

	Health and Well Being Board Thursday 11th May 2023
Title	Primary Care & Neighbourhoods Deep Dive Update
Report of	Executive Director – Communities, Adults and Health; London Borough of Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Practice/PCN info Appendix 2 – Barnet borough ARRS info Appendix 3 - GP Contract changes Appendix 4 – Population Health Integrated Care strategy – Short report Appendix 5 – Neighbourhoods glossary Appendix 6 – April 2023 Neighbourhoods plan Appendix 7 – Neighbourhood Proposal for Barnet (November 2022)
Officer Contact Details	Kelly Poole Kelly.Poole@nhs.net/ Carol Kumar Carol.Kumar@nhs.net Deputy Director of Primary Care Transformation, Barnet borough, NCL ICB (job share) Dan Heller - daniel.heller@nhs.net Neighbourhood Model Programme Lead, Barnet borough, NCL ICB

Summary

This report gives a general update on Primary Care in Barnet and North Central London, including workforce and estates. An update on the work to date on the implementation of the neighbourhood model, in line with the Fuller Report, is also given. It should be noted by HWBB that the health system and general practice remains very challenged at this time and continues to operate under immense pressure.

General practice has been busier than ever and has been impacted by secondary care service reduction during industrial action. The Barnet Borough of NCL ICB, along with system partners, have maintained focus on returning to 'business as usual', aided by service and technological developments.

The Barnet Borough Partnership are also working to implement and develop integrated care and improve access, experience, and outcomes for our communities through neighbourhood models and community based multi-disciplinary working.

The Fuller stocktake of primary care centres around three essential offers:

- streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

NCL ICB, NHS providers, the council and voluntary and community groups will continue to work to realise the vision of holistic, integrated care and will ensure continued focus on bringing together core teams and professionals to improve care for whole populations as we move to a neighbourhood model.

Officers Recommendations

1. That the Health and Wellbeing Board note and comment on the Fuller stocktake, primary care and emerging neighbourhood models.

1. Why this report is needed

1.1 This report provides a general Primary Care update to provide assurance to the Health and Wellbeing board that the NCL ICB is progressing in line with planned strategies supporting the Fuller Report recommendations. This report also outlines the work to develop neighbourhood models of care in Barnet, led by the Barnet Borough Partnership.

1.2 Overview of General Practice in Barnet

- 1.2.1 Barnet currently has 50 GP practices, 6 of whom are single-handed GP contractors (small GP practices with one GP or one principal and few locums). All Barnet practices have open lists for new patient registrations. A summary of GP practices and their Primary care Network (PCN) is shown in appendix 1. High demand for appointments continues to place pressure on general practice despite overall appointment capacity being higher than it was prior to the pandemic within NCL ICB (see Chart 1, below). As a system, this tension is being addressed in various ways.
- 1.2.2 Compared to other boroughs in North Central London (NCL), Barnet has considerably the most GP practices. There are currently 50 practices in Barnet, although that number will be reduced to 48 shortly, due to a single-hander retirement and a practice merger. This compares with between 31 – 34 GP Practices in Enfield, Haringey, Camden and Islington). Enfield and Haringey have 6 single-handed practices, whilst Camden and Islington have 4 and 3 respectively. The proportion of single-handed GP practices in Barnet is therefore low compared to the other NCL boroughs.
- 1.2.3 Whilst it is not possible to say with certainty when GPs will retire, Table 1 illustrates reported information from Barnet's single-handed GP practices, demonstrating the ages of the GP practices working there (the names of the practices have been removed). The

