since 2017, 39.2% of 6 to 16 year olds experienced deterioration in their mental health and 52.5% of 17 to 23 year olds[2]. It is likely that this pattern would also be seen at a local level. This would suggest that rather than expecting a decrease in demand for young peoples' primary care services, we should be expecting an increase as young people seek support for increasingly complex and long-term health conditions.

1.4 Similar to trends seen across England, Barnet's population has continued to age, with 14% of people aged 65 years and over in 2021, representing an increase of 18.3% from 2011. While one-in-ten Barnet residents are now aged 75 years and over.[1] Working age adults, aged between 20 and 64 years represented 61% of the population in 2021. However, there has been a reduction in the number of younger aged adults (20-29 years old) residing in Barnet while the number of 30 to 34 years old has remained static since 2011 (Figure 1).

1.5 There have been increases in the number of older aged adults residing in Barnet particularly in adults aged 50 to 64. The numbers of older adults in Barnet will continue to increase as the 'Baby Boomer' generation ages which will put increasing demand on adult social care and health care for the elderly.

[1] Census - Office for National Statistics (ons.gov.uk)

[2] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital

1.6 Children and young people aged under 15 years tend to reside towards the west of the borough, with the highest proportion of under-15s found in the wards of Golders Green (28.9%), Edgwarebury (25.4%) and Colindale North (23.6%) [1]. These wards correspond to Barnet primary care networks (PCN) Barnet 1D PCN, Barnet 1W PCN and Barnet 5 PCN. These areas tend to be amongst the more deprived areas of the borough (Figure 2) and are more culturally diverse in terms of ethnicity and religion. This highlights the importance of having culturally competent services for children and their families.

Figure 2: Map of Barnet showing Index of Multiple Deprivation

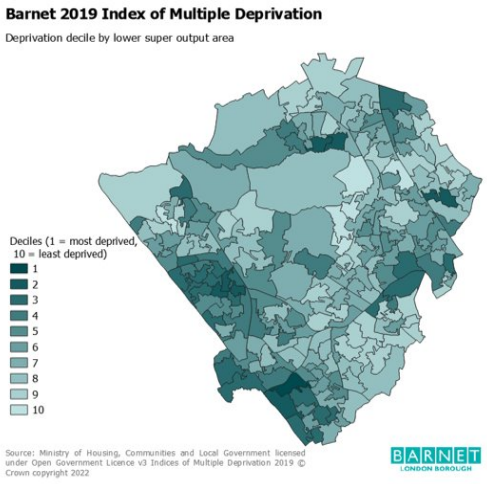
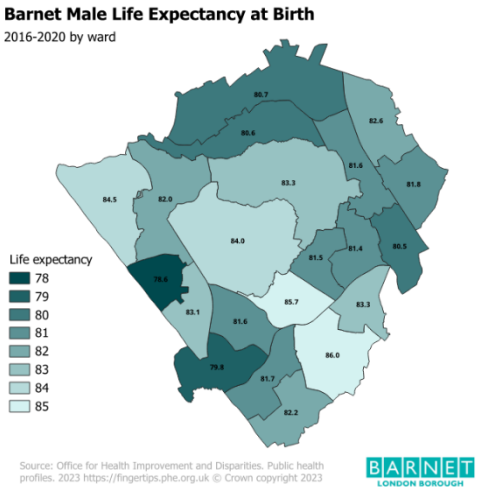


Figure 3: Map of Barnet showing average male life expectancy by ward.



1.7 The highest proportion of over-65s reside in the wards of Garden Suburb (21%), High Barnet (20.3%) and Finchley Church End (18.2%).[1] These wards correspond to Barnet 3 PCN and Barnet 6 PCN. In contrast to the areas of Barnet with a greater proportion of younger people, the over-65s tend to reside in the less deprived areas of the borough as well as areas that are less diverse in terms of ethnicity and religion.

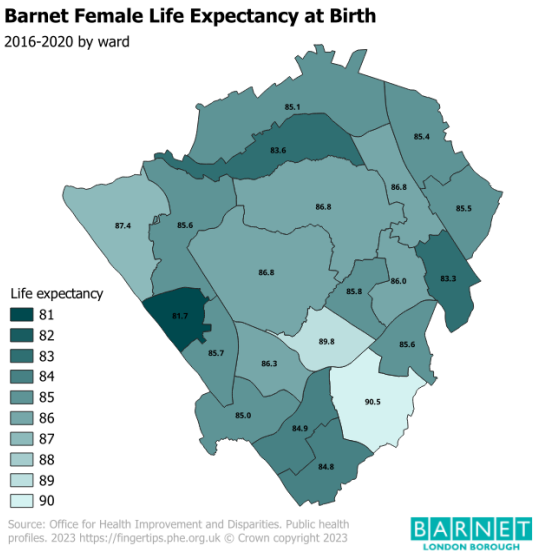
1.8 Barnet residents have a higher average life expectancy than England and London for the period 2018-2020 and female residents on average live longer than male residents (85 years versus 82 years, respectively)[3]. However, overall life expectancy in Barnet has decreased in recent years following a trend seen nationally. There is also variation in life expectancy within Barnet; females who reside in the most deprived wards live on average 8.8 years less than females who reside in the least deprived wards and similarly men in the most deprived wards live on average 7.4 years less than men who reside in the least deprived Barnet wards (Figures 3 & 4)[4].

[3] Local Authority Health Profiles - Data - OHID (phe.org.uk) (Office for Health Improvement and Disparities)

[4] Local Health - Office for Health Improvement and Disparities - Indicators: maps, data and charts

1.9 Barnet residents tend to spend the last 18 to 19 years of their life in poorer health although the average healthy life expectancy for females and males in Barnet is higher than the averages for both London and England.[3] However, over recent years there has been an increase in the number of years lived in poorer health suggesting that while people in Barnet may be living longer, they are now living longer in poorer health. This pattern combined with an ageing population is likely to put increasing pressures on health services as they support ageing Barnet residents living with multiple long-term conditions.

Figure 4: Map of Barnet showing average female life expectancy by ward.



Demand on services

1.10 The prevalence of long-term conditions in Barnet and the wider North Central London Integrated Care Board (NCL ICB) is generally expected to increase. For example, the estimated number of people aged 16 years or older with diabetes in Barnet was approximately 8.9% in 2020 and this is expected to increase to 9.2% by 2025 and 10% by 2035.[5]

1.11 The estimated prevalence of hypertension in NCL in the year 2021/22 was 10.4%.[6] This is a reduction from previous years but in general, hypertension prevalence across NCL has remained between 10-11%. Similarly, arthritis prevalence in NCL in the year 2021/22 was 0.5% which has remained stable over the past 10 years.[7] As Barnet's population continues to age, monitoring prevalence of long-term conditions at a local level will becoming increasingly important. Monitoring will help us to understand where demand for primary care services will be highest and to ensure that the local system can support residents with multiple, complex needs.

Primary care landscape

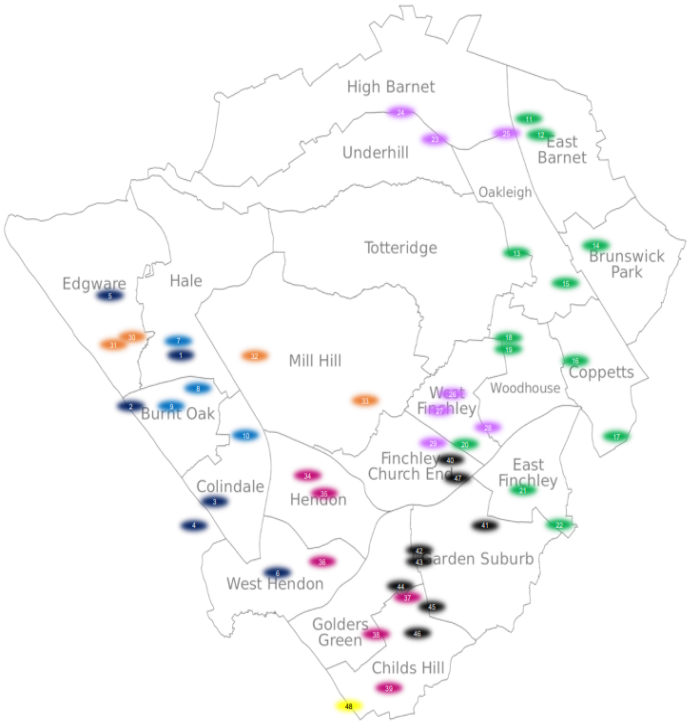
1.12 There are 48 General Practice (GP) practices who form part of 7 Primary Care Networks (PCNs) in Barnet. They all belong to one federation, Barnet Federated GPs Community Interest Company (CIC). Practices within each PCNs cover all roughly the same geographical catchment area. Cricklewood Practice is not currently aligned to a PCN (Figure 5).

[5] Diabetes prevalence estimates for local populations - GOV.UK (www.gov.uk)

[6] Hypertension Public health profiles - OHID (phe.org.uk)

[7] Arthritis Public health profiles - OHID (phe.org.uk)

Figure 5: General Practices by Primary Care Networks in Barnet



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

1.13 As of July 2023, there were 441,655 registered GP patients in Barnet.[8] This number fluctuates regularly, and detailed practice size list is included in Appendix I. In addition, GP practices serve residents in care home and Barnet has the highest number of care homes in North Central London (Appendix I).

1.14 The average number of Full Time Equivalent (FTE) clinical staff (including doctors, nurses and direct patient care staff) working in a primary care setting in Barnet is 13.6 per 10,000 registered patients. This is above the NCL average of 11.8 per 10,000 registered patients but below the England average of 15 per 10,000 registered patients. There is also considerable variation when looking at the PCN level from a low of 8.3 per 10,000 in Barnet 6 PCN to a high of 15.6 per 10,000 in Barnet 3 PCN.

1.15 When looking solely at doctors, as of July 2023, there were 302 GPs across all Barnet PCNs[9] (Table 1). This means that there is one GP for every 1,462 registered patients in Barnet or 6.8 GPs per 10,000 registered patients. This is slightly below the NCL average of 7.08 GPs per 10,000 registered patients. There is variation when comparing between Barnet PCNs, with PCNs that overlap with wards which have a younger population having some of the lowest rates of GPs per 10,000 registered patients. Barnet PCNs that overlap with wards which have an older population show more of a mixed picture, with Barnet 6 PCN having the second lowest rate of GPs per 10,000 registered patients while Barnet 3 PCN has the second highest (Table 1).

[8] Patients Registered at a GP Practice - NHS Digital

[9] General Practice Workforce - NHS Digital

1.16 Similarly, when looking at the average number of appointments per registered patient, two of the Barnet PCNs with the highest number of appointments per patient are PCNs which overlap with wards which have a higher proportion of older residents. The average number of appointments for these PCNs is also higher than the average for Barnet and for NCL. This reflects that with an ageing population with multiple, complex needs, there is increasing demand for GP appointments.

Table 1 – The number of registered patients, GPs, rate of GPs per 10,000 patients and average number of appointments for NCL, Barnet and each Barnet PCN as at July 2023.

Indicator	NCL ICB	Barnet	Barnet 1D PCN	Barnet 1W PCN	Barnet 2 PCN	Barnet 3 PCN	Barnet 4 PCN	Barnet 5 PCN	Barnet 6 PCN
Number of registered patients [8]	1,785,917	441,655	60,254	39,273	104,203	73,396	50,912	52,702	59,453
Number of GPs [9]	1,265	302	36	27	86	54	33	31	35
Rate of GPs per 10,000 registered patients	7.08	6.83	5.97	6.87	8.25	7.36	6.48	5.88	5.89
Average number of appointments per registered patient [10]	4.31	4.46	4.42	4.11	4.78	4.78	4.46	4.00	4.69

1.17 If we look back 10 years, there were 388,902 registered GP patients in Barnet in October 2013[8] and 273 GPs[9]. This is almost 55, 000 less patients compared to today's total number of registered patients. At that time, there was one GP for every 1,424 patients in Barnet or 7 GPs per 10,000 registered patients compared to one GP per 1,462 patients in 2023 or 6.83 per 10,000 nowadays. Demand for GPs in Barnet has not changed significantly over the last decade.

1.18 We can see that Barnet has an ageing population with residents living more of their life in poorer health and with increasing complex and multiple long-term conditions. We must, therefore, consider whether a 'stable' GP workforce is able to provide the level of support required for Barnet's ageing population and ensure that appropriate access to primary health care services is available.

Patient satisfaction survey in GP practices

1.19 With the publication of the GP Patient Survey, the data shows very clearly that Barnet patients are unhappy about accessing their GP. When looking at the 20% of practices nationally with the lowest scores, a high proportion of those practices are in NCL with a higher percentage in Barnet. This indicates that we have a larger number of patients dissatisfied with their experience of accessing their practice in Barnet than the national average. This is further evident in the five survey questions NHS England believe are most reflective of a good patient experience of accessing a GP practice (Table 2). This trend has deteriorated over the time (Table 3).

Table 2: GP Patient Survey Data

			Barnet	NCL
Q1	Generally, how easy or difficult is it to get through to someone at your GP practice on the phone?	Number of practices	48	175
		Number in lowest 20% nationally	15	28
		Percentage in the lowest 20% nationally	**31%**	**16%**
Q2	How easy is it to use your GP practice's website to look for information or access services?	Number of practices	48	175
		Number in lowest 20% nationally	17	51
		Percentage in the lowest 20% nationally	**35%**	**29%**
Q3	Were you satisfied with the appointment (or appointments) you were offered?	Number of practices	48	175
		Number in lowest 20% nationally	15	51
		Percentage in the lowest 20% nationally	**31%**	**29%**
Q4	Overall, how would you describe your experience of making an appointment?	Number of practices	48	175
		Number in lowest 20% nationally	20	47
		Percentage in the lowest 20% nationally	**42%**	**27%**
Q5	Overall, how would you describe your experience of your GP practice?	Number of practices	48	175
		Number in lowest 20% nationally	18	41
		Percentage in the lowest 20% nationally	**38%**	**23%**

Table 3: Trend in GP Survey Data

National GP Patient Survey Responses: 2023 results and trajectories 2018-2023

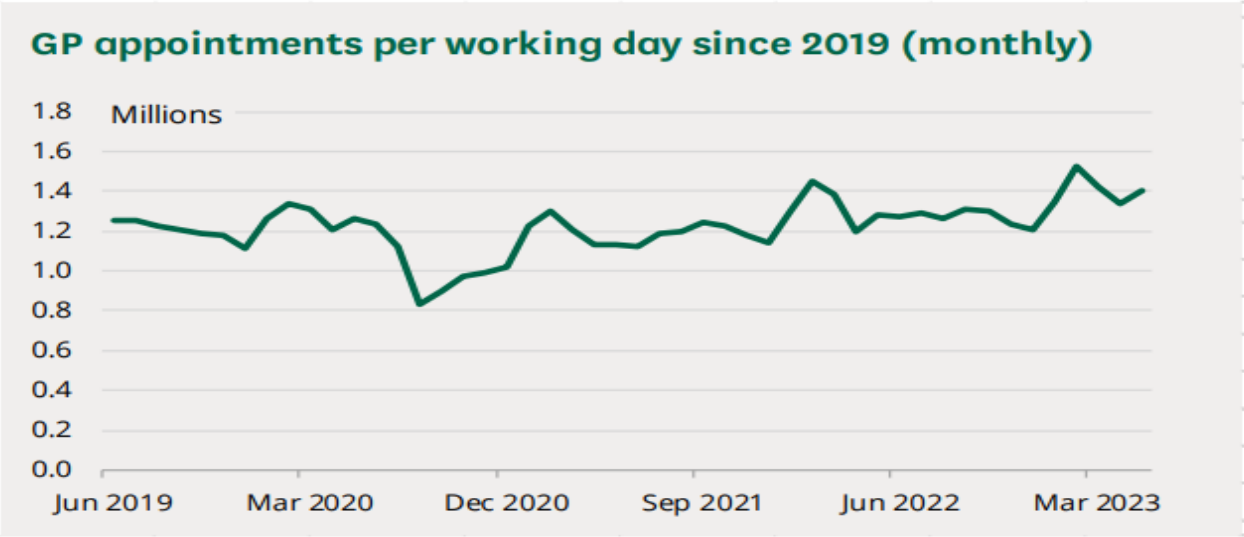
PCN name	Borough	Number of practices	Five Q total (2023 and % change)	Five Q total - average for PCN
South Camden	Camden	3	45	15.0
North Camden	Camden	5	168	33.6
Central Hampstead	Camden	6	260	43.3
West Camden	Camden	2	87	43.5
Kentish Town Central	Camden	3	157	52.3
Haringey - North Central	Haringey	6	350	58.3
South Network	Islington	7	465	66.4
Haringey - East Central	Haringey	5	344	68.8
PCN 5	Barnet	6	449	74.8
Central 1 Network	Islington	7	551	78.7
PCN 1W	Barnet	4	316	79.0
Haringey - North East	Haringey	5	402	80.4
West Enfield Collaborative PCN	Enfield	3	246	82.0
Haringey - North West	Haringey	4	329	82.3
Islington North 2	Islington	8	669	83.6
Islington North	Islington	4	336	84.0
Central Camden	Camden	8	680	85.0
Central 2 Network	Islington	5	456	91.2
Haringey - South West	Haringey	4	369	92.3
PCN 6	Barnet	8	738	92.3
Enfield South West PCN	Enfield	6	555	92.5
Haringey - Welbourne	Haringey	6	561	93.5
Haringey - N15/South East Haringey	Haringey	4	392	98.0
Edmonton PCN	Enfield	5	512	102.4
PCN 4	Barnet	4	411	102.8
Enfield Care Network PCN	Enfield	8	863	107.9
Kentish Town South	Camden	2	229	114.5
PCN 2	Barnet	12	1378	114.8
West and Central	Camden	2	244	122.0
Enfield Unity PCN	Enfield	9	1126	125.1
PCN 3	Barnet	7	884	126.3
PCN 1D	Barnet	6	820	136.7

1.20 When looking at the data at practice level, there are a range of percentage responses within a PCN. The only PCN with consistently low responses across all the constituent practices is PCN 1D. There is no easy pattern to the response rate that we can associate with demographics (deprivation, age, geography, health data). There is a tenuous link between high satisfaction with the appointment and high number of face-to-face appointments. This is often found in the same practice where there is low satisfaction with access to appointments.

Impact of the pandemic on primary care

1.21 From March to July 2020 there was a dramatic drop in demand for appointments in general practice. Since then, the demand has increased through peaks and troughs to higher demand than pre-pandemic levels.

Figure 6: GP appointments during the pandemic, England



Source: NHS Digital, Appointments in General Practice May 2023, Summary tables

1.22 The lack of capacity in secondary care meant GPs also saw increased demand as a result of cancellations elsewhere. They were responsible for many patients whose health issues had been exacerbated by lockdowns, and who had nowhere else to go for care. The model of delivery within primary care changed significantly due to the pandemic. To mitigate infection risk, general practice shifted to remote consulting, where feasible, which further exposed the limitations of IT infrastructure within the UK health services. There was an exponential growth in the use of new technology to support safe remote working in GP Practices. For example, there were very few practices who didn't adopt the use of AccuRx (software that allowed two-way text communication, video call or document/photo sharing between healthcare professional and the patient). Telephone consultations became the main consultation type in general practice.

2. DIGITAL ACCESS

2.1 During the pandemic, there was a great shift from face to face consultation to online access. There are many pros and cons with this shift however this has accelerated a national move to improve digital access to general practice through a number of different routes. These include online consultation, cloud telephony and text messaging.

GP Appointments (GPAD) data

2.2 All practices are contracted to code/map their appointments. Through mapping we will be able to monitor access areas that give is an accurate indication of the access in a particular practice and PCN. Examples of the coded data and the areas they will monitor:

- Number of appointments
- Appointments per 1000 patients
- % same day appointments
- % appointments within 2 weeks
- % face to face appointments
- % telephone appointments
- % online consultations
- % GP appointments

- % appointments broken down by healthcare professional type (practice nurse, clinical pharmacist, paramedic, nurse associate etc.

2.3 The data at the moment is already of good quality but isn't accurate enough to report on. Although almost 100% of appointments are mapped, in NCL, there are still 15% of appointments that are inconsistently mapped. Through 2023-2024, practices and PCNs will be addressing these inconsistencies with the aim that by April 2024 all GPAD data will be accurately mapped.

Table 4: GPAD data July 2023

	% Inconsistent Mapping	% Unmapped
London average	10%	2%
National average	9%	2%
NCL average	15%	0%

NHS App

2.5 Online access works through the NHS App or can be accessed through a link on the practice website. E-Consult is the most well know provider of online consultations but GP practices may choose from a number of online consultation service providers. Many practices are moving to the same consultation platform as the other practices in their PCN. A provider of choice in many practices in Barnet is PATCHS. 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 having the consultation. This means that an appointment can be made with the appropriate clinician (not necessarily the GP) in the appropriate time frame. The online consultation is automatically saved to the patients medical record, which also saves time.

2.6 The NHS App not only offers online consultation but offers a quick digital route to a number of other services which are convenient for the patient and save clinical and practice admin time. These include but are not limited to:

- Order repeat prescriptions and nominate a pharmacy for collection
- Book and manage GP appointments (and where the functionality is available, view referrals and other appointments)
- View your medical record (allergies, medication, vaccination record) and where the practice has switched on the functionality (test results, access your coded medical record)
- Book and manage Covid vaccination appointments
- Use NHS 111 online to get medical advice or help

2.7 In addition to these services it can also be used for messaging between a patient and their practice. This can be used for both medical conversations and admin requests. When used to its full potential, the NHS App provides a one stop route into the GP practice and further services, additionally providing access to their medical information whenever they need it. Table 5 shows percentage of patients signed up to the NHS App August 2023:

Table 5: NHS App uptake in Barnet

Practice Name	ODS Code	PCN	NHS App: % of Patients Registered NCL average is 54%
Colindale Practice (Dr Lamba)	E83637	PCN1D	59.00%
Hendon Way Surgery	Y03663	PCN1D	53.00%
Jai Medical Centre	E83038	PCN1D	51.00%
Mulberry Medical Practice	E83046	PCN1D	55.00%
Oak Lodge Medical Centre	E83032	PCN1D	49.00%
Wakeman's Hill Surgery	E83041	PCN1D	40.00%
Deans Lane Medical Centre (Dr SP Talpah	E83668	PCN1W	56.00%
Parkview Surgery	E83028	PCN1W	50.00%
The Everglade Medical Practice	E83011	PCN1W	52.00%
Watling Medical Centre	E83018	PCN1W	57.00%
Brunswick Park Medical Practice	E83621	PCN2	61.00%
East Barnet Health Centre	E83613	PCN2	63.00%
East Finchley Medical Practice	E83050	PCN2	70.00%
Friern Barnet Medical Centre	E83045	PCN2	58.00%
Rosemary Surgery	E83639	PCN2	63.00%
St Andrews Medical Practice	E83024	PCN2	55.00%
The Clinic (Oakleigh Rd North)	E83003	PCN2	52.00%
The Speedwell Practice	E83010	PCN2	67.00%
The Surgery, Colney Hatch Lane	E83034	PCN2	60.00%
The Village Surgery	E83031	PCN2	61.00%
Torrington Park Group Practice	E83021	PCN2	60.00%
Woodlands Medical Practice	Y00316	PCN2	55.00%
Addington Medical Centre	E83044	PCN3	61.00%
Cornwall House Surgery	E83013	PCN3	66.00%
Lichfield Grove Surgery	E83005	PCN3	59.00%
Longrove Surgery	E83017	PCN3	63.00%
Squires Lane Medical Practice	E83007	PCN3	61.00%
The Old Courthouse Surgery	E83012	PCN3	61.00%
Wentworth Medical Practice	E83035	PCN3	60.00%
Lane End Medical Group	E83053	PCN4	57.00%
Langstone Way Surgery	E83049	PCN4	64.00%
Millway Medical Practice	E83016	PCN4	67.00%
Penshurst Gardens	E83030	PCN4	64.00%
Cricklewood Health Centre	Y02986	PCN5	52.00%
Dr Azim & Partners	Y03664	PCN5	53.00%
Greenfield Medical Centre	E83006	PCN5	57.00%
Pennine Drive Surgery	E83025	PCN5	55.00%
Ravenscroft Medical Centre	E83039	PCN5	56.00%
St George's Medical Centre	E83020	PCN5	58.00%
Phoenix Practice	E83653	PCN5	55.00%
Adler & Rosenberg/ Adler JS	E83600	PCN6	54.00%
Heathfielde Medical Centre	E83008	PCN6	73.00%
Hodford Road Surgery	E83649	PCN6	63%
Mountfield Surgery	E83638	PCN6	69.00%
PHGH Doctors	E83009	PCN6	65.00%
Supreme Medical Centre	E83026	PCN6	60.00%
Temple Fortune Medical Group	E83622	PCN6	61.00%
The Practice @ 188	E83027	PCN6	50.00%

Cloud Based Telephony

2.8 There is a national drive to have all GP practices using a cloud-based telephony service by March 2024. In Barnet there is only one practice not already using a cloud telephony service provider. However practices vary greatly in how effectively they are using the functionality of the telephone system, specifically the cal back function and the queuing function. Enabling queuing and call back is part of the PCN Capacity and Access Implementation Plan to be completed in all practices by March 2024.

2.9 Cloud telephony differs from traditional analogue telephony in a number of ways. There is no limit to the number of lines into and out of the practice. This means that a patient can always get through on the telephone and won't get a busy line. It also means the practice staff can always get a line

out of the practice to reach a patient, hospital or another medical professional. However, there is no point in a patient getting through on the phone only to be put on endless hold until there is someone available to take the call. Cloud telephony offers two options to support patients and staff with the 8am rush. The first is that the caller will be told how many people are queuing ahead of them. The second is that it gives the patient the option to be called back when their call is at the front of the queue. That way they can get on with other tasks and not have to sit waiting for the call to be answered.

2.10 In addition, other functionality allows the call to be directed to the correct clinician or administrator for their concern, so that when the call is answered, the person answering the call is knowledgeable about the subject and the call can be dealt with immediately. For example, the patient can choose 'prescription query' which will put them in the queue to be answered by a clinical pharmacist or prescription administrator. It can also allow the patient to book an appointment without even having to wait in line for the call to be answered, through a fully automated appointment booking process.

2.11 The cloud systems are also able to work across multiple physical sites and other locations so it can be used by PCNs as well as individual practices. It is also a safe and easy option for remote working. And due to the real time dashboards and reports, the practice is able to see patterns in number of calls at certain times on certain days and plan staffing levels accordingly or respond to a surge in demand.

Traditional methods of contact

2.12 Digital access is imperative to supporting practices to meet the ever growing demand. It is also a convenient and effective method for many working and generally younger patients to contact their GP Practice. For those patients who still need to be able to access the surgery in the more traditional way, such as by walking into the surgery to talk to a receptionist or to call the surgery and talk through their issues, digital access has an unexpected benefit. The use of digital technology can free up reception time so that patients are able to speak to a member of the GP surgery team over the phone more quickly, and as less people walk into the practice it gives the receptionists time to focus on those that do need the personal touch at the front desk. It also allows the receptionist/ care navigators time to address the specific concerns of those who don't speak English, those who are illiterate or who have learning disabilities.

Modern General Practice Model

2.13 Patient Flow is the movement of patients through a healthcare facility. With there now being so many different ways in which a patient can communicate with their GP practice, it is increasingly important that every method is monitored to ensure patient safety? and that patients are prioritised effectively based on their concern rather than the way they choose to communicate with their practice. The aim being that they take the least number of steps (and time) to reach a point where their concern is addressed.

2.14 This is where the move to a Modern General Practice Model is important. When digital access and traditional methods of contacting a GP practice (telephone and walk in) are funnelled through a care navigation and triage process, this is known as the Modern General Practice Model (Appendix II). There is transformation funding available nationally to support practice to move to this model over the next two years. Many practices in Barnet are already on this pathway.

2.15 Using this model, in the first instance, all communications with the practice go to a trained Care Navigator. The navigator assesses the communication to determine how urgent the concern and how the patients needs would best be met. This could mean redirecting the patient to community pharmacy or a social prescriber or an administrator. Or deciding which type of clinician would be best placed to triage their call, based on the nature of their concern.

2.16 The next step is triage for those patients who have a clinical concern that is appropriate for general practice. This is the stage where either a GP or another healthcare professional would have a conversation with the patient. They would either be able to address the concern over the phone or online and save the patient having to come into the practice for an appointment or they would decide the patient needed to be seen to assess the concern. If the patient needed to be seen they would either be booked into a same day appointment or booked into a routine appointment within the following 2 weeks depending on the nature of the concern.

2.17 In this model, the patient's concern would be addressed on the day. They would either have their concern addressed, be booked a further face to face appointment that day or be given an appointment date and a clear explanation of who they would be seeing, when and why.

2.18

3. RESIDENTS AND PATIENTS AWARENESS RAISING

3.1 Barnet Primary Care Team give regular updates at the Barnet Patient Participation Network (BPPN) meetings and take actions and learning from those meetings to inform support for patients and GP practices. One of the main topics of discussion in meetings is around access to GP practices.

3.2 Areas for exploration following the BPPN meeting in September include:

- Although all these different routes can be used to contact and access the practice (NHS App, telephone, online form etc), patients either aren't aware of them and /or need help to use them.

- The communications they receive from the practice or Barnet NHS about access are in the format of digital communications and there appears to be nothing going out to those patients who don't use digital communication.

- How can we make sure the receptionists/ care navigators all have this access knowledge and are able to support patients and give them up to date, accurate advice and support.

- Some practices share similar demographics and have similar list size etc. Yet their results on the Patient GP Survey differ greatly. Can practices learn from each other and share best practice?

- Although each practice will have very specific reasons for capacity and access issues that may not be shared with other practices, some things can be addressed across all practices. If they are all using the same telephone system, how can they all learn to use it effectively?

3.3 As an ICB, we supported the national NHS England General Practice Team campaign that began in October 2022. This involved sharing campaign information via our various communications channels. We also briefly ran our own campaign around Primary Care access with localised assets describing the different roles and specialties to be found in practices that patients could access as an alternative to always seeing a GP. This campaign was largely retired when the national campaign launched. A new national campaign around Primary Care access linked to

the Recovering Access to Primary Care initiative is shortly being launched which the ICB will support.

3.4 The ICB also engages with Community Barnet and supports communication with patients via Healthwatch. Senior leads from Barnet regularly meet with Healthwatch Barnet. Healthwatch Barnet also attends the Borough Partnership Board and the Barnet Health and Wellbeing Board. The five NCL Healthwatch organisations are represented by Healthwatch Islington's Chief Executive on the NCL Primary Care Committee. Healthwatch is also a part of NCL ICB's Community Partnership Forum. This forum is an active expert reference group on community engagement, as well as a forum for discussion and debate on emerging proposals and strategies.

There are a number of borough-wide forums for voluntary sector organisations in Barnet, including the Barnet Together Alliance, and the regular Barnet Equalities Meeting (the latter is hosted by Inclusion Barnet). Voluntary sector partners can offer feedback on the specific practical barriers to primary care access faced by their service users, including people with disabilities, non-English speakers and people in financial hardship.

3.5 There are also communications toolkits available nationally to support access:

General Practice Access Routes

- Campaign explaining the three access routes to contact a practice
- Printable materials include posters, leaflets in various languages a sample patient letter and contact slips

NHS app

- Materials from NHS Digital to introduce patients to the app
- Printable materials include posters and a patient leaflet

Enhanced access

- Printable materials include posters, a patient leaflet and a pull-up banner

Recovering access to primary care

- We're expecting a national campaign to launch in October. Key themes will be digital telephony, simpler online requests and faster assessment/response.

Patient Services Leaflet

3.6 The Primary Care Engagement Group (PCEG) approached the ICB as they wanted to put together a simple leaflet describing local services available during the day and out of hours to help residents to choose the most appropriate service for their particular health needs. The ICB was supportive of this but was not in a position to offer any budget to go towards the production of the leaflet. The PCEG developed their leaflet with the support of Community Barnet and it is now complete with all service information confirmed by the ICB. The ICB will help to distribute the leaflet digitally by sharing it with voluntary and community sector (VCSE) groups across the borough and via our various communications channels (social media, newsletters etc).

The ICB has also approached Barnet Council to find out about including the information in a future edition of Barnet First (printed and emailer). The prospect of distributing printed copies alongside printed copies of the ICB's winter leaflet is being determined. This will depend on whether the ICB's leaflet is printed and is dependent on budget. Leaflet is included in Appendix III.

3.7 The ICB will be in touch with the PCEG should any service changes occur so that they can update the leaflet. It can then be re-distributed but they will not be able to provide updates to hard copies or print more.

4. PRIMARY CARE WORKFORCE AND SKILL MIX

4.1 It is important to note that GP Practices are privately owned businesses. They are the employer and decide what skill mix they need in their practice. Every practice and PCN is different with a different patient demographic and different patient needs. It is natural that their staffing will reflect this. This does not detract from the fact that the number of GPs has fallen since 2016.

- Between Sep 2021 – Aug 2023 there has been a reduction of -54.3 WTE GPs (excl. GP Trainees)
- During this period there has been an increase of 41.9 WTE GP Trainees in NCL
- All NCL Boroughs observed a decrease to their GP (excl. Trainees) workforce in this period:

Table 6: NCL data on GP staffing changes

By Borough	WTE change in this period
Enfield	-14.4
Barnet	-12.9
Haringey	-10.5
Islington	-9.6
Camden	-6.9
Grand Total	**-54.3**

4.2 Although the number of GP trainees is growing, this is also an ageing workforce with more GPs nearing retirement than are being trained. This is also true of practice nurses which are particularly hard to recruit in Barnet.

Figure 7: Staffing groups over 55 years of age

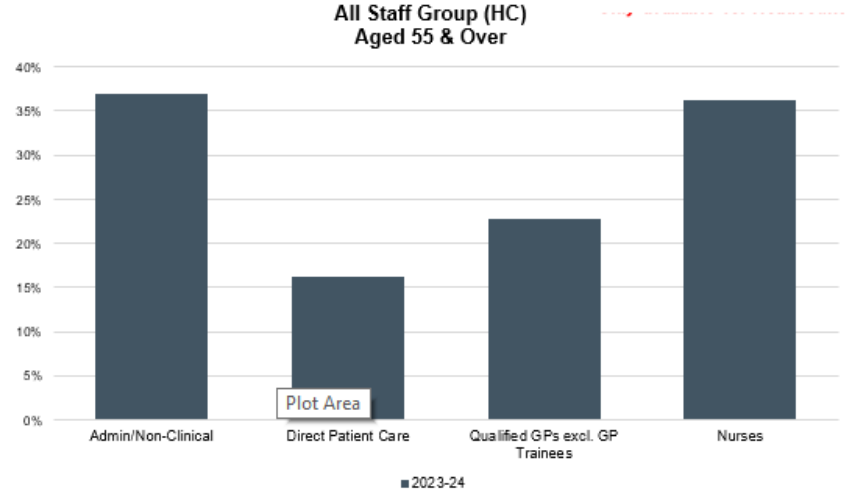
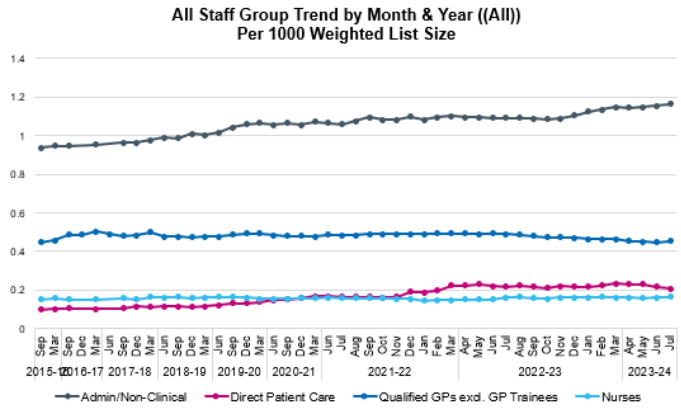


Figure 8: Staffing groups trend



4.3 There has been a steady fall in general practice clinical staff over the last 10 years. Admin staff numbers have grown as roles traditionally taken on by the clinical staff have had to move to admin staff to free up clinical staff time for clinical work. However this has still not compensated for the decline. More healthcare professionals are still needed to match demand. When we look at number of staff employed by GP Practices over time, we see that the only staff group that has expanded measurably is the Admin/Non Clinical staff.

Figure 9: Total number of staff employed by GP practices in a PCN per 1000 patients:

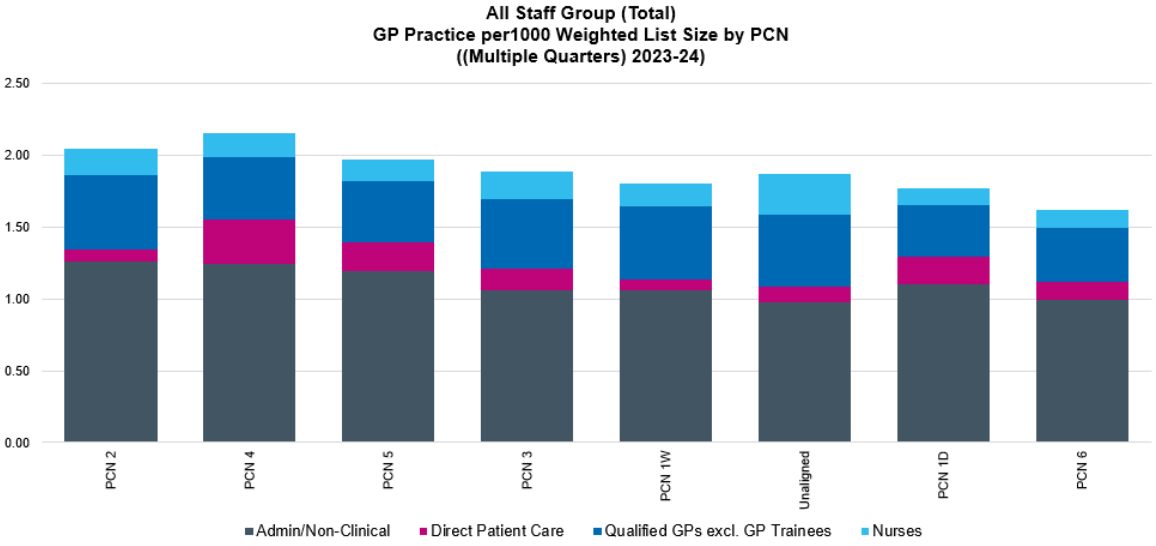
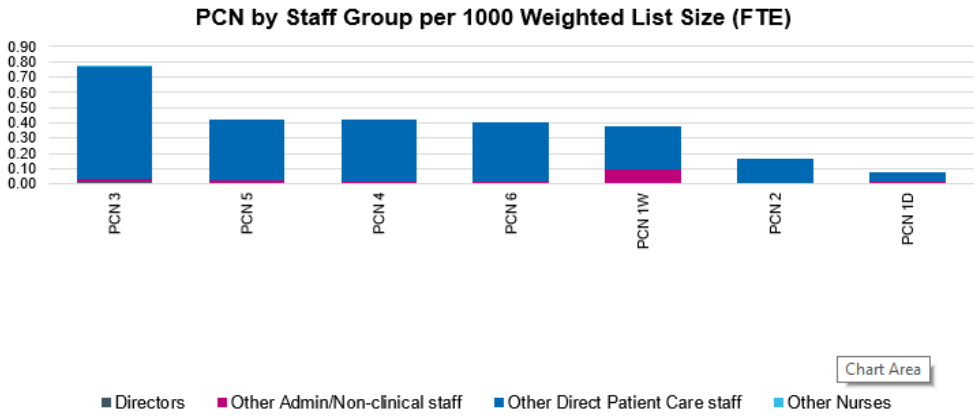


Figure 10: Total number of staff employed by PCNs per 1000 patients:



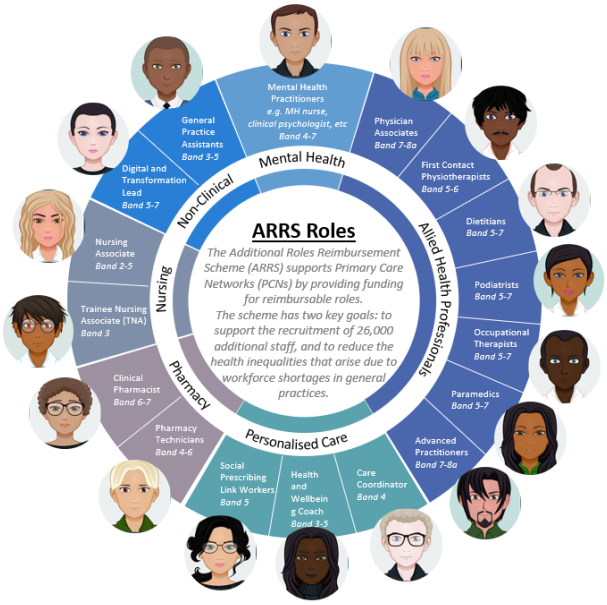
ARRS (Additional Role Reimbursement Scheme)

4.4 Through the introduction of ARRS (Additional Role Reimbursement Scheme) roles over the last 5 years the number of health care professionals working in primary care has increased and the variety of roles has increased dramatically. Alongside the GP and practice nurse there are now Clinical Pharmacists, Physician Associates, First Contact Physiotherapists, Paramedics, Mental Health professionals, Nurse Associates and many more new roles. Working hand in hand with these healthcare professionals are other non-clinical specialists such as Social Prescribers, Health and Wellbeing coaches and Care Coordinators. The latest addition to the new roles is the Digital and Transformation Lead. In Barnet, PCNs have fully utilised their ARRS budget. There is however at PCN level uncertainty around the future planning we haven't been informed nationally about the future of the scheme.