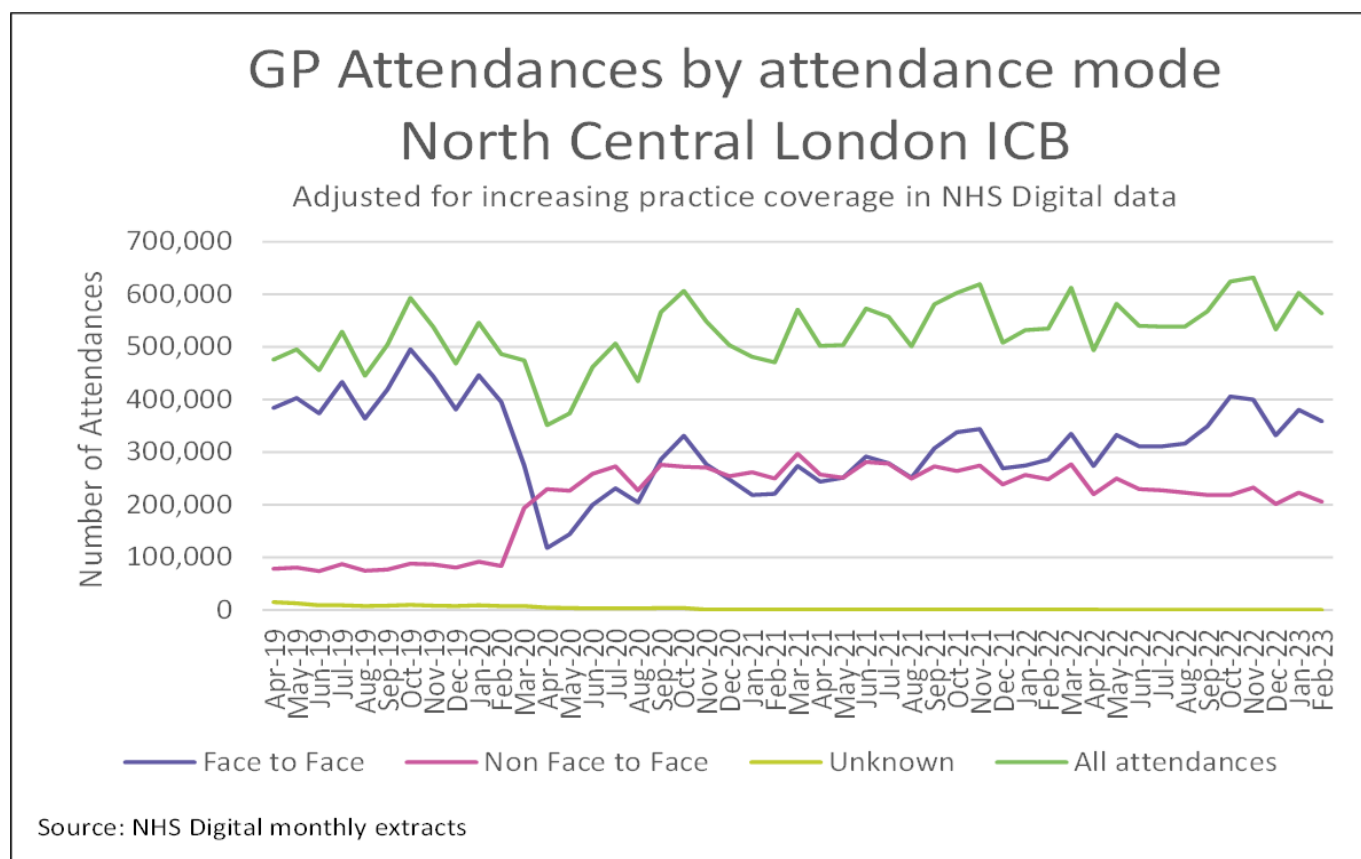
potential risk of practice closures due to retirement is difficult to plan for as additional partners or a practice merger could take place ahead of this, meaning a practice closure would not then be needed.

1.2.4 Table 1: Reported age of GPs working in single-handed GP Practices in Barnet:

Practice	Total GP count	Reported age of GPs working in practice:				
		30 - 44	45 - 54	55 - 64	65 - 69	70+
1	3	2	1	0	0	0
2	1	0	0	0	1	0
3	4	1	2	1	0	0
4	10	7	2	0	0	0
5	1	0	0	0	0	1
6	1	0	0	1	0	0

1.2.5 The authors of this report were asked to find out how many GPs there are per head in Barnet compared to the other boroughs in NCL. Information pertaining to the number of GP partners, salaried GPs and trainees in each practice in North Central London is difficult to ascertain accurately and was not available prior to the publication of this report. If it does become available, it will be shared as supplementary information prior to the May Health and Wellbeing Board meeting.

1.2.6 Chart 1: NCL GP attendances by mode April 2019- February 2023



1.2.7 To support General Practice and patient care, NCL ICB commissions a number of additional Locally Commissioned Services (LCS). LCS' offer services above those

specified nationally in the core contractual requirement and are intended to meet locally-identified needs. The ICB is currently in a preparatory period for a new and consistent approach to managing long term conditions in NCL (LTC LCS). This service will launch in autumn 2023 and focuses on personalised care and treatment that prioritises prevention, early detection of LTCs and what is important to the individual. Its aim is to improve population health and wellbeing, and help to address health inequalities across neighbourhoods, place and the entire Integrated Care System (ICS). The NCL LTC LCS will provide consistency for practices across NCL for the management of LTCs, as well as increase collaboration at PCN-level to best plan resources and services. The new service builds on services already covered as part of the core contract, and will replace some existing locally commissioned services.

- 1.2.8 As part of the Network Contract Directed Enhanced Service (DES), PCNs have been able to recruit under the Additional Role Reimbursement scheme (ARRS) which will enable General Practice to flex their workforce and ensure they remain fit for purpose and align to future ambitions. Appendix 2 gives a summary of all the roles employed by Barnet PCNs.
- 1.2.9 There are also a number of changes to the GP contract for 23/24 which NCL ICB will support General Practice to implement. A summary of the changes can be found in appendix 3.