4.5 NHSE has published Additional Roles:

A quick reference summary

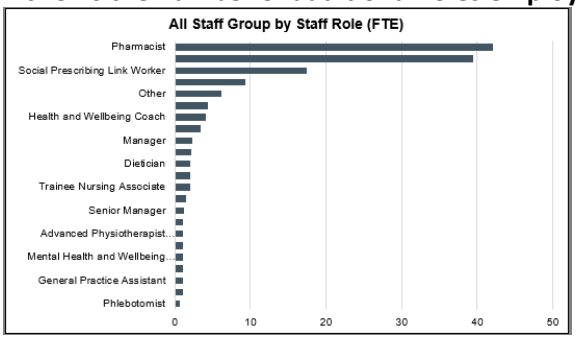
The following are all the roles funded through the scheme:



- [Clinical/senior pharmacist]
- [Pharmacy technician]
- [Social prescribing link worker]
- [Health and wellbeing coach]
- [Care co-ordinator]
- [First contact physiotherapist]
- [Paramedic]
- [Occupational therapist]
- [Podiatrist]
- [Dietitian]
- [Nursing associate]
- [Trainee nursing associate]
- [Adult mental health practitioner]
- [Children and young people's mental health practitioner]
- [Physician associate]
- [General practice assistant]
- [Digital and transformation lead]
- [Advanced practitioner]

4.6 In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

Figure 11 shows the number of additional roles employed through PCNs as of July 2023 in Barnet.



Staff Retention

4.7 *"core work is also required to make primary care more attractive to staff by addressing work-life balance, parity with other NHS career paths, and making a portfolio career more accessible. Training and education to encourage career development should be rolled out across primary care, from clinical to managerial and reception roles"* The Fuller Report.

4.8 In Barnet there is a programme of work being run by our training hub to offer personal development opportunities to our GP staff. This is further bolstered by both NCL and national offers of training and development.

GP practice and PCN staff retention initiatives

4.9 These initiatives are all available via Barnet Training Hub but some programmes are available across NCL and others more widely (e.g. New to Practice Fellowships is a national programme).

- SPIN (Salaried Portfolio Innovation scheme). This is a combined offer with NHSE New to Practice Fellowship programme (combined in London only). This is an enhanced fellowship offer.
- Mentoring
- Leadership opportunities
- Clinical supervision
- Multi professional education
- Nurse education
- Pharmacy education
- PMLG (Practice Manager Learning Group) regular educational sessions for practice managers and coffee mornings
- Care coordinator and SPLW (Social Prescribing Link Workers) sessions

GP practice and PCN staff recruitment at a national, NCL and Barnet level

4.10 The Barnet Training Hub helps to facilitate recruitment, e.g. identify practices with nurse vacancies and alert the NCL Training Hub who will be matching candidates to vacancies

- GP Speciality Training
- General Practice Nurse recruitment
- Trainee Nurse Associate recruitment
- Prescribing Clerks
- GP Assistants
- PTPT (Pre-reg trainee pharmacy technician) Apprenticeship Programme for aspiring pharmacy technicians
- Primary Care Anchor Network - Supports the supply workstream by connecting local employers with the community e.g. link with local schools to promote entry level roles in primary care, link with local authority to identify opportunities to support underemployment

5. INEQUALITIES IN ACCESS

Cross-bBorder Working

5.1 The national position is that where NHS services are commissioned through an ICB, the delivery of that service should be linked to the GP the patient is registered with. This works well with clinic-based community services where patients can travel to those within the ICB area. This does not work so well with services that are delivered at home, although most NHS community services will offer some flexibility by travelling into neighbouring boroughs to provide some home-based care services. However, where the service is solely or jointly commissioned with a specific Local Authority that service will be contained within geographical boundaries of the borough in question.

5.2 The patchwork nature of London Boroughs means there are more borders in this patch than elsewhere in the country. There is a London region approach to overcoming the Mental Health border challenges and we are expecting a policy document to be made public shortly.

5.3 Since the development of the ICBs in July 2022 and the move to a population health model of strategic planning there has been a move towards a collaborative approach to resolving complex issues, including the development of cross-border agreements for community care. However, we recognise that in NCL we have more work to do with our partner organisations to ensure a consistent offer for those patients who live on the border. Through the pandemic response our ability to work together and agree fundamental principles to manage patients that live in one borough and choose to have their GP in another have progressed well in relation to supporting hospital discharge, and NCL is eager to build on this work to find similar solutions for other services.

5.4 Central London Community Healthcare is the community provider in Barnet, as well as in several boroughs in North West London, South West London and in Hertfordshire. They work with their colleagues in these different areas to ensure patients with cross -border issues are seen by the most appropriate community team as quickly as possible. Where once this would have required an escalation to a commissioner to resolve, the move is for system partners to resolve together.

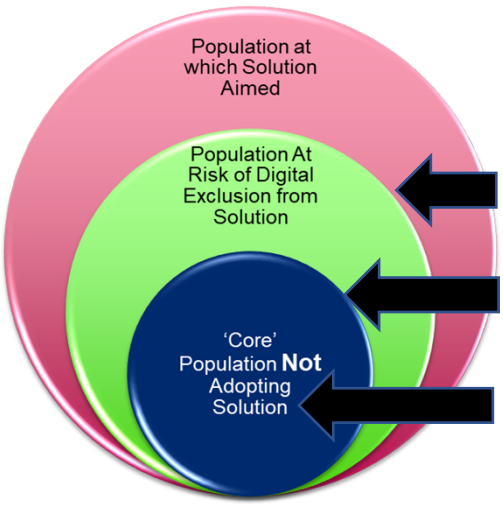
5.5 Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) is the community mental health provider in Barnet and serves residents with a Barnet GP and Barnet residential address. This approach will be reviewed in line with the London-wide policy document expected shortly.

Digital Inclusion – Access Focused

5.6 Some patients are not ready or able to use digital technology. Examples of these groups are low income families, unemployed, 65+, disabled including hearing impaired and those with learning disabilities, homeless, adults with low numeracy & literacy skills. It is important to note that not all people in these categories will be digitally excluded.

5.7 In many of these cases where patients are digitally excluded, patients could be given the skills, knowledge, confidence and resources to become digitally enabled but in some cases this will not be possible. That is why it is so important that although we focus on increasing the offer of digital access to primary care we also ensure that the traditional methods of contacting the GP surgery still exist and are equally prioritised by the GP practice alongside digital access.

5.8 Digital Inclusion doesn't only apply to health services and doesn't only apply to access to health services or even more specifically, primary care health services. It affects almost all aspects of life. This makes it difficult and not very helpful to look at digital access improvement initiatives in primary care in isolation. There needs to be a whole system approach to digital inclusion.



Want as many people as possible in our target population to be digitally enabled to a solution…

By reducing size of population at risk of exclusion from the solution…

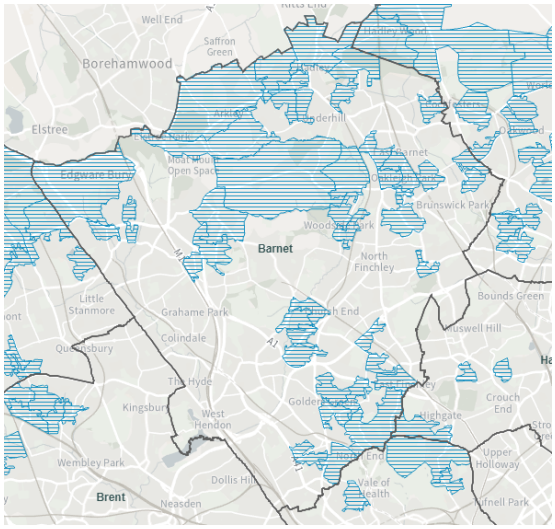
Whilst acknowledge always be a 'core' group who can't or won't adopt

5.9 NCL ICB has a Digital Inclusion workstream, looking at help with Remote Access to GP Appointments, Outpatient and NHS information. They have been working in partnership with Barnet Council and voluntary organisations to build a picture of digital excluded patients across Barnet and work to find solutions for their particular digital needs.

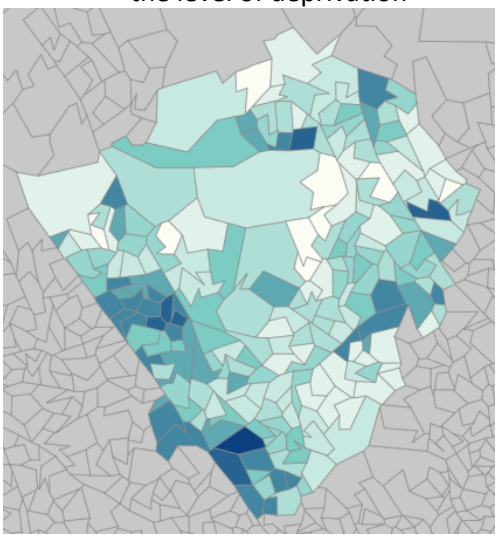
5.10 Barnet has an older and aging population. We also have a much higher number of care homes and housebound patients than any other NCL borough. The aging population in Barnet is a large part of the population considered digitally excluded. We also have geographical pockets where there is a high level of low income families and unemployment. These geographical areas are distinctly different. This highlights the need for a nuanced approach to any new service or initiatives looking at digital inclusion. It also highlights how the approach to access in each practice and PCN needs to consider those specific cohorts that are considered digitally excluded in their catchment area.

5.11 The map below shows the distribution of people aged 65 and over in Barnet. It doesn't fit the geography usually associated with health issues ie. those in indices of high deprivation. This shows how important it is to match the need to specific populations in specific geographical locations.

Distribution of population aged 65+



Map showing areas of deprivation. The darker the colour, the higher the level of deprivation



5.12 There are a number of initiatives and projects built to tackle digital exclusion:

Boost Digital: Is an employment, financial and digital support service helping Barnet residents. They work in partnership with Barnet Council. They offer training and support to improve the skills and knowledge of residents. They also offer support in accessing free internet.
Digital – BOOST (boostbarnet.org)

Patient Participation Group (PPG) Support:

- Some practice PPG groups offer hands on support sessions to guide patients through how they can use the NHS App
- Other PPGs said they did volunteer work in the reception area to help other patients with 'iGP' IT

London Digital Exclusion Personas is a Pan London toolkit created by LOTI (London Office of Technology and Innovation) for designing services based on user needs. The pack of 24 personas is designed to help you understand the needs, experiences and barriers of people experiencing digital exclusion.

London Digital Exclusion Personas - LOTI

Below is an example persona, particularly relevant to the Barnet demographic: **Delaisay**

6. PRIMARY CARE IMPROVEMENTS AND SUCCESSION PLANNING

6.1 A report, 'Primary Care and Neighbourhoods Deep Dive', was presented to Barnet Health and Wellbeing Board (HWBB) on 11th May 2023, providing a general update on Primary Care and to give assurance that the NCL Integrated Care Board (ICB) is progressing in line with the Fuller Report recommendations. The report also included an update on the Fuller Stocktake report (a detailed national review of integrated primary care looking at ways to address dissatisfaction from both patients and staff).[10] The report also sets out the development of neighbourhood models of care in Barnet (as recommended in the Fuller report), led by the Barnet Borough Partnership.

The following updates were outlined in the report:

- the NHS and General Practice continued to operate under immense pressure at this time, and that Secondary Care service reduction due to industrial action was having a further impact on General Practice.
- the Barnet Borough Partnership is working to implement and develop integrated care and improve access, experience, and outcomes through neighbourhood models and community based multi-disciplinary working – the recently agreed NCL Population Health and Integrated Care Strategy also emphasises the importance of neighbourhood models of integrated health and care as a key vehicle for improving health and tackling health inequalities.

GP Appointments

- Overall appointment capacity is higher than pre-pandemic across NCL ICB yet there is high demand for appointments, which is being addressed in various ways.
- Succession planning is a concern in Barnet [11] due to several single-handed GPs being near retirement age. Recruitment and retention remains a challenge for General Practice
- Data presented outlined GP attendances by attendance mode and demonstrated a lower number of face-to-face appointments across NCL than pre-pandemic to February 2023, though overall capacity is higher than pre-pandemic.
- Primary Care Networks (PCN) have recruited to additional roles as part of the Network Contract Directed Enhanced Service to try to ensure the workforce is fit for purpose
- Changes to the GP contract are detailed in the national document[12]. From 1 Oct 2022 PCNs have been responsible for delivering extended access appointments in the evenings and 9-5 on Saturdays as part of the national DES access specification. This provides additional nurse and GP appointments, more reviews of high-intensity user patients, and structured medication reviews for housebound patients, through NHS England funding for winter 2022-23.

PCN Directed Enhanced Service Access Specification

- Changes to requirements of the PCNs due to the national DES Access Specification – to support this there is a national move to improve digital access to general practice including online consultation

[10] NHS England » Next steps for integrating primary care: Fuller stocktake report
[11] Health and Wellbeing Board report (moderngov.co.uk)
[12] Changes to the GP Contract in 2023/24 (moderngov.co.uk)

- 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 in all practices by March 2024 to support patient access

Additional Facilities

- New schemes include the Colindale Integrated Hub (a new primary, community and social care integrated hub) and refurbishment of the Finchley Memorial Hospital community diagnostic centre, creating additional diagnostic capacity.
- Other activities to support the reduction of health inequalities in the borough include the Healthy Hearts Campaign, Ageing Well pathway model, 0-19 Hubs providing early intervention to support children and families.
- There is a comprehensive social prescribing service in each PCN with a manager located in Age UK Barnet funded by Public Health.
- The Council's Adult Social Care Prevention and Wellbeing Service is borough-wide and working closely with the social prescribing team.
- NHSE has allocated specific funding to develop Primary Care Winter plans as in previous years
- The PCN led plan will focus on proactive care for at-risk cohorts, PCN-level Triage Hubs – 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 to help meet demand for additional appointments during winter.
- Funding is available for PCN pilots, aligned with the draft Integrated Neighbourhood Framework to help them build on existing neighbourhood provision. PCNs will be encouraged to partner with other organisations to propose Integrated neighbourhood pilots that develop neighbourhood services.
- The Barnet Borough Partnership (BBP) team is working with PCN Digital and 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.

Recognising the issues with Capacity and Access

6.2 The NHS has recognised the issue with Capacity and Access in General practice and has published plans to address this.[13,14 ,15] Work to support the workforce in primary care has been in place for years. In addition to this a number of plans and reviews have been published over the last year highlight Capacity & Access.

[13] Delivery Plan for Recovering Access to Primary Care https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/
[14] Hewitt Review https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/
[15] The Future of General Practice Report (Gov) https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/113/report.html

6.3 In particular the *Delivery Plan for Recovering Access to Primary Care focuses* on access. The plan has two central ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

- For patients to know on the day they contact their practice how their request will be managed.

If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

6.4 This plan seeks to support recovery by focusing this year (2023/2024) on four areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.

2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.

3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

6.5 There will also be Place specific issues with Capacity and Access. The geography and population demographics will play a role in both capacity and access. In Barnet we have a Place specific issue with Capacity & Access. There are large number of care homes and house bound patients in Barnet. This takes capacity away from the practice and away from on the day access and access for new patient concerns, as clinical time is taken up on both routine, proactive care in the community and acute visits. Care home and housebound patients are usually complex patients, and their care involves travel. Their visits and take a larger proportion of clinical time than the average appointment time. Access to the GP practice will therefore suffer as a consequence.

6.6 We also need to recognise that inefficient service provision in other areas of the NHS has a knock-on effect with capacity and access in primary care. An example of this is hospital consultants not giving a prescription to a patient at discharge or following a consultant appointment, or when the consultant has written to the GP with this information, letters have taken in excess of two weeks to reach the GP. Also patients have experienced waits of 2-6 hours at hospital pharmacies and been advised to see their GP for their prescription as a result. GPs have a 48-hour turnaround for hospital prescriptions as they need to be vetted, causing distress to patients due to the additional wait time. All of the above lead to GPs having to prescribe the medication and patients having to access primary care unnecessarily.

Extended Access and the Bridging Service

6.7 In October 2022, it became a national requirement for extended hours and enhanced access to be combined into one pot with one set of requirements to be delivered at PCN level. Prior to October 2022 Extended Access was a service provide by a practice for its patients. The practice was commissioned to provide a number of 'out of hours' appointments, based on their weighted list size, at their own practice premises. These were pre bookable appointments, delivered in the main by GPs and practice nurses. Enhanced Access is a separate service provided at scale for all the patients in a PCN.

6.8 It is for the PCN to determine, based on discussions with their commissioner and patient engagement:

- The site of the extended access service (usually the practice or practices in the PCN with enough space and good transport links)
- The exact mix of in person face-to-face and remote (telephone, video or online) appointments
- How many appointments are for emergencies, same day or pre-booked (including screening, vaccinations and immunisations)
- Which services should be available when and what skill mix is needed to deliver these
- Services are delivered 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays
- Some provision can be offered within core hours where evidence demonstrates this is needed and in agreement with the commissioner.
- PCNs are required to provide 60 minutes per week per 1000 patients (weighted). This equates to 23,882 hours a year. If appointments are 10 minutes long this works out to 138,492 appointments a year.

6.9 The timing of these extra appointments at a local site improves access to general practice for many people who are unable to attend their practice during the normal working day. It is especially popular with the working aged population and parents with children. All 7 PCNs in Barnet provide this service. The service times and appointment types vary from PCN to PCN which reflects local need. The extended access service in PCNs is strengthened through support from the federation who are able to provide extra capacity to support PCNs when they have workforce issues.

6.10 Not only has extended access provided extra appointments on a weekly basis but the infrastructure put in place to deliver this service has expanded the way in which the PCN practices can work together to deliver other services. For example, software allows the sharing of medical records and there are data sharing agreements in place to support this.

6.11 In addition to extended access, Barnet has commissioned the Barnet Federation to offer an extended access Bridging Service to provide appointments not offered under the PCN extended access. One of the objectives of the service is to provide the registered and non-registered but resident populations with convenient and equitable access to general practice. The service is commissioned to provide over 25,292 extra appointments a year. The service provides:

- Ringfenced appointments for 111 to book into, weekday evenings from 6.30pm - 8pm, Saturday daytimes 8am – 5pm.
- Urgent appointments (also accessible to 111) on Saturday evenings 5pm – 8pm and Sundays 8am – 8pm for patients whose care cannot wait until Monday when their practice opens as usual.
- Urgent Bank holiday appointments.

- The service also has the capability to respond to unscheduled demand. An example of this is the extra appointments they have provided and continue to provide during the doctors strikes.

NHS Contracts, Funding and Support for Access Recovery

Core GMS Contract

Capacity and Access now forms part of the GP core GMS contract.

Offer of assessment will be equitable for all modes of access: patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time.

Prospective (future) record access to be offered by 31 October 2023: To make it easier for patients to access their health information online without having to contact their practice, new health information is available to all patients. NHS England will continue to provide support to practices as more patients gain online access to their records. Support will continue nationally and through commissioners to enable practices to make this offer to all their patients.

Mandate use of the cloud-based telephony (CBT) national framework: All practices using cloud telephony by the end of 2025. This includes call queueing or call back.

Practices will be required to procure their telephony solutions only from the Better Purchasing Framework (BPF) once their current telephony contracts expire. The Delivery Plan for Recovering Access to Primary Care will describe further support available for practices who are interested in making this move in 2023/24

QOF (Quality and Outcomes Framework)

6.12 The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice. Access and Capacity has been added to QoF in the Quality Domain (Appendix IV).

PCN DES (Directed Enhanced Service) Contract

6.13 Primary care networks (PCNs) build on the core work of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for our communities. PCNs are formed via sign up to the Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21, which sets out core requirements and entitlements for a PCN. The objective is for the Network Contract DES to support PCNs to deliver the ambition for improved standards of care across the country, setting realistic expectations for delivery that benefit patients. Capacity and Access is a significant part of the PCN DES. It is part of the IIF (Impact and Investment Fund) and the delivery of a PCN Access Improvement Plan.

6.14 The number of indicators in the IIF was thirty six and is now five. One of these indicators focuses on access. The 2 week access indicator records the percentage of appointments where time from booking to appointment was two weeks or less.

The Capacity and Access Improvement Plan focuses on three areas:

- patient experience of contact
- ease of access and demand management
- accuracy of recording in appointment books

The plan at a minimum needs to deliver the following:

Cloud Telephony:

- All practices move to a cloud based system (if not already on one)
- Only 1 practice in Barnet still on an old telephone system – planned move to the new system in October 2023
- All practices to use the telephone system functionality of Call Back and/or Call Queuing
- 6 practices on a different cloud system to the rest of their PCN

Online Consultation:

- All practices to use Online Consultation
- Promote online consultation (website access)
- % of online appointments in line with NCL/London/national averages

Family & Friends Test:

- All practices reporting responses on a monthly basis
- To promote FFT
- To learn and respond to results

Improving GP appointment data (GPAD)
This will allow us to monitor and understand the appointments being offered by practices and find the gaps in provision.

Further NHS Support

6.15 In addition to the contracts, there are also other ways in which the NHS supports practices with access, either through additional funding or through training and other resources.

Cloud Telephony:

- Funding to move from an analogue to a cloud based telephone system.
- Potentially some funding for practices to move to the same cloud based system as the rest of their PCN

GP Improvement Programme:
'Hands on' support available to practices to help make changes and improvements.

- Intermediate: three months of support with a facilitator
- Intermediate (PCN): 12 half-day sessions over a flexible time period
- Intensive: six months of support with a facilitator

Modern General Practice Access Model: Transition Cover and Transformation Support Funding
Funding to be used over the next two years to support the goals of the access recovery plan and move practices into a Modern General Practice access model.

Digital Transformation Manager:

- New ARRS (Additional Roles Reimbursement Scheme) Role
- National training available

NCL Support – Access MDT and local support offers:

6.16 Work is being undertaken to bring together a multi-disciplinary team to stratify practices based on access data into three tiers (category A, B and C), in order to offer change management support to practices. As a system we need to ensure practices are supported to make meaningful change to operational models and ways of working to ensure these changes realise improved outcomes for staff and patients. There are number of local and national support offers to practices – but need to ensure practices experience these as both coherently presented and available at the right time.

Category A - Universal Support Offer
Change is supported by an all-practice offer provided by the ICB, delivery of PCN Capacity and Access Plans, supported by practice-level transition and transformation funding.

Category B – Additional Support
Discuss what is driving the data and identify areas for change management support to help making meaningful improvements in addition to the universal offer.
Category C – Targeted Support Offer
Match practice to an intensive change management offer

6.17 As part of this work there will be a discussion with identified practices to work through the Support Level Framework.

Support Level Framework:

- The Support level framework (SLF) is a tool to support GP Practices in understanding their development needs and where they are on the journey to embedding modern general practice – as there is no "one size fits all" approach to improvement.

- The Practice SLF will be completed with practices identified through the Access MDT, via a facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data to agree priorities for improvement and development of an action plan.

Winter planning

6.18 This year's plan for winter draws on evaluation of the 47 PCN projects from 2022/23. 43 projects were delivered as planned. Where PCNs were not able to fully deliver, funding was still used to add value for staff and patients, in most cases the issue was mobilising plans during the peak of winter. The majority had a demonstrable positive impact on practice resilience and patient care. This year the plan strives to support planning ahead of time and commencement of delivery before winter demand increases and reduce delays in releasing funding. Building on our learning from 2022/23, PCNs across NCL were given 'pre-approved' options to consider for winter 2023/24.

6.19 This year we have already received signed Memoranda of Understanding (MOUs) from all Barnet PCNs and know how they will be using the funding to support their patients this winter, choosing from the agreed options. The good news is that we have a plan in place in PCNs for this coming

winter, earlier than we have in any previous year. Barnet PCNs will be using their winter funding to do one or more of the following:

- Provide proactive care for at-risk cohorts (identification and outreach to the severely frail, housebound, over 75 not seen in the last 2 years and LTC LCS high-risk + complexity cohorts to help prepare them for winter)
- Provide additional sessions to increase urgent appointment capacity within PCN member practices helping them to meet the increased demand for appointments during winter.
- Ringfence capacity for a patient cohort with an increased need for appointments during winter

6.20 Winter planning in GP practices is part of the winder primary care planning which includes the promotion of community pharmacy services. The increased scope in the Access Recovery Plan for Community Pharmacy to manage low-acuity conditions (including prescribing) presents a capacity-boosting opportunity ahead of winter. It builds on local initiatives and complements services for oral contraception and hypertension case finding.

Monitoring GP Quality and Access

6.21 Barnet Primary Care team meets monthly with the NHS Commissioning and Contracting Team to maintain a case log and risk register for any access issues with GP practices that are identified through any pathway – including anecdotal and witness reports. They also meet on a regular, monthly basis with CQC where updates on any identified issues or risks are given by both parties.

Table 7: CQC rating of Barnet practices, 2023

Practice Name	PCN Name	CQC Rating
The Clinic (Oakleigh Rd North)	PCN 2	Good
Greenfield Medical Centre	PCN 5	Good
The Speedwell Practice	PCN 2	Good
Millway Medical Practice	PCN 4	Good
Watling Medical Centre	PCN 1W	Good
Supreme Medical Centre	PCN 6	Good
Parkview Surgery	PCN 1W	Good
Ravenscroft Medical Centre	PCN 5	Good
Lane End Medical Group	PCN 4	Good
Adler & Rosenberg (682 Finchley Road)	PCN 6	Good
Brunswick Park Medical Practice	PCN 2	Good
Phoenix Practice	PCN 5	Good
Cricklewood Health Centre	TBC	Good
Lichfield Grove Surgery	PCN 3	Good
PHGH Doctors	PCN 6	Good
The Old Courthouse Surgery	PCN 3	Good
St George's Medical Centre	PCN 5	Good
Penshurst Gardens	PCN 4	Good
Oak Lodge Medical Centre	PCN 1D	Good
Wakeman's Hill Surgery	PCN 1D	Good
Friern Barnet Medical Centre	PCN 2	Good
Rosemary Surgery	PCN 2	Good
Hodford Road Surgery	PCN 6	Good
Deans Lane Medical Centre	PCN 1W	Good
Woodlands Medical Practice	PCN 2	Good
Dr Azim & Partners	PCN 5	Inadequate
Squires Lane Medical Practice	PCN 3	Good
Heathfielde	PCN 6	Good
The Everglade Medical Practice	PCN 1W	Requires Improvement
Cornwall House Surgery	PCN 3	Good
Longrove Surgery	PCN 3	Good
Torrington Park Group Practice	PCN 2	Good
St Andrews Medical Practice	PCN 2	Being reviewed
Pennine Drive Surgery	PCN 5	Good
The Practice @ 188	PCN 6	Good
The Village Surgery	PCN 2	Good
Doctors Surgery (Colney Hatch Lane)	PCN 2	Requires Improvement
Wentworth Medical Practice	PCN 3	Good
Jai Medical Centre	PCN 1D	Good
Addington Medical Centre	PCN 3	Good
Mulberry Medical Practice	PCN 1D	Good
Langstone Way Surgery	PCN 4	Requires Improvement
East Finchley Medical Practice	PCN 2	Good
East Barnet HC (Monkman)	PCN 2	Good
Temple Fortune Health Centre	PCN 6	Good
Colindale Medical centre	PCN 1D	Good
Mountfield Surgery	PCN 6	Good
Hendon Way Surgery	PCN 1D	Good

Succession planning

6.22 In the last 5 years Barnet has moved from having 62 practices, many of them single handed, to having 48 practices. 6 of those closures were mergers with other practices. It is very difficult to succession plan for single handed practices. The shift to part-time working along with a relative increase in female GPs contributes to the reduction of single-handed practices. When a single handed GP comes to retirement age it is extremely hard to find another GP willing to take on a practice list on their own. In addition to this, when a single handed practice GP goes on leave or

falls ill, they are not always able to recruit consistent and knowledgeable short or medium term cover into the practice to look after the patients. The fact that Barnet single handed practices have reduced over the last 5 years is good for the sustainability of GP practices in Barnet.

Estates

6.23 Information on ensuring adequate GP coverage when new housing developments are planned:

We use multiples tools, forums and approaches to short, medium, and long term capacity planning, which are summarised in the list below:

- Regular planned engagement with the Council and NHS partners
- An annual primary care deep dive process, which looks at the current capacity and infrastructure, and planned new estate schemes
- An annual capital prioritisation process for investment into primary care for the next financial year and outlines the borough's 10 year plan for investment in primary care infrastructure
- The ICB are a consultee to the Local Plan and provided a detailed response to the draft Local Plan via an Infrastructure Delivery Plan
- The ICB have an open-door policy for our practices to approach the local Barnet to discuss their capacity concerns and submit requests for additional space or site relocations. This is manged via the NCL Primary Care Committee
- There is a national NHS England programme for all ICS regions to develop/ update their Infrastructure strategy by March 2023. This process is underway in NCL

Completed and planned estate projects that will improve access to GP practices:

Improving the primary care estate and access is of great importance to the ICB. Please find below a list of completed and proposed schemes in planning:

Completed:

- Borough wide projects:
  - Digital Patient Check-In Kiosk and patient information boards across all Barnet Primary Care Sites
  - Patient Chase Upgrade- IT upgrade across all Barnet Primary Care Sites
  - Phase 1 Patient Records digitisation and room conversion
- Barnet General A & E Refurbishment - expansion of the A & E and creation of a new Urgent Treatment Centre
- Finchley Memorial Hospital Community Diagnostic Centre
- Cressingham Road refurbishment - branch Site relocation and Primary Care Expansion
- Vale Drive Clinic - internal reconfiguration and Primary Care Expansion
- Grahame Park Health Centre - essential works to extend the life of the building and meet the initial Colindale population growth

Proposed Schemes in Planning (*please note the below schemes are subject affordability, technical building viability and tenant commitment, and would require NCL Primary Care Committee approval*):

- Edgware Community Hospital Optimisation
- Pan Barnet PCN Hub
- Stone X Stadium GP relocation
- East Barnet Health Centre extension
- Hendon Broadway redevelopment
- OPE Phase 8 Scheme - Osidge Library development

- Colindale Gardens Integrated Hub
- Edgware Town Centre redevelopment
- Brent Cross Cricklewood Regeneration
- Phase 2 Patient Records digitisation and room conversion
- NCL Sustainability Projects

7. INVESTMENT IN PRIMARY CARE IN BARNET

7.1 The funding for GP Practices and PCNs is complex, and it is difficult to pull out which parts of the funding are specific to Capacity and Access. In 2023-2024 the funding is considerably more than in previous years.

The ICB can ascertain this but it will take time to do so across NCL as there are various funding streams (also they flow nationally, regionally, locally, by borough etc). This information can be brought to the next meeting if requested.

7.2 Capacity and Access is now part of many of the contracts the NHS holds with general practice. It forms part of the GMS core contract for which practices are paid through an annual payment to implement. It is part of QoF (Quality and Outcomes Framework) where practices are paid to achieve a target. It is part of the PCN DES where PCNs are paid to achieve a target and implement planned changes across the year.

7.3 There is Practice transition and transformation funding - £1.2m across NCL this year, to be distributed to practices calculated partly on a block payment and partly on list size. There is also PCN Capacity and Access Funding which is linked to list size.

7.4 In addition to this, there is System Development Funding – Primary Care Transformation pot from which we have carved out a pot for change support. This funding support will be distributed dependent on where we see support needs arising. Arguably even the investment in Digital First supports on capacity and access.

8. CASE STUDIES OF BEST PRACTICE

8.1 The Fuller stocktake report, Next Steps for Integrating Primary Care, outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. The report provides practical steps that Integrated Care System (ICS) and national leaders should take to create this shift through locally driven change through a system-wide approach to workforce, estates and data; and building more resilience within general practice.

8.2 At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. Integrated neighbourhood 'teams of teams' need to evolve from PCNs, and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. The development of PCNs has already enabled many neighbourhoods to make progress in this direction. However, a lack of infrastructure and support has held them back from achieving more ambitious change.

8.3 The key drivers identified for change in the Fuller report link in very clearly with the focus of this report on Access to Primary Care.

Fuller Report Key Drivers:

- Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most
- patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments
- primary care teams are stretched beyond capacity, with staff morale at a record low

In the report there are many examples of good practice from across the regions in England which we can learn from and use to evaluate what will work well for our population in NCL and Barnet.

Case Study
Barnet Frailty MDT (Multi Disciplinary Team) LCS (Locally Commissioned Service)

The Frailty MDT LCS offers Barnet GPs the option of providing a more comprehensive level of care than is specified in their GMS contract. The service is to be offered to the moderately and severely frail population of Barnet, not living in a care home environment, through referral to and attendance at multi-disciplinary case discussions and collaborate with wider frailty integrated team to offer proactive, holistic enhanced care in the community.

The CLCH service focuses on supporting Barnet patients who are 65 years or older, living in their own home with moderate to severe frailty. The Barnet Frailty team seek support from GP practices and PCNs to identify, refer and participate in collaborative case discussions with the Barnet Frailty multidisciplinary team at the twice weekly virtual multidisciplinary team meeting. The service aims to enhance care coordination of the 'frail' population in Barnet through case-based discussions with acute and community healthcare professionals.

Furthermore, the team continue to support GPs who are currently managing those patients with complex healthcare needs, who may benefit from a comprehensive holistic assessment and development of a personalised care plan. GPs in Barnet continue to refer and attend the multi-disciplinary meeting and collaborate with the wider frailty team. GP practices free up dedicated time and resource to provide educational and clinical support in managing this complex, vulnerable caseload and to provide proactive, joined up care to their frailty population.

CASE STUDY:
PAN LONDON POLIO CAMPAIGN – BARNET & NCL APPROACH TO ACCESS

Genetically-related polio virus was found in sewage samples taken from February to late into 2022. In response to this finding there was a two phase campaign to vaccinate unvaccinated or partially vaccinated children from the age of 1 to 11 years. In addition to this, in phase 1 of the campaign an extra booster dose was also offered to all age appropriately, fully vaccinated children.

This campaign required large time and resource from primary care to follow up on and vaccinate these children. The system responded by offering support and Barnet delivered 18,110 vaccines in Phase 1 of the campaign. Most of these vaccines were delivered in GP Practices but they were also delivered by other providers:

- There were large clinics in Hornsey and UCLH offering walk in appointments for any NCL child. At the start of the campaign they could only offer vaccines to 6 to 9 year olds, by the end of the campaign they were able to administer vaccines to 1 to 9 year olds. They were trained to administer the hexavalent as well as Boostrix (preschool booster / 5-IN-1) and Revaxis (3-In-1).

- Two Community Pharmacies in Barnet were able to offer vaccines to any NCL child eligible for a Revaxis (3-IN-1) and Boostrix (preschool booster / 5-IN-1) vaccinations aged 4 to 9.

- There were two outreach clinics at the Jewish Centre for patients in PCN 5 and PCN 6, primarily for the Jewish Community but open to all eligible patients.

In addition to the hands on support offered to vaccinate the children, there was real partnership working when it came to the communication and engagement with our population with NCL and Barnet Primary Care comms and engagement team working with Barnet Council Public Health and with community organisations to ensure that parents were informed of the important of the vaccine campaign but also supporting the communication around who, where and when the children could be vaccinated.

Links to other case studies:

Islington GP Federation – Primary Care Networks in NCL

https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2019/07/Iglington-GP-Federation-Case-Study.pdf

North Islington PCN – Integrated Support for those in need
https://www.bbbc.org.uk/wp-content/uploads/2021/03/North-Islington-case-study.pdf

Haringey GP Practices - Homeless Haringey Covid
https://www.england.nhs.uk/gp/case-studies/gps-in-haringey-join-forces-with-health-and-care-services-to-support-local-homeless-population/

Care Rounds weekly Barrow and Millom Primary Care Network , North West
https://www.england.nhs.uk/gp/case-studies/implementing-weekly-care-rounds-in-care-homes-barrow-and-millom-primary-care-network-north-west/

Hillingdon Confederation Care Home Support Team and Weekend Visiting Service
https://www.theconfederationhillingdon.org.uk/services/weekend-visiting-service
https://www.theconfederationhillingdon.org.uk/services/care-home-support-team

Managing high demand – MSK and paramedic Walnut Tree Health Centre, East of England
https://www.england.nhs.uk/gp/case-studies/managing-high-demands-for-gp-appointments-walnut-tree-health-centre-east-of-england/

PCN and Practice Digital Champions

PCN Digital Champions.pdf

https://future.nhs.uk/EOEICSDigitalCollaboration/page/casestudy/view?objectID=34251344&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D1%26sort%3Dname%26dir%3Dasc%26search%3Ddigital%2520champions

Improved patient access through digital triage

Improving Patient Access through Digita

https://future.nhs.uk/EOEICSDigitalCollaboration/page/casestudy/view?objectID=42824144&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D11%26sort%3Dname%26dir%3Dasc%26search%3Ddigital%2520triage

Whitley Surgery – Ask My GP

Witley Surgery Ask My GP.pdf

https://future.nhs.uk/DigitalPC/page/casestudy/view?objectID=24291760&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D21%26sort%3Dname%26dir%3Dasc%26search%3Daccess%26futureNHSCategory%3DPrimary%2520care

9. CONCLUSIONS

Key points

- Barnet is the second biggest borough in London with 389, 352 residents versus 441, 665 GP registered population;
- Barnet residents live longer than their counterparts in London and England but, on average, last 18-19 years they spend in poor health, which poses burden to local health and social care services;
- Recent years have seen increase in local population, particularly those under 19 years of age and elderly residents;
- Recent years also have seen an increase in long-term conditions, mental ill health and other conditions, suggesting an increase in demand on services;
- Total practice list over the last 10 years have grown in Barnet by over 55,000 thousand however number of GPs have increased too;
- GP survey data suggest wide-ranging dissatisfaction with Barnet's primary care, significantly worse than the national average and this trend has been deteriorating;
- During the pandemic, there was a big shift to online consultation from usual, face to face consultations and number of face to face appointments continues to decrease;
- Nationally, there is a big push to modernise Primary care and increase digital access in order to meet demand in services;
- In Barnet, there is varied practice across the borough in modernisation and digitalisation;
- This is exacerbated by digital exclusion divide by specific population groups;
- There are a number of different contractual leavers in GP contracts but it is unclear how is this used to drive local improvements and improve quality and standards equally across the borough;
- A significant national investment has been directed towards improving Primary care but it is unclear how is this used in Barnet;
- There is no comparative data on investment in Primary care in Barnet over the last 10 years and in comparison with NCL boroughs;
- It is evident that a lot of work has been happening locally but it is unclear how is it all co-ordinated and how these improvements are not linked to patients' satisfaction.

Conclusion

There is a need for better access to primary care, nationally, in NCL and in Barnet. The issues with access are rooted in increased demand and flagging capacity.

To address demand we need to inform and educate the patients in Barnet about what services are available to them and which service to go to in the first instant for their specific concern. We need to inform expectations and let them know how soon their concern will be addressed, who will be supporting them and what form their consultation will take. Driving towards a model where all patient concerns are addressed by the appropriate clinician in the appropriate time span, signposting to self care where appropriate.

To address capacity we need to address the infrastructure and process issues associated with patient flow. We also need to keep improving our workforce and estates. Alongside that we need a system approach, acknowledging that this is an issue not of the GP practices making and that it will take a change in the way the system works together to improve access to primary care.

There is acknowledgement that this will need national support which is being offered in the form of recruitment to the healthcare profession, training and development support and crucially, funding. At NCL level there are more bespoke offers of support being made to practices and PCNs to help them develop a

new and sustainable way in which patients can access their GP practice and how this works together with changes to the way patient flow works within trusts, community services and community pharmacy. At Place level we are supporting the development of the emerging neighbourhoods to ensure the patients receive the access they need based on their local demographics and needs.

We now need to work together as an ICS to make the best use of our combined resources to support all this good work and ensure that it achieves the desired outcome – great access to primary care.

Appendix I - Barnet Registered List Size as of January 2023

Practice Name	PCN	Raw List Size 01/01/2023
Oak Lodge Medical Centre	PCN 1D	17581
Jai Medical Centre	PCN 1D	9108
Wakeman's Hill Surgery	PCN 1D	4408
Mulberry Medical Practice	PCN 1D	8847
Colindale Medical Centre	PCN 1D	10963
Hendon Way Surgery	PCN 1D	9033
The Everglade Medical Practice	PCN 1W	10950
Watling Medical Centre	PCN 1W	17407
Parkview Surgery	PCN 1W	6491
Deans Lane Medical Centre	PCN 1W	4180
Oakleigh Road Clinic	PCN 2	9365
The Speedwell Practice	PCN 2	11523
Torrington Park Group Practice	PCN 2	12386
St Andrews Medical Practice	PCN 2	11456
The Village Surgery	PCN 2	5422
Colney Hatch Lane surgery	PCN 2	5188
Friern Barnet Medical Centre	PCN 2	9820
East Finchley Medical Practice	PCN 2	7760
East Barnet Health Centre	PCN 2	11383
Brunswick Park Medical Practice	PCN 2	8571
Rosemary Surgery	PCN 2	6109
Woodlands Medical Practice	PCN 2	4883
Lichfield Grove Surgery	PCN 3	6476
Squires Lane Medical Practice	PCN 3	5542
The Old Courthouse Surgery	PCN 3	8920
Cornwall House Surgery	PCN 3	5778
Longrove Surgery	PCN 3	17676
Wentworth Medical Practice	PCN 3	18680
Addington Medical Centre	PCN 3	9639
Millway Medical Practice	PCN 4	20529
Penshurst Gardens	PCN 4	6146
Langstone Way Surgery	PCN 4	9131
Lane End Medical Group	PCN 4	14571
Greenfield Medical Centre	PCN 5	7244
St George's Medical Centre	PCN 5	11844
Pennine Drive Surgery	PCN 5	8463
Ravenscroft Medical Centre	PCN 5	5728
The Phoenix Practice	PCN 5	10270
The Hillview Surgery	PCN 5	2042
Dr Azim & Partners	PCN 5	8781
Heathfielde	PCN 6	8778
PHGH Doctors	PCN 6	12123
Supreme Medical Centre	PCN 6	4484
The Practice @ 188	PCN 6	9076
Drs Adler & Rosenberg	PCN 6	6781
Temple Fortune Medical Group	PCN 6	8801
The Mountfield Surgery	PCN 6	4971
Hodford Road Surgery	PCN 6	4137
Cricklewood Health Centre	TBC	4439
Registered Total		443884

PCN	Raw List Size 01/01/2023
PCN 1D	59940
PCN 1W	39028
PCN 2	103866
PCN 3	72711
PCN 4	50377
PCN 5	54372
PCN 6	59151
Cricklewood Health Centre	4439
Total registered patients	443884

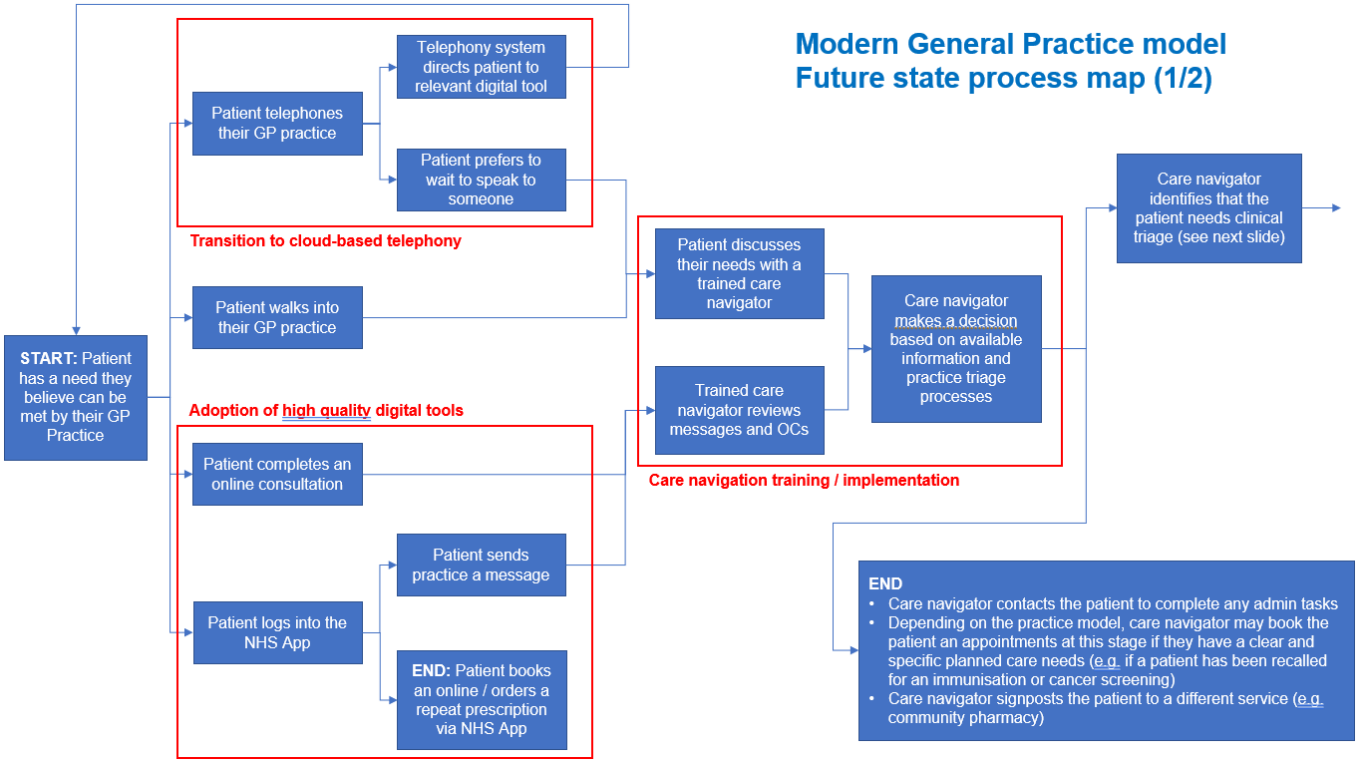
Of note is the high number of care homes and housebound patients in the borough.

PCN Name	Number of care homesCare home
PCN 1D	9
PCN 1W	0
PCN 2	31
PCN 3	23
PCN 4	4
PCN 5	5
PCN 6	13

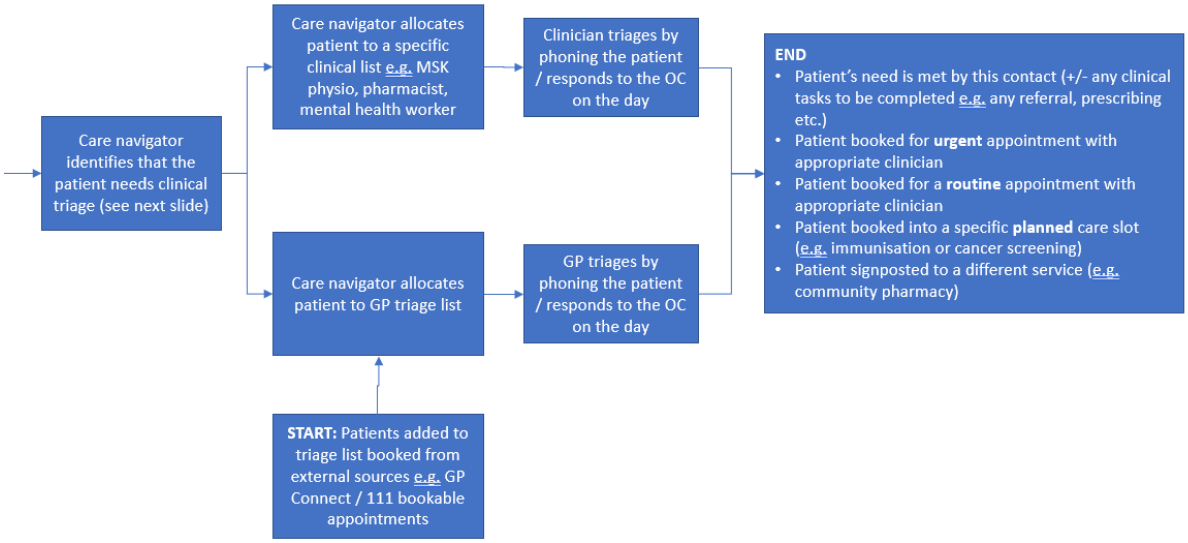
PCN	Housebound Patients	Parent Population
PCN 1D	483	61043
PCN 1W	210	39491
PCN 2	926	105031
PCN 3	902	83892
PCN 4	424	51095
PCN 5	330	53396
PCN 6	441	54717
Cricklewood Practice	8	4821
Grand Total	3724	453486

BARNET	3612
ENFIELD	1815
CAMDEN	2131
HARINGEY	1798
ISLINGTON	1902

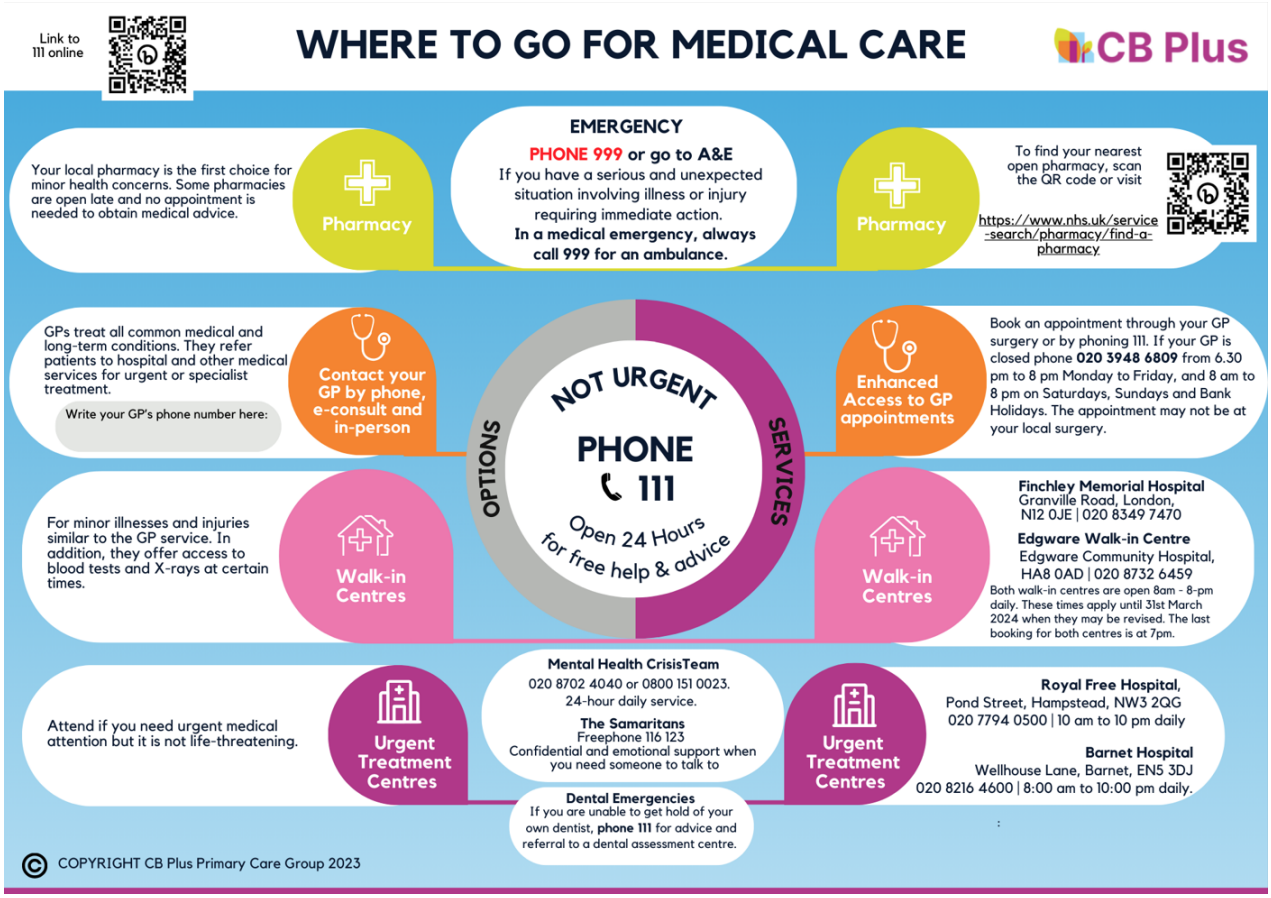
Appendix II – Modern General Practice Model



Modern General Practice model
Future state process map (2/2)



Appendix III – Patient Information Leaflet



Appendix IV – QOF - Optimising Demand and capacity in general practice:

Indicator	Points	Thresholds
Part 1: Optimise use of staff capacity		
QI016. The contractor can demonstrate that it has in place a recognised and validated approach to understanding demand/activity, capacity and appointment data and has made improvements to data quality to better reflect practice work.	10	N/A
QI017. The contractor can demonstrate that it has utilised demand and capacity data to inform operational decisions and plan for demand and capacity matching	6	N/A
QI018. The contractor has participated in network activity to review the smart cards of all staff employed under the Additional Roles Reimbursement Scheme (ARRS)	6	N/A

Table 8

Part 2: Reducing avoidable appointments		
https://bmjopen.bmj.com/content/11/12/e054666 40% of General Practice appointments are from the top 10% of patient users. Focused improvement work to reduce avoidable appointments will support the contribution of GP practices to a system-wide approach to address high intensity service users, support practices to embed their care navigation processes and build a shared understanding across the system about the impact on general practice workload. It will enable clinical time to be spent on managing more appropriate appointments, enabling more time with complex patients and contribute to more manageable workloads and GP retention. The starting point for addressing avoidable appointments is understanding current activity. QI019. The contractor can demonstrate improvement in reducing avoidable appointments. A suggested approach is outlined below: 1. Using BI tools, if available and practice collected data where not, to understand the practice activity including variations over the days of the week, time of day and time of year. 2. Developing an understanding of the telephone queue either by extracting data from their cloud-based telephony system or asking staff to collect data over a period. 3. Using that data to understand their peaks of activity and better matching their capacity to their demand by, for instance, reviewing rotas. 4. Using improvement techniques described in the Primary Care Transformation Team's webinar series on Demand and Capacity which provides practical advice and guidance.	15	N/A
5. Referencing the Royal College of General Practitioner's 6 steps to start to improve delivering continuity of care from their Continuity Toolkit for those who need it and adapting to suit the needs of the practice.		

Table 9

Excerpt from the QoF guidance:

“With increased demand for general practice services, it is more important than ever that practices can access and understand relevant data and use this to effectively match capacity to demand,
optimise use of the multi-disciplinary team and wider primary care services, and use care navigation and triage to support equitable access to care for patients.”

“Through practice engagement with these and future modules, we expect to see measurable improvement in the quality of care and patient experience at a national level against the areas of focus described in the individual modules – though we recognise that in some instances these improvements may only be realised with a lag, i.e. after the end of 2023/2024. Furthermore, while we expect to see measurable improvements at a national level, we also recognise that not all quality improvement activity at a practice level will be successful in terms of its impact upon patient care.”

MINUTES OF MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday, 26th June, 2023, 10.00 am - 12.40 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Chris James, Andy Milne and Matt White

ALSO ATTENDING:

1. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah (Camden), Cllr Kemi Atolagbe (Camden), Cllr Philip Cohen (Barnet), Cllr Rishikesh Chakraborty (Barnet) and Cllr Jilani Chowdhury (Islington).

The number of apologies given by Members meant that the Committee was not quorate. To be quorate there are two criteria:

a) For at least four Committee Members to be present. This condition was met.
b) For Members from at least four of the five NCL boroughs to be present. This condition was not met.

In the circumstances, the meeting continued as a briefing for the Members present. This meant that discussions on the agenda items could continue but any formal decisions made could not be ratified.

3. ELECTION OF CHAIR

As this was the first North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) meeting of the 2023/24 municipal year, the election of the Chair was required.

The Members present indicated their preference for Cllr Pippa Connor to continue as Chair for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

The Members present determined that Cllr Pippa Connor should Chair the briefing.

4. ELECTION OF VICE-CHAIRS

As this was the first JHOSC meeting of the 2023/24 municipal year, the election of the Vice-Chairs was required.

The Members present indicated their preference for Cllr Tricia Clarke and Cllr Larraine Revah to continue as Vice-Chairs for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

5. URGENT BUSINESS

None.

6. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. TERMS OF REFERENCE

The terms of reference for the NCL JHOSC were noted.

9. MINUTES

The minutes from the meetings held on 20th March 2023, 6th June 2023 and 7th June 2023 were discussed.

The following points of accuracy were raised:

- On page 18 of the agenda pack, in the draft minutes for 6th June 2023 (BEH and C&I Mental Health Trusts), there was a reference to the risk of some patients falling between different types of mental health services. Cllr Connor said that there should be an action recorded to investigate this further. **(ACTION)** There was also a request in the following paragraph for further details on how the performance of services was monitored which Cllr Connor said should also be recorded as an action and that information about the

clinical strategies and deep dives into service delivery should be included in the following year's Quality Accounts. **(ACTION)**

- On page 25 of the agenda pack, in the draft minutes for 7th June 2023 (Whittington NHS Trust), it was noted that more information about the actions being taken in response to the CQC inspection would be useful. Cllr Connor said that there should be an action recorded to provide this information to the Committee. **(ACTION)**

It was not possible to approve the three sets of minutes as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

10. MATERNITY & NEONATAL SERVICES UPDATE

The update on maternity and neonatal services was provided by Rachel Lissauer, Senior Responsible Officer, Chris Caldwell, Chief Nurse for NCL ICB and Executive Lead for Maternity & Neonatal services, David Connor, Group Director of Midwifery at the Royal Free NHS Trust and Co-Chair of the Local Maternity System, Sumayyah Bilal, Head of Maternity Services & Commissioning for NCL, Nicole Callender, Associate Director for Midwifery at NMUH, Barbara Kuypers, interim Divisional Director of Midwifery and Nursing at NMUH, Dhruv Rastogi, Divisional Clinical Director & Consultant Paediatrician at NMUH, and Isabelle Cornet, Director of Midwifery at Whittington Health NHS Trust.

Rachel Lissauer began by explaining that, while accountability for services remained with the NHS Trusts, the Local Maternity and Neonatal Service (LMNS) within the NCL ICB had a role in considering elements such as safety, using data and insights, ensuring a supportive infrastructure for services, using the voices of pregnant women to inform how maternity services were run and equality of outcome and access. The Service worked alongside the Start Well programme which was looking at structural issues in the Case for Change. The role of the LMNS had really changed over the past 3-4 years with stronger role and closer working with Head/Directors of Midwifery, including on staffing, recruitment, training and demand pressures.

David Connor said that the Care Quality Commission (CQC) had been revisiting Trusts across the sector as part of its national response to the Ockenden report. The CQC's report on the Whittington NHS Trust had been published while the North Middlesex University Hospital (NMUH) and University College London Hospitals NHS Trust (UCLH) had been inspected and the reports were currently being awaited. An inspection of the Royal Free Trust was expected soon. Through the LMNS Board, the action plans from inspections were monitored with feedback and learning shared across the system.

Asked by Cllr Connor whether there were any particular areas of concern as part of this process, David Connor said that triage assessments were an area where improvements could be made and that this was a common issue nationally so best practice models were being looked at.

Sumayyah Bilal provided an overview of the Women's CQC Survey, which was a national survey that covered all aspects of the maternity journey and was conducted annually. The responses received in NCL were not representative of the diversity of survey users and so further work was planned on reaching those community voices with a recently recruited independent senior advocate, as recommended by the Ockenden report. Area for improvement across NCL including monitoring of mental health in pre and post-natal periods, infant feeding support and the ability of partners to visit in hospital (where there had previously been some restrictions due to Covid).

Sumayyah Bilal also explained that all NCL Trusts were asked to provide assurances to the LMNS Board of how they were implementing the recommendations of the Ockenden report. Ockenden assurance visits were also carried out with all NCL Trusts in 2022 and the feedback was mostly positive. An area that required improvement was collaboration/co-production with Maternity Voices Partnership (MVP). She added that the Ockenden and East Kent reports had resulted in additional funding being provided for safety. NHS England had recently published a 3-year delivery plan for maternity and neonatal services which had consolidated the overlapping recommendations into four key themes.

Sumayyah Bilal said that the Ockenden report had included a focus on workforce and there had been work on recruitment and retention in NCL, including an expansion of student placements, international recruitment and all Trusts signing up to a pan-London consortium providing recruitment and retention advice. The main priorities in NCL were to work on a recruitment strategy, focus on why staff were leaving, exploring staff wellbeing and development and linking this to EDI (Equality, Diversity and Inclusion) initiatives and flexible working and how staff can escalate concerns. There was a particular challenge around the cost of living for staff in London.

The NHS officers then responded to questions from the Committee:

- Asked by Cllr Connor about the most significant challenge in the points she had mentioned, Sumayyah Bilal said that they complemented each as the workforce was needed to enable service improvement so the workforce needed to be supported.
- Asked by Cllr White for further explanation of the key finding from the Ockenden report that found "lack of compassion and kindness by staff", David Connor said that the recent CQC report on the Whittington, complaints themes and feedback from the Maternity Voices Partnership had not identified lack of compassion as an issue locally and that he found the staff to be a caring motivated workforce.
- Cllr White expressed concerns about levels of understaffing and low pay for some staff. David Connor responded that making sure that staff had the resources required to do their jobs was something that they were striving for and that there had been a reduction in the vacancy rate across the system over the past year. The recruitment and retention work had been key in ensuring that staff were developed and looked after, but he acknowledged that the current cost of living was a real concern. Sumayyah Bilal added that a working group, including patient experience leads, was being established to address the recurrent themes emerging from the Women's CQC Survey.

- Asked by Cllr Connor about national workforce policy, Chris Cordwell said that a long-term Workforce Plan was due to be published shortly and was expected to say that a lot more midwives and nurses were required. However, it was not yet known known how this would be achieved (e.g. more training or more international recruitment) or what funding would be provided to support this. Sumayyah Bilal added that there was currently some ongoing work to upskill Maternity Support Workers.
- Cllr White noted that rates of stillbirths were higher in Haringey, as highlighted on page 38 of the agenda pack, and that this coincided with higher levels of deprivation. He also referred to inequalities of outcomes relating to ethnicity. Rachel Lissauer said that there was a strong evidence base on continuity of care. She acknowledged that the findings for Haringey were concerning and that, while stillbirths were higher in the east of the Borough (where deprivation levels were higher), the issue was not exclusive to the east of the Borough. She added that the report on this was expected to be available in September/October 2023 and could be shared with the Committee. **(ACTION)** Sumayyah Bilal added that a working group on continuity of care had been set up and was focusing on personalisation, deprivation and ethnicity issues. The Trusts were aiming to improve continuity of care through teams of midwives providing end-to-end care but there were some workforce challenges associated with this. Nicole Callender highlighted the role of the Magnolia Midwives service which provided multi-disciplinary support for pregnant women with mental health issues and that continuity of care through this model had better outcomes, so this model was being rolled out to other community teams. Isabelle Cornet said that the Whittington Hospital had one continuity of care team, reduced from two teams, based on the workforce recommendations from the Ockenden report. The active team was based in the deprived areas of Islington and the team that was no longer in place had been based in Haringey. Other community teams were working on a continuity of care model for ante-natal and post-natal care (excluding labour care), including a team for higher-risk women.
- Cllr Milne queried the extent of problems associated with those not engaging with ante-natal care. David Connor said that it was rare for women not to receive any antenatal care whatsoever and that access to care was good, including through self-referral. Chris Cordwell commented that, based on the initial findings of the report (referred to in the above paragraph), the range of factors were quite varied and often related to a person's background, understanding of health seeking behaviours, housing and education.
- Cllr Clarke referred to evidence linking smoking to stillbirths. David Connor said that the Saving Babies' Lives national care bundle covered smoking cessation in pregnancy, including through carbon monoxide testing and signposting to support. In NCL, consideration was being given to bringing smoking cessation advisers into maternity units rather than having to refer people to a separate appointment. Sumayyah Bilal added that there were KPIs on smoking cessation and a focus on opting out of smoking cessation services rather than opting in.

- Cllr Clarke asked whether current staffing issues were impacting on the ability of women to have home births. Isabelle Cornet explained that the Whittington's home birth service was still running but the shortage of staff meant that this service was covered around 80% of the time and this was currently being reviewed. She added that the Birth Centre had recently been completely refurbished with five rooms and that around 25% of births over the last couple of months had taken place at the Birth Centre.
- Noting that CQC reports were expected for the other NHS Trusts soon, Cllr Connor referred to page 45 of the agenda pack which included a summary of previous inspections and asked how the "requires improvement" sections were being addressed.
    - Royal Free - David Connor explained that, following an inspection of maternity services at the Royal Free Hospital in 2020, the CQC had rated the service as "inadequate" and it entered the national maternity safety programme as a consequence of this. It had successfully exited the programme last summer and it was recognised that work had been carried out to address identified issues and the rating of the service was now "requires improvement". The Trust Board and the LMNS continued to monitor progress. He added that the last Ockenden peer visit, in October 2022, had been complementary about the robustness of the governance processes, focus on safety culture and good relationship with the MVP.
    - NMUH - Nicole Callender explained that the last CQC inspection had been in 2021 and that there had been no "must dos" flagged in terms of safety but there had been some "should dos" which had since been implemented. Actions had been taken on staff development/wellbeing/training and also on interpretation and translation given the high number of different languages spoken in the local area. Dhruv Rastogi commented that, because of the delay between the CQC inspection and the report, it was important for the Trusts to triangulate on the key current issues which had included triage. He added that the recent Ockenden visit had been complementary.
- Asked by Cllr James why Barnet Hospital had not had a recent inspection, David Connor explained that, although Barnet Hospital had last been assessed in 2016, elements of the maternity services were cross-site with the Royal Free as part of the same Trust and governance processes which had been assessed more recently.
- Cllr Clarke highlighted the upcoming cuts of 30% to the NCL ICB budget and said that, while the Committee had been told that this would not impact on services, this change needed to be carefully monitored. Chris Cordwell commented that the cost savings were linked to national requirements and did not relate to the money spent on services. However, she acknowledged that there were financial challenges across the system overall.
- Asked by Cllr James for further explanation about the reasons for the significant inflow from non-NCL residents to Barnet Hospital and UCLH, Sumayyah Bilal explained that this was not unexpected because women had the right to book antenatal and labour care in any hospital of their choosing

while post-natal care was provided in the closest hospital to their place of residence.

Cllr Connor summarised the main concerns of the Committee, where further information would be welcome in a future report **(ACTION)**, as:

- poorer outcomes for those from more deprived areas or from BAME backgrounds, including greater understanding of causes and risk factors;
- continuity of care, including progress of the Magnolia team;
- workforce issues, including cost of living/housing issues and improving support for staff overall;
- training for staff, including the development of the maternity support workers role.
- the findings of future CQC reports in the areas which are currently rating as requiring improvement;
- monitoring the statistics on smoking cessation;
- cuts to the running costs of the NCL ICB;

11. CANCER PREVENTION PLAN

Ali Malik, Managing Director, and Fanta Bojang, Programme Manager, at NHS North Central London Cancer Alliance, introduced the report on the North Central Prevention, Awareness and Screening strategy and action plan.

Ali Malik said that work had recently been carried out to examine the overarching cancer pathway and the core aims and objectives for the cancer system. At the heart of this was the early diagnosis programme, which supported the national target in the NHS Long Term Plan for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028.

Fanta Bojang explained that the strategy had initially been drafted in 2019/20 but had been delayed by the Covid-19 pandemic and redrafted in the context of the implementation of Integrated Care Boards, aligning with the cancer system aims and objectives, the Population Health and Integrated Care Strategy and the Core20PLUS5 framework on health inequalities. The focus on prevention, awareness and screening included supporting and encouraging people to present to primary care early and to take up their screening invites, a targeted lung health checks programme which was still at an early stage, and identifying people with a high risk of developing cancer through genetic testing. Prevention was part of the strategy but this was a shared priority across the health system. There was an action plan associated with the strategy and this was only a two-year plan as the future availability of resources beyond this was not known.

Ali Malik and Fanta Bojang then responded to questions from the Committee:

- Referring to the case study on page 62 of the agenda pack, Cllr White commented that this example did not necessarily reflect some of the higher risk factors such as deprivation.

- Cllr White commented that prevention was preferable to treatment, both in terms of health outcomes and cost to the NHS, and suggested that support networks to help people reduce their tobacco and alcohol consumption and better manage their weight could help. Fanta Bojang said that the prevention budget sat elsewhere, but that there were active programmes in areas such as smoking cessation across the system and that the Royal Free were piloting a Healthy Living hub initiative. Ali Malik agreed with the focus on prevention and added that managing cancer as a long-term condition through support networks could also be beneficial.
- Cllr Clarke asked about methods of early detection such as through bowel cancer testing kits or dentists advising patients about mouth cancer for example. Fanta Bojang responded that the action plan highlighted the issue of drawing upon healthcare professionals across the whole system. Ali Malik added that a Primary Care Cancer Strategy had also been developed which addressed education and awareness across primary care staff, picking up on possible signs of cancer.
- Cllr James expressed concerns about low rates of cervical cancer screening. Fanta Bojang agreed that there was a long-standing challenge with a national decline in screening rates, though there were sometimes upticks in rates when there were national campaigns or publicity on these issues. There had also been several extended access programmes locally, offering appointments outside of core GP practice hours which could improve participation rates in some groups. A research study had been carried out on allowing people to collect their own samples to increase rates with people who found the testing in a clinic to be too invasive - the results of this study were being awaited.
- Asked by Cllr James about HPV immunisation, Fanta Bojang confirmed that this was included as an objective in the strategy as there were varying participation rates across NCL. The need for two doses was believed to be a factor in this and so this was being changed to one dose from September to improve uptake. Awareness was also a factor as some parents were not aware that immunisation was being offered and could be accessed via primary care. Cllr Connor suggested that an initiative aimed at university students could help to improve uptake and Fanta Bojang agreed to consider this as part of the action plan. **(ACTION)** Chris Caldwell added that there was some ongoing local work about school-age vaccination and so the suggestion could combined into this work, particularly in terms of the communications.
- Cllr Milne requested further explanation about the graph on page 64 of the agenda pack relating to the two week wait referrals for suspected cancer in each of the NCL boroughs, noting that Islington had the lowest rate of referrals and higher mortality outcomes. Ali Malik confirmed that those with the higher rates of referrals on the graph would be expected to lead to better outcomes but that there were also other factors to consider in each borough, such as population age. Richard Dale, Director of Performance and Transformation at NCL ICB added that simply increasing the number of two-week referrals would not necessarily improve quality of care and that it would add to pressure on the system, so it was necessary to find the balance between referring as many

people as possible appropriately and getting those people seen as soon as possible.

- Cllr Cohen (who was not present at the meeting) had submitted a written question asking why the two-week referral rates were higher in Enfield and Barnet compared to the other NCL boroughs. Ali Malik responded that the age profile of the boroughs would explain the majority of the variation. He noted that some GP practices referred for certain types of cancer more than others and so they wanted to better understand the data on this and the reasons for this. He added that the downside of a high rate of referrals was the impact on operational performance, noting that NCL performed comparatively poorly on the 62-day cancer standard, mainly because of the high volume of referrals received by hospitals. Cllr Connor requested that the data of variation in GP referrals be provided to the Committee. Ali Malik explained that a visual tool was in the process of being developed that would display detection and referral rates as a heat map which could be shared with the Committee when it was available. **(ACTION)**
- Asked by Cllr Connor about the progress towards the target for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028, Fanta Bojang said that the current rate was around 20% below the target.
- Cllr Connor queried what action would be taken to engage with the difficult to reach parts of the population on prevention and awareness. Fanta Bojang said that work with the voluntary sector and community/faith groups could be effective as they were engaging with people at community level. Resources and training was provided to the sector to help spread messaging on cancer screening. She added that they were open to suggestions about how else this approach could be improved. Ali Malik added that there was data about which demographic groups tended to respond least to traditional methods of approach and could therefore benefit from a more targeted approach. Chris Caldwell commented that a lot had been learned through the Covid vaccination programme in terms of what to do and not to do in reaching certain groups and this could be applied to other public health interventions such as this, though there were finite resources which had be carefully targeted to maximise value. Cllr Connor suggested that it would be useful for the Committee to understand whether these interventions had succeeded in changing outcomes. **(ACTION)**
- Cllr Clarke asked about the backlog in cancer referrals caused by the Covid-19 pandemic. Ali Malik explained that the backlog was measured by the number of patients waiting for longer than 62 days for their treatment to start following a GP referral. The proportion of referrals waiting longer than this had reduced from around 20% to under 10% so this was trending in the right direction with more still to do. Richard Dale added that overall referral rates from GPs had now returned to pre-pandemic levels.

12. SURGICAL TRANSFORMATION PROGRAMME

The presentation on the NCL Surgical Transformation Programme: Ophthalmology Surgical Hub Proposal was provided by Dilani Siriwardena, Deputy Medical Director at

Moorfields Eye Hospital and NHS London Clinical Director for Ophthalmology, Jon Lear, Senior Operations Manager at Royal Free London NHS Foundation Trust, Marco Inzani, Deputy Director of Strategic Programmes for NCL ICB and lead for the Surgical Transformation Programme and Richard Dale, Executive Director of Performance and Transformation NCL ICB.

Marco Inzani explained that there were current more than a quarter of a million patients waiting for elective care in NCL. Ophthalmology was one of the higher volume specialities and the waiting lists had grown by 48% over the past seven years. There were also risks associated with waiting including health deterioration and increased complexity of care so this really affected people's quality of life. It was not possible to keep up with demand in NCL despite initiatives including evening/weekend working, using capacity in the independent sector and Trusts offering mutual aid to each other.

Elective Orthopaedic Centres had previously been developed in NCL, at Chase Farm and at UCLH, and these had doubled the number of surgeries for hip and knees. The aim was therefore to replicate this in other specialities, beginning with ophthalmology. In developing the engagement work, the focus had been on what mattered to patients and a key finding was that patients were willing to travel further if this meant that they would be seen quicker and that the service was better.

Marco Inzani continued by explaining that the main proposals were to consolidate surgery from Whittington Health and Chase Farm Hospital to the Edgware Community Hospital and Royal Free Hospital. Outpatient appointments and tests would remain at all local hospitals so it was just the surgery that would move location, which would typically be only one or two appointments. Patients would still have a choice of three Trusts in NCL and it was expected that this would drive efficiency and productivity. There was expected to be an additional 3,000 procedures per year which could potentially help patients to be treated 10 weeks earlier. He explained that the downside was that some patients would have to travel further, estimated to be an additional 19 minutes by public transport on average. The maximum additional journey time (i.e. for someone who lived close to Chase Farm Hospital who needed to travel to the Edgware Community Hospital) would be 90 minutes but this would be for a very small proportion of patients. They would also continue to have the option of travelling to Potters Bar, which is closer but outside of the NCL border.

Dilani Siriwardena added that ophthalmology would ideally involve two theatres running in parallel with senior supervision for all patients and a reduced likelihood of late cancellations. This was already the type of service provided by Moorfields and St Anns, but for Royal Free staff they may have to travel between sites during the day which reduced the number of patients that they could treat.

Jon Lear said that, from the perspective of the Royal Free, this development was clinically led and clinically supported. There would be two phases to the project – firstly moving the activity from the Whittington to Edgware and secondly moving activity from Chase Farm to Edgware. There were currently two operating theatres at Edgware, but only one of these was currently for ophthalmology and so the proposal was for both of these to be used for ophthalmology for four days per week. Staff worked compressed hours during this four-day week (Mon-Thurs) but there was the

possibility of expanding capacity in the future by moving to a five-day week. Overall, the change would enable the consolidation of surgical resource, make best use of theatre staff, reduce travel time for surgeons and improve the flow of patients. With the current Chase Farm/Whittington arrangements, they would typically complete 5 to 6 operations on a half-day theatre list but, after the consolidation, this was expected to move up to 7 or 8 operations.

Marco Inzani concluded the presentation with slides about the Equality Impact Assessment (EqIA) which highlighted three groups – over 65s, BAME populations and the most deprived populations who were most impacted by the increased travel times. It would therefore be necessary to particularly engage with these groups during the consultation period, especially those who lived close to the Chase Farm or Whittington sites, to look at mitigations and additional support that could be offered. If this proceeded successfully then the implementation was expected in November/December 2023.

The NHS officers then responded to questions from the Committee:

- Cllr Clarke queried the justification of significantly increased travel times when the increased number of surgeries would be marginally increased from 5-6 to 7-8. Jon Lear responded that there were currently five half-day sessions per week at Whittington so there would be increased capacity at Edgware, in addition to the improved efficiencies and productivity as a consolidated hub. He clarified that it was Royal Free surgeons who currently provided services at the Whittington Hospital with Whittington nursing and administration staff. Cllr Clarke expressed concern that this was a necessary arrangement. In terms of the increased number of surgeries, Marco Inzani, reiterated that this would amount to around 3,000 additional procedures per year overall. Richard Dale highlighted the additional capacity that would be freed up at the Whittington so there were other positive knock-on effects to be considered. Dilani Siriwardena added that ophthalmology could sometimes be deprioritised during the winter as nursing staff were needed elsewhere which would not be an issue in a specialised hub.
- Cllr Clarke asked for clarification on the *"potentially adverse impact in particular on those whose ethnicity coding is Unknown"* relating to the proposed service changes at the Whittington as set out on Slide 13. Marco Inzani clarified that, when patients had been mapped as part of the EqIA process, this highlighted communities that were likely to be affected more in terms of travel times. This included the Unknown ethnicity coding, which included people who preferred not to state their ethnicity. Cllr James suggested that this category could include mixed race people who did not feel that they fit into any of the categories described on the forms. Richard Dale acknowledged that there were some limitations to demographic profiling and that it may be necessary to explore this issue further as part of the consultation in order to understand who could be adversely affected.
- Asked by Cllr Clarke about timescales for the consultation, Richard Dale said that the JHOSC was being consulted early, but the consultation process would continue over the summer and then it may be helpful to speak to the JHOSC

again in September about any changes or mitigations resulting from the feedback received.

- Cllr Milne asked whether the 48% increase in the waiting lists over the past seven years had been a consequence of bottlenecks in the system or an increase in demand. Dilani Siriwardena acknowledged the issues with the system but said that a major cause for this was the aging population leading to more cases of cataracts, glaucoma and other conditions that required repeated treatment.
- Asked by Cllr White about the difficulties of travelling from east to west across the NCL area, Richard Dale acknowledged that this was a key trade-off on which they were keen to engage the JHOSC and the wider community in order to build an understanding of what this would mean for patients. Marco Inzani added that any influence that Members could bring to the improvement of west-east transport links in NCL would be welcomed.

With a further update on this issue expected to the JHOSC in September 2023, Cllr Connor commented that the Committee wished to explore the following specific points further **(ACTION):**

- The additional journeys times being asked of residents, balanced against the potential benefits of being treated earlier;
- The potential impact on disadvantaged communities who could be disproportionately affected by the changes;
- The financial implications, including knock-on effects (positive or negative) on other NCL hospitals.
- What was learnt from the previous experience of developing surgical hubs in NCL for other types of treatments.

13. WORK PROGRAMME

The Committee then discussed the Work Programme for 2023/24. The September 2023 meeting had provisionally been scheduled to include items on Finance, Start Well and Diabetic Services. However, it was now necessary to include an update on the Ophthalmology Surgical Hub Proposal in the September 2023 agenda. It was agreed that the Diabetic Services item could instead by taken at the November 2023 meeting.

The November meeting now included the Diabetic Services item as well as items on the Estates Strategy, Workforce update and Winter Resilience. It was agreed that the Workforce item could instead by taken at the January 2024 meeting.

It was also agreed that a written update should be requested on the Camden Acute Day Unit issue, which had previously been discussed by the Committee, to be received ahead of the September 2023 meeting.

14. DATES OF FUTURE MEETINGS

- 30th October 2023 (10am)
- 29th January 2024 (10am)
- 18th March 2024 (10am)

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

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	Adults & Health Overview and Scrutiny Sub-Committee
Title	**Work Programme for Adults & Health Overview and Scrutiny Sub-Committee 2023/24**
Date of meeting	26 October 2023
Report of	Faith Mwende, Overview and Scrutiny Manager
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Adults & Health Overview and Scrutiny Sub-Committee Work Programme Appendix B – Health and Wellbeing Board
Officer Contact Details	Tracy Scollin, Principal Scrutiny Officer, tracy.scollin@barnet.gov.uk

Summary

The report sets out the Work Programme for the Adults & Health Overview and Scrutiny Sub-Committee 2023/24.

The work programme will be considered at every meeting of the Sub-Committee.

The Sub-Committee can make any amendments necessary, to enable it to respond to issues of concern or to request new pre-decision items ahead of their consideration by Cabinet/Council.

The Work Programme for the Barnet Health and Wellbeing Board is also attached for information.

Recommendations

1. **That the Adults & Health Overview and Scrutiny Sub-Committee comments on the 2023-2024 work programme.**
2. **That the Adults & Health Overview and Scrutiny Sub-Committee notes the 2023-24 Health and Wellbeing Board work programme.**

1. Reasons for the Recommendations

1.1 The Council's Constitution Part 3C Committee Procedure Rules states: The Overview and Scrutiny Committee will consider its outline work programme, and that of the Overview and Scrutiny sub-committees, at its first meeting following the Annual Meeting of Council…and report the agreed outline work programme to the first available ordinary meeting of the Council.

1.2 The work programme includes suggestion and input from Councillors, officers, members of the public, community groups and the voluntary sector.

A strong and effective work programme underpins the work and approach of Scrutiny. But work to develop and refine the work programme requires support. The input of executive members, senior officers, and external partners will all assist scrutiny Members to effectively fulfil their role as critical friends constructively challenging decision makers. [CfGS 2022]

1.3 The work programme should reflect the Council's priorities and should be targeted on issues where scrutiny can add real value. Good practice guidelines for setting overview and scrutiny work programmes state that if scrutiny is to be effective in driving service improvement and making a real difference to outcomes for local people, its work programme must be:

- Informed by the priorities and concerns of local people.
- Led by scrutiny members.
- Manageable and realistic
- Integrated effectively with corporate budget-making and strategic planning and policy setting processes and add value in contributing to the achievement of the Council's corporate objectives.
- Reflect a proactive approach to driving service improvement, rather than being simply reactive in response to decisions of the Executive.

1.4 The attached work programme reflects this approach.

2. Alternative Options Considered and Not Recommended

2.1 There is no alternative in the context of this report.

3. Post Decision Implementation

3.1 The 2023-2024 work programmes and scrutiny topics was presented to Full Council on 11 July for agreement.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of "caring for people, our places and the planet" and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a 'listening council' collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issue of concern.

Corporate Performance / Outcome Measures

4.2 This item measure how "We act on concerns of local residents and involve them in decision making".

Sustainability

4.3 None in the context of this report.

Corporate Parenting

4.4 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. This duty will be considered when including items to the work programme. This is especially relevant for the work programme for the children and education sub-committee.

Risk Management

4.5 None in the context of this report.

Insight

4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.

Social Value

4.7 None in the context of this report.

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

5.1 As part of the Governance review a dedicated team has been created to support the Overview and Scrutiny function and this will be delivered within the existing Governance service budget.

6. Legal Implications and Constitution References

6.1 The Council's Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council, Article 10.1.1 states that the Committee will oversee an agreed work programme that can help secure service improvement through in-depth investigation of performance issues and the development of an effective strategy/policy framework for the council and partners.

6.2 The Council's Constitution Part 3C - Committee Procedure Rules, Article 36.1 states that the Overview and Scrutiny Committee will consider its outline work programme, and that of the Overview and Scrutiny sub-committees, at its first meeting following the Annual Meeting of Council

6.3 Article 36.2 - In setting the outline work programme, account will be taken of the need to scrutinise forthcoming policy, for example, the budget and other major policies or strategies in development, whilst leaving flexibility to allow additional items to be added to the agendas for committees and sub-committees and to commission task and finish group reviews during the year in response to new requests for scrutiny.

6.4 Article 52.1 - Overview and Scrutiny Committee may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.

6.5 Article 36.3 - The Overview and Scrutiny Committee will report the agreed outline work programme to the first available ordinary meeting of the Council.

6.6 Under the Barnet Constitution Part 2 C, the Adults & Health Overview and Scrutiny Sub-Committee will perform the overview and scrutiny role and function in relation to all matters as they relate to Adult Social Care;

6.7 The committee will be responsible for reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief

Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation.

7. Consultation

7.1 Consultation and engagement of Councillors, Officers, members of the public, community groups and the voluntary sector was undertaken to provide input into the work programme and will be ongoing as the work programme is implemented.

7.2 The Scrutiny team has engaged with Councillors through the political assistants and Officers. The team also undertook a public consultation exercise on engage Barnet and in the Barnet First eNews letter.

8. Equalities and Diversity

8.1 Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.

9. Background Papers

9.1 Part 2B (4) of the Council's Constitution (Health and Wellbeing Board): COMMITTEES (moderngov.co.uk).

London Borough of Barnet

Adults & Health Overview and Scrutiny Sub-Committee
August 2023 - May 2024
Forward Work Programme

Unless otherwise shown meetings take place at:

Hendon Town Hall

The Burroughs

London NW4 4BQ

Contact: tracy.scollin@barnet.gov.uk
Principal Scrutiny Officer

Title of Report	Overview of decision	Report Of *(officer)*
24 January 2024		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan for any items the Committee may wish to request for pre-decision scrutiny during 2023/24	Head of Governance
Mid-year Quality Accounts	Royal Free London NHS Foundation Trust, North London Hospice and Central London Community Healthcare to present progress at mid-year point	Director of Public Health
Barnet Multi-Agency Safeguarding Adults Board	To note the Barnet Multi-Agency Safeguarding Adults Board Annual Report	Assistant Director Adults and Communities
Barnet vaccination and screening programmes update	To receive regular performance update.	Director of Public Health
Scrutiny Work Programme	To agree the work programme for O&S and sub committees	Head of Governance
Quarter 2 (Q2) 2023/24 Adult Social Care Report	To receive regular performance report	Director of Adults and Communities

Task and Finish Groups/Scrutiny Panels Recommendation Tracking	The Committee considered a report which detailed progress made in implementing recommendations made by Task and Finish Groups and Scrutiny Panels (accepted by Cabinet only) at six-monthly intervals	Head of Governance
6 March 2023		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan for any items the Committee may wish to request for pre-decision scrutiny during 1023/24	Head of Governance Head of Governance
NHS Estates	Report on overall plan for Barnet's Estates including disposable assets	
Scrutiny Work Programme	To agree the work programme for O&S and sub committees	Head of Governance
NHS Sustainability Plan		
Post Covid Services	Update from RFL NHS Foundation Trust	
Adult Social Care Engagement and Co-Production Annual Report	To note the Engagement and Co-Production Annual Report	Executive Director of Adults and Health

Quarter 3 (Q3) 2023/24 Adult Social Care Report	To receive regular performance report	Executive Director of Adults and Health
15 May 2023		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24	Head of Governance
Scrutiny Work Programme		Head of Governance
NHS Quality Accounts 2022/23	• Royal Free London NHS Foundation Trust • Central London Community Healthcare NHS Trust • North London Hospice	
Overview and Scrutiny Annual Report	Agree the Annual Report to Full Council	Head of Governance
5 June 2024		

Key Decision List	To review the Cabinet's Key Decisions enabling the committee to identify appropriate matters for the overview and scrutiny work programme and overview of specific decisions proposed in the Forward Plan	Head of Governance
Scrutiny Work Programme	To agree the work programme for O&S and the sub committees	Head of Governance
Quarter 4 (Q4) 2023/24 Performance Report	To note the Corporate Performance and Risk report	Executive Director of Adults and Health
Task and Finish Groups/ Scrutiny Panels - Recommendation Tracking	Report on progress made in implementing recommendations made by Task and Finish Groups and Scrutiny Panels (accepted by Cabinet only) at six-month intervals	Head of Governance
To be allocated		
Barnet HealthWatch Annual Report		Head of Assessment and Children in Need
Solutions4Health Update		Strategic HR Director

Children and Maternity Services - NCL ICB Startwell Programme	Progress update. To be carried out with Children and Education Overview and Scrutiny Sub-Committee. To include residents who draw on the services.	
Mental Health Services update	To receive a performance update from mental health service providers on key developments, performance, the Mental Health Services Review (implementation of core offer) and the Community Transformation Programme. With input from people who draw on mental health services.	
Winter pressures 2023/24	Looking at plans in place for winter 2024/25 and lessons learned from the previous winter	
Equipment Recycling - Barnet Social Care and NHS	Review of providers in Barnet and potential for increasing recycling of equipment eg walking aids when no longer needed	Executive Director of Adults and Health

London Borough of Barnet
Health and Wellbeing Board
Forward Work Programme
2023 / 2024

Contact: Pakeezah Rahman (Governance) pakeezah.rahman@barnet.gov.uk

BARNET
LONDON BOROUGH

Subject	Decision requested	Report Of	Contributing Officer(s)
18 JANUARY 2024			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Long Term Conditions – Cardiovascular Disease Prevention Plan *Part of Key Area 2 – Starting, Living and Aging Well*	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Joint Director of Public Health and Prevention, LBB and the RF	Public Health Consultant (Live and Age Well), London Borough of Barnet (Deborah Jenkins) Barnet Borough Partnership team
Business items			
Dementia Friendly Barnet	The Board notes and comments on progress on making Barnet a Dementia Friendly borough.	Joint Director of Public Health and Prevention, LBB and the RF	Senior Public Health Strategist, London Borough of Barnet (Seher Kayicki)
Fit and Active Barnet – Year 1 Progress and Year 2 Action Plan	The Board to note and comment on progress, and put forward ideas for future action	Executive Director for Adults, Communities and Health, London Borough of Barnet	Assistant Director, Greenspace and Leisure, London Borough of Barnet (Cassie Bridger)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults, Communities and Health. London Borough of Barnet Chief Executive, Barnet Hospital	

***A key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*

Subject	Decision requested	Report Of	Contributing Officer(s)
Communicable Diseases Update	The Board notes the verbal update	Joint Director of Public Health and Prevention, LBB and the RF	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)
14 MARCH 2024			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Aging Well *Part of Key Area 2 – Starting, Living and Aging Well*	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Joint Director of PH and Prevention, LBB and the RF Executive Director for Adults, Communities and Health, London Borough of Barnet	
Business items			
Primary Care Update: Bi-annual report	The Board to note and comment on the update on Primary Care.	Director of Integration (Barnet), North Central London Integrated Care Board	Deputy Director, Primary Care Transformation, North London ICB (Carol Kumar / Kelly Poole)

Subject	Decision requested	Report Of	Contributing Officer(s)
Pharmaceutical Needs Assessment Update	The Board approves – subject to comment – any updates to the assessment.	Director of Public Health and Prevention, London Borough of Barnet	Public Health Consultant (Live and Age Well), Public Health, London Borough of Barnet (Deborah Jenkins) Head of Insight and Intelligence, London Borough of Barnet (James Rapkin)
Annual Director of Public Health Report 2023/24	The Board notes the report and its recommendations.	Director of Public Health and Prevention, London Borough of Barnet	
Health and Wellbeing Strategy – 6 month progress report	The Board to note and comment on progress	Chair and Vice Chair of Health and Wellbeing Board	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O'Callaghan)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults, Communities and Health, London Borough of Barnet Director of Integration (Barnet), North Central London Integrated Care Board	
Communicable Diseases Update	The Board notes the verbal update	Director of Public Health and Prevention, London Borough of Barnet	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)

Subject	Decision requested	Report Of	Contributing Officer(s)
9 MAY 2024			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Improving children's life chances *Part of Key Area 2 – Starting, Living and Aging Well*	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
Business items			
Joint Strategic Needs Assessment	The Board to approve – subject to comments – the final version of the Joint Strategic Needs Assessment 2023-24.	Chair and Vice Chair of the HWB	
North Central London Population and Integrated Health Strategy – Year 1 Performance	The Board to note and comment on the performance of the first year of the strategy.	Director of Integration, North Central London Integrated Care Board	

Subject	Decision requested	Report Of	Contributing Officer(s)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults, Communities and Health, London Borough of Barnet Director of Integration (Barnet), North Central London Integrated Care Board	
Communicable Diseases Update	The Board notes the verbal update	Director of Public Health and Prevention, London Borough of Barnet	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)
11 JULY 2024			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Grahame Park and Burnt Oak *Part of Key Area 3 – Ensuring delivery of co-ordinated and holistic care, when we need it*	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	Public Health Consultant, (Neighbourhoods and Communities) London Borough of Barnet (Rachel Wells)
Business items			
ICB Joint Capital Resource Strategy	The Board to comment on and note the annual update of the strategy.	Director of Integration, North Central London Integrated Care Board	Cap

Subject	Decision requested	Report Of	Contributing Officer(s)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults, Communities and Health, London Borough of Barnet Director of Integration (Barnet), North Central London Integrated Care Board	
Communicable Diseases Update	The Board notes the verbal update	Director of Public Health and Prevention, London Borough of Barnet	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)

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Adults & Health Overview and Scrutiny Sub-Committee

Title	**Cabinet Forward Plan**
Date of meeting	26 October 2023
Report of	Head of Governance
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Cabinet Forward Plan (Key Decision Schedule)
Officer Contact Details	Andrew Charlwood, Head of Governance, andrew.charlwood@barnet.gov.uk

Summary

The report details the Cabinet Forward Plan for 2023/24. The Committee is requested to consider any items they may wish to request for pre-decision scrutiny during 2023/24. Items that the Committee may wish to request for pre-decision scrutiny during 2023/24 will be include in the Committee's work programme for 2023/24.

Recommendations

That the Adults & Health Overview and Scrutiny Sub-Committee considers the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24.

1. Reasons for the Recommendations

1.1 The Council's Constitution (Committee Procedure Rules, Part 3C, Section 38) states: Overview and Scrutiny Committee and Sub-Committees have the power and responsibility to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive.

1.2 The attached Appendix A sets out the upcoming Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The committee is requested to review the plan and determine if there are any items that the committee may wish to request for pre-decision scrutiny during 2023/24.

2. Alternative Options Considered and Not Recommended

2.1 The Committee could decide to not review the Cabinet Forward Plan. However, this is not recommended as non-Executive Members should have the opportunity to have an input in major polices and strategies as they are in development.

3. Post Decision Implementation

3.1 Any item that is subject to pre-decision scrutiny will be included in the committee's work programme for 2023/24.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of "caring for people, our places and the planet" and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny and Sub-Committees will support the Council in becoming a 'listening council' collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issue of concern.

Corporate Performance / Outcome Measures

4.2 This item will support delivery of the measure how "We act on concerns of local residents and involve them in decision making".

Sustainability

4.3 None in the context of this report.

Corporate Parenting

4.4 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. This duty will be considered when including items to the work programme.

Risk Management

4.5 None in the context of this report.

Insight

4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.

Social Value

4.7 None in the context of this report.

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

5.1 As part of the Governance review a dedicated team has been created to support the Overview and Scrutiny function and this will be delivered within the existing Governance Service budget.

6. Legal Implications and Constitution References

6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution.

6.2 The Adults & Health Overview and Scrutiny Sub-Committee will perform the overview and scrutiny role and function in relation to all matters as they relate to Adult Social Care;

6.2.1 Reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation

6.2.2 Referring contested major service reconfigurations to the Secretary of State in accordance with the Health and Social Care Act 2001

6.2.3 Receiving and commenting upon any external inspections and reviews.

6.2.4 To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.

6.2.5 To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.

6.2.6 To have specific responsibility for scrutiny of the following functions:

- Health and social care infrastructure and service
- NHS England, Integrated Care Boards and the Health and Wellbeing Board
- Public Health
- Other policy proposals which may have an impact on health, public health, social care and wellbeing
- Collaborative working with health agencies
- Commissioning and contracting health services

6.2.7 To review the planning, provision and operation of Health services in Barnet and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.

6.2.8 Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.

6.2.9 Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of London Borough of Barnet.

6.2.10 Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health and Social Care.

6.2.11 Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.

6.2.12 To discharge the functions conferred by Section 244 (2ZE) of the National Health Service Act 2006 as amended and Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013) of reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet.

6.2.13 To respond to consultations from local health trusts, Department of Health and Social Care and any organisation which provides health services outside the local authority's area to inhabitants within it.

7.	Consultation
7.1	None in the context of this report.
8.	**Equalities and Diversity**
8.1	Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.

9.	Background Papers
9.1	None

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London Borough of Barnet

Cabinet Forward Plan (Key Decision Schedule) 2023-2024

The Cabinet currently consists of the following members of the London Borough of Barnet:

Councillor Barry Rawlings	Leader of the Council and Cabinet Member – Resources and Effective Council
Councillor Ross Houston	Deputy Leader and Cabinet Member – Homes and Regeneration
Councillor Paul Edwards	Cabinet Member – Adult Social Care
Councillor Ammar Naqvi	Cabinet Member – Culture, Leisure, Arts and Sports
Councillor Anne Clarke	Cabinet Member – Community Wealth Building
Councillor Sara Conway	Cabinet Member – Community Safety and Participation
Councillor Pauline Coakley Webb	Cabinet Member – Family Friendly Barnet
Councillor Alison Moore	Cabinet Member – Health and Wellbeing
Councillor Alan Schneiderman	Cabinet Member – Environment and Climate Change
Councillor Zahra Beg	Cabinet Member – Equalities, Voluntary and Community Sector

This is a list of Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The Cabinet agenda containing all the reports being considered will be published 5 clear days before the meeting.

Advanced Notice of Executive Decisions

The Council is required to publish notice of all key decisions at least 28 days before they are taken by Cabinet. Details of the decisions to be taken at forthcoming meetings of the Cabinet are detailed in the table below.

Definition of a Key Decisions

A Key Decision relates to those executive decisions which are likely to:

i) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
ii) be significant in terms of its effects on communities living or working in an area comprising two or more wards in the Borough.

A decision is significant for the purposes of (i) above if it involves expenditure or the making of savings of an amount in excess of £1m for capital expenditure or £500,000 for revenue expenditure or, where expenditure or savings are less than the amounts specified above, they constitute more than 50% of the budget attributable to the service in question.

Notice of Intention to Conduct Business in Private

The Council is required to give at least 28 clear days' notice if **Cabinet wishes to hold any of the meeting in private.** Any person can make representations to the Cabinet if they believe the decision should instead be made in the public Cabinet meeting by emailing governanceservice@barnet.gov.uk

Urgency

If, due to reasons of urgency, a Key Decision must be taken where 28 days' notice have not been given a notice will be published (on the website) as early as possible and Urgency Procedures as set out in the Constitution must be followed.

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
14 November 2023					
Our Plan for Barnet – Delivery and Outcomes Framework, Q2 2023-24	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Transformation Director Head of Programmes, Performance and Risk	Public	No	Q2 2023-24 Delivery and Outcomes Framework Report Appendix A – Q2 2023-24 Performance Detail Appendix B – Q2 2023-24 High level risks Appendix C – Latest Available Benchmarking Data
Council Tax Support 2024/25 – Potential revision to council tax reduction scheme	This report will provide a series of models showing the expected impact of revising the Council Tax Support scheme, up to 100%.	Councillor Anne Clarke, Cabinet Member for Community Wealth Building Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	Yes	Decision in September 2023 to proceed with consultation. Final decision on scheme to be taken by Cabinet in January 2024, following consultation The report will propose consulting residents, the GLA, Citizens Advice Barnet, and Age UK

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Executive Director for Strategy & Resources			
Chief Finance Officer Report - Financial Outturn 2023/24 Q2	Revenue and capital forecast outturn for the financial year 2023/24 as at Q2	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Executive Director Strategy & Resources (S151 Officer)	Public	Yes	
Fees and Charges 2024/25	Approval to uplift the fees and charges for 2024/25.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Executive Director for Strategy & Resources (S151 Officer)	Public	Yes	A consultation to all residents and businesses is currently running

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Towards Net Zero Portfolio Programme: Re-procurement of lead contractor to retrofit Council's Corporate Estate	Authority to re-procure lead contractor to support the programmes of works as directed by the TNZ Portfolio and Estates teams	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change Assistant Director, Estates and Decarbonisation	Public	Yes	
West Hendon Playing Fields (WHPF) – project update	Noting of project progress since the Sports Hub Masterplan was approved by Environment Committee in March 2020 and the Outline Business Case was approved by Policy & Resources Committee in June 2021.	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sport Assistant Director Greenspaces & Leisure	Public	Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
LPS blocks – Stanhope and Holmsdale House, Strategic Outline Case	Approve the strategic outline case for the recommended next steps for Stanhope House and Holmsdale House LPS blocks.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes and Regeneration Head of Housing and Regeneration – Growth Team, Customer and Place Group Director, Development and Property, Barnet Homes	Part-Exempt	Yes	Cabinet Report Strategic Outline Case Resident Engagement Report EQIA
LPS blocks – Silk House and Shoelands Court and wider area, Strategic Outline Case	Approve the strategic outline case for the recommended next steps for Silk House and Shoelands LPS blocks.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes and Regeneration Head of Housing and Regeneration – Growth Team, Customer and	Part-Exempt	Yes	Cabinet Report Strategic Outline Case Resident Engagement Report EQIA

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Place Group Director, Development and Property, Barnet Homes			
GNLP Development Agreement (DA)	Approval of the Agreement and authority for it to be signed and executed	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration Director of Growth	Part-Exempt	Yes	Public paper Exempt paper Appendices incl. spec of the leisure centre Ongoing public consultation on the leisure centre.
Placement Sufficiency Strategy 2023-2027	The placement sufficiency strategy outlines how we will deliver a placement offer that secures sufficient accommodation, for children and young people in our care and our care experienced young people, which is in the right place, at the right time and of high quality. It assesses the projections of need for this cohort in Barnet, and how we	Councillor Pauline Coakley Webb - Cabinet Member for Family friendly Barnet Director of Children's Social Care	Public	Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
	will ensure that we are prepared to address these needs in ways that encourage the most positive outcomes for them. A decision is sought to approve the consultation process of this draft strategy.				
Childcare Sufficiency Assessment	Barnet council is required by law to 'report annually to elected council members on how they are meeting their duty to secure sufficient childcare and make this report available and accessible to parents'. Having sufficient childcare means that families are able to find childcare that meets their child's learning needs and enables parents to make a real choice about work and training. This inclusive offer applies to all children from birth to age 14. Sufficiency is assessed for different groups, rather than for all children in the local authority. The report, will assess sufficiency using data about the need for childcare and the amount of childcare that is available.	Councillor Pauline Coakley Webb - Cabinet Member for Family friendly Barnet Director of Children's Social Care Head of Service Child and Family Early Help Assistant Head of Service Child and Family Early Help	Public	Yes	Child and Family Early Help are currently consulting with residents and Early Years providers to ascertain sufficiency and need across the Borough for the Early Education entitlements

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
North Finchley - Reprovision of Finchley Lido Leisure Centre	Approval of the Outline Business Case	Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sports Deputy Chief Executive Programme Manager, Growth & Corporate Services	Part-Exempt	Yes	
Brent Cross	To agree the principles and key elements of a proposal for the provision of short-term funding, to facilitate delivery of Plot 1 at BXT and thereby secure the commitment of a major academic institution for the Borough.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration Deputy Chief Executive Director of Growth Brent Cross Director	Part-Exempt	Yes	
Barnet's	The granting of permission to	Councillor Pauline	Public	No	Barnet's Children and

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Children and Young People's Mental Health and Wellbeing Strategy Draft	take the Barnet's Children and Young People's Mental Health and Wellbeing Strategy Draft for public consultation	Coakley Webb, Cabinet Member for Family Friendly Barnet Councillor Alison Moore, Cabinet Member for Health & Wellbeing Executive Director – Children and Families			Young People's Mental Health and Wellbeing Strategy Draft
Authorisation for the procurement of energy supplies & ancillary services	To seek authorisation to put in place a new contract for corporate energy supplies (electricity and gas), starting in 2025 using the recommended framework operator or third-party operator (TPI) as identified through a broker market evaluation exercise. To also seek authorisation to procure REGO (Renewable Energy Guarantees of Origin) certificated energy, via the framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Director of Growth	Public	Yes	Through the London Energy Partnership (LEP) LBB has received independent and expert advice to identify the most suitable framework operator or third-party operator (TPI) to meet LBB's statement of requirements (SOR). Internally, we have consulted with Estates, Finance and Sustainability teams.

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Sales Strategy Approval for 23 Freehold Properties in Burnt Oak	Approval to proceed with sales process for the freeholds on Burnt Oak Broadway and Watling Avenue, to include: - Appointment of sales agent/auctioneer; - Marketing of freeholds, and delegate authority to Deputy Chief Executive or Director (as appropriate to decision level) to enter into all legal documents required to conclude sales at acceptable price levels, these will include: - Appointment of HBPL as lawyer; - Appointment of 'tbc' as sales agent/auctioneer; - Sales contracts for individual properties.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration Assistant Director – Estates and Decarbonisation	Part-Exempt	Yes	
12 December 2023					
Open Door Homes	Review of the third tranche of 100 homes and approval of an	Councillor Ross Houston, Deputy		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Acquisitions Programme - 300 Homes Review	updated business case	Leader and Cabinet Member for Homes & Regeneration Group Director Development and Growth, Barnet Homes			
Business Planning 2024-2030 and In-Year Budget Management 2023/24	Note the process for the Medium-Term Financial Strategy (MTFS) 2024-2030 Approve 2023/24 In-year Budget Management: bad debt write offs, in-year budget virement and changes to the capital programme.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Executive Director Strategy & Resources	Public	Yes	Chief Finance Officer Report: 2024-2030 MTFS and 2023/24 In-year budget management
Chief Finance Officer Report - Financial Outturn 2023/24 M*		Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Executive Director Strategy & Resources			
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration Deputy Chief Executive Director of Growth Brent Cross Director		Yes	
Annual Procurement Forward Plan	For approval	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Assistant Director Commercial		Yes	
Annual	To approve the Annual	Councillor Zahra		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Equalities Report	Equalities Statement	Beg, Cabinet Member for Equalities, Voluntary & Community Sector Executive Director of Children's and Family Services Executive Director of Strategy & Resources Strategy Manager			
Borough of Sanctuary Strategy	Approval of the Strategy	Councillor Zahra Beg, Cabinet Member for Equalities, Voluntary & Community Sector Executive Director of Strategy & Resources Strategy Officer		Yes	
Community Participation Strategy – one	The CPS was published on 31 October 2022 and set out the council's proposals for engaging	Councillor Sara Conway, Cabinet Member -	Public	No	The report will include details of widespread consultation and

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
year progress report	and involving communities more in our work, listening to residents and encouraging active citizenship. The strategy was a called for new ways of working and identified four 'pathfinder' projects that we would use to test and model these principles and approaches. It was agreed that we would report back after a year on what we have learned and the impact that this has made.	Community Safety Participation Deputy Head of Strategy and Engagement			engagement through the delivery of the strategy
Serious Violence Strategy	As part of the Police Crime Sentencing and Courts Act 2022's Serious Violence Duty requirements, Barnet is conducting a Serious Violence Duty Needs Assessment and producing a Serious Violence Duty Strategy. Barnet's Serious Violence Duty Strategy summarises key aspects of the Needs Assessment; local partnership arrangements to lead on delivery of the duty; areas of activity to prevent and reduce serious violence; and	Councillor Sara Conway – Cabinet Member Community Safety Participation Director Children's Social care		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
	activity to engage with voluntary sector organisations, communities - including young people, as well as businesses.				
Special Guardianship Support policy & Kinship Carer Policy	We are refreshing our 'family and friends' and Special Guardianship Orders policies. The F&F policy, which Local Authorities must publish, details how we plan to support children in kinship care. The SGO policy sets out our approach towards supporting children living with Special Guardians, a type of kinship carer. The policy is a guide to decision making about support services for special guardians, including financial support. It is intended to assist the Council in delivering a consistent, transparent, and equitable service.	Councillor Pauline Coakley Webb - Cabinet Member for Family friendly Barnet Director Children's Social care		Yes	
Sustainable Urban Drainage (SuDS) Strategy and Highways SuDS	Approval and adoption of the SuDS Strategy and Highways SuDS programme for implementation	Councillor Alan, Schneiderman, Cabinet Member for Environment & Climate Change	Public	Yes	Documents: SuDS Strategy and Highway SuDS programme Consultation: Flooding and Drainage Board

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
programme		Director of Highways and Transportation			
16 January 2024					
Improving Barnet's Roads	Final report setting out the planned approach to the delivery of the Councils Network Recovery and Community Infrastructure Levy programme 2024/25	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	
Council Tax Support 2024/25 – Potential revision to council tax reduction scheme	This report will provide a series of models showing the expected impact of revising the Council Tax Support scheme, up to 100%.	Councillor Anne Clarke, Cabinet Member for Community Wealth Building Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	Yes	Final decision on scheme to be taken by Cabinet in January 2024, following consultation

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Executive Director for Strategy & Resources			
Local Implementation Plan	Report setting out progress with the Local Implementation Plan (LiP) implementation during 23/24 and notification of programme for 2024/25	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	
Investment Partnership	Phase 2 sites to be disposed of to the investment partnership	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Annual Report on School	This annual report on school funding arrangements updates	Councillor Pauline Coakley Webb -		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Funding	Cabinet on the school funding position in relation to Barnet schools.	Cabinet Member Family Friendly Barnet Finance Team			
Approval to undertake renewable energy procurement, through a long-term Power Purchase Agreement (PPA), in partnership with a number of other, as yet unconfirmed, London Councils.	To source energy from renewable assets, by jointly procuring a PPA, starting as soon as possible, with other London Councils N.B. PPAs come in different forms and shapes. The purpose of green Power Purchase Agreements (PPA) is that energy consumers secure long-term renewable energy supply, from a new renewable power development, along with the green certificates verifying the supply as renewable. In most cases, volumes and price for the renewable energy delivered is agreed and structured individually. There are two types of PPAs: Physical PPAs represent a direct	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Director of Growth	Public	Yes	LBB has been working with a number of other London boroughs, advised by an independent renewable energy services provider, as well as an external advisor that LBB is in a strategic sustainability partnership with. As a result, these councils have formed a group that will procure a single PPA and have agreed the proposed PPA contract duration, timing of PPA procurement, preferable volumes, contracting structures etc. Internally we are consulting with Energy

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	relationship between consumer and generator, and they imply that the latter will physically deliver the energy volume specified. A range of pricing mechanisms can be employed to optimize the value of the contract. Virtual PPAs offer options to consumers regardless of geographical distance. In these Virtual PPAs, no physical energy exchange is involved (although an additional renewable power installation is still built) and comprises a contract for difference between spot and PPA price. Both PPAs are a means of hedging against future spot price fluctuations. The procurement process will establish the most suitable for LBB at that time. The councils collaborating on the procurement are not yet confirmed, but they will be by the				Resource Manager, Assistant Director for Estates and Decarbonisation, Procurement Partner and Sustainability Team. Authorisation to proceed with procurement will enable communication with school, and Barnet Homes stakeholders who use existing energy arrangements through LBB and further engagement to promote the opportunity of accessing a PPA to be established.

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	time the decision is presented to cabinet for approval.				
6 February 2024					
Business Planning 2024-2030 and In-Year Budget Management 2023/24	To approve and recommend the Budget and Medium-Term Financial Strategy to Full Council on 27 Feb 2024. Approve 2023/24 In-year Budget Management: bad debt write offs, in-year budget virement and changes to the capital programme.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	Yes	Chief Finance Officer Report: 2024-2030 MTFS and 2023/24 In-year budget management
Chief Finance Officer Report - Financial Outturn 2023/24 M*	Revenue and capital forecast outturn for the financial year 2023/24 as at M*	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council		Yes	
Rent and Service Charges Review 2024/25	Approval of proposed rents and service charges for council dwellings and rents for temporary accommodation	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes &		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Regeneration			
Barnet Group Ltd Budget and Business Plan	To approve the budget and business plan of the Barnet Group Ltd	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Area Committee - NCIL Budget	For approval of budget allocations	Councillor Barry Rawlings, Leader and Cabinet Member for Resources & Effective Council (TBC)		Yes	

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Street Scene Vehicle Washing Procurement	To approve the award of a contract for the supply of vehicle washing services	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	
Street Scene Vehicle/Equipment Parts Procurement	To approve the award of a contract for the supply of vehicle and equipment parts	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	
Street Scene Vehicle Hire Procurement	To approve the award of a contract for the supply of hire vehicle services	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Parking Enforcement Service Delivery	Approval of proposed future delivery model for Parking Enforcement services	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change		Yes	
Corporate Parenting Strategy	In Barnet we want the same things for the children and young people in our care as any good parent would want for their child. Our vision is for all children and young people in Barnet to live their lives successfully with the right support. This Corporate Parenting Strategy supports this work, focusing on our responsibility for our children in care and care leavers.	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly Barnet Director Children's Social care		Yes	
Equality, Diversity, and		Councillor Zahra Beg, Cabinet		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Inclusion (EDI) Policy (Draft)		Member for Equalities, Voluntary & Community Sector Executive Director of Children's and Family Services Executive Director of Strategy & Resources Strategy Manager			
12 March 2024					
Our Plan for Barnet – Delivery and Outcomes Framework, Q3 2023-24	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Transformation Director Head of Programmes, Performance and Risk	Public	No	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Barnet Homes Annual Delivery Plan 2024/25	Approval of the Barnet Homes delivery plan for 24/25	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
16 April 2024					
Grahame Park	Approval of the Full Business	Councillor Ross		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
North East Full Business Case	Case	Houston, Deputy Leader and Cabinet Member for Homes & Regeneration			
Whitings Road and Moxon Street Full Business Case	Approval of the Full Business Case	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Culture Strategy	Approval of Strategy	Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sports		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
Library Strategy	Approval of the process for a new strategy for the Library Service in Barnet	Councillor Ammar Naqvi - Cabinet Member - Culture, Leisure, Arts and Sports Executive Director Children's Services Head of Libraries	Public	Yes	Draft Library Strategy
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
Education Standards Report	Barnet is well known for the quality of its schools and the diversity of its educational offer. The quality of Barnet's schools	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly		Yes	

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	is a significant contributory factor to making the borough a popular and desirable place to live and supports our strategic drive to be the most family friendly borough in London. This report will provide information on validated results for 2022/23 assessments and national examinations.	Barnet Chief Executive and Director of Education and Learning (BELS)			
14 May 2024					
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
18 June 2024					
Our Plan for Barnet – Delivery and Outcomes Framework, Q4 2023-24	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council Transformation	Public	No	

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		Director Head of Programmes, Performance and Risk			
Chief Finance Officer Report - Financial Outturn 2023/24 Q4	Revenue and capital forecast outturn for the financial year 2023/24 as at Q4	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council		Yes	
Brent Cross	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
23 July 2024					

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken

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