1.3 PCN DES & Primary Care Access

- 1.3.1 The national Directed Enhanced Service (DES) Access Specification was launched on 1 October 2022. This change means that Primary Care Networks are responsible for the delivery of extended access appointments for their patients between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.
- 1.3.2 We have a mixture of approaches in terms of how these appointments are delivered across Barnet PCNs. This has been informed by individual PCN patient engagement, some of which have hybrid arrangements with Barnet Federated GPs to provide this service and some who are providing all appointments using PCN staff. The new services are providing a greater number of appointments in advance, with an emphasis on providing planned care, in addition to same-day or next-day GP appointments.
- 1.3.3 As the new DES specification did not cover Saturday evening, Sundays or bank holidays, NCL ICB commissioned a bridging arrangement with Barnet GP Federation to provide extended access during these times. This contract is currently in place until September 2023. A review and scoping exercise is due to commence on short, medium and longer term plans for this and wider services to focus on improvements and opportunities within the system as part of a wider review of urgent and emergency care.
- 1.3.4 NCL Primary Care appointment capacity is higher than pre-Covid levels (see Chart 1 above), with a spotlight on provision of both same-day and face-to-face appointments and meeting this demand needs to be balanced against the need to protect capacity for proactive care and long-term condition management.

1.4 Challenges over the winter period

- 1.4.1 Increased demand for Primary and Secondary Care services has been a particular challenge during the winter period, as expected. However, this was further impacted due to high numbers of respiratory infections, with a significant spike in invasive Group A Strep presentations requiring additional face to face capacity for symptomatic children and young people. As a result, an Acute Respiratory Hub was mobilised in each borough; for Barnet this was provided by our GP federation using the existing infrastructure of the extended access service.
- 1.4.2 Ongoing industrial action has required the system to provide urgent additional capacity where possible to address the demand at this time. During this time, Barnet Federated GPs supported by providing additional capacity at relatively short notice, again, using the existing service infrastructure.
- 1.4.3 Recruitment and retention remain a challenge for General Practice staff with greater levels of staff sickness, including Flu and Covid, putting pressure on capacity and stretching workforce.

1.5 Developing Primary Care winter plans

- 1.5.1 For winter 2022-23 specific funding was allocated by NHS England to develop Primary Care winter plans, with the majority of schemes developed in-borough, based on local needs, with some projects and capacity boosts agreed across NCL. Plans built on learning from our 2021-22 Primary Care winter response. Barnet initiatives included additional nurse and GP appointments, reviews of and support for high intensity user patients, proactive healthcare reviews for elderly patients aged 80 and over and face-to-face visits and structured medication reviews for housebound patients.

1.6 Primary Care Estate

- 1.6.1 NHS NCL ICB has made significant progress on its estates and infrastructure agenda and there is a deep commitment to improving population health, along with the continued emphasis on quality and efficiency. The below list summarises some of the 23/24 Barnet priority Primary Care schemes. The schemes will align with the neighbourhood model and build on principles from the Fuller Report and working group.

- **Colindale Integrated Hub** – New Primary, Community and Social Care Integrated Hub
- **Brent Cross regeneration scheme** - New Primary, Community and Social Care Integrated Hub
- **Osidge Library One Public Estate scheme** – A new Primary Care hub and GP co-location
- **Torrington Park Health Centre** – Refurbishment of an existing core asset creating additional Primary Care capacity
- **Finchley Memorial Hospital Community Diagnostic Centre** - Refurbishment of an existing core asset creating additional diagnostic capacity.

1.7 North Central London Population Health and Integrated Care Strategy

- 1.7.1 Our collective ambition as an integrated care partnership is:
- 1.7.2 ‘As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.’
- 1.7.3 The short version document (appendix 4) sets out a clear call to action shared by the ICB, councils and partners in the ICS, to reflect on how their organisations will look and feel when they align to the principles and areas outlined in this strategy. The strategy outlines a set of population health outcomes that NCL will work together to improve. In order to embed and test our principles, we have outlined delivery areas where we can make the greatest impact and continue learning about our approach to system, borough partnership and neighbourhood working. Each delivery area describes the rationale for its selection in NCL as well as what we plan to do next. We recognise that there are opportunities to improve the way in which NCL as a system is set up to sustainably deliver according to these principles, therefore we have identified levers for change which will help the ICS create the right conditions for sustainable delivery and improved outcomes. Each of these levers consists of system-wide deliverables which will set our system up for long-term success. Although this document forms a milestone in our population health journey, we will continue to develop our partnership working as well as our engagement with our communities to deliver these goals.

1.8 **Barnet Borough Partnership Neighbourhood model**

- 1.8.1 Linked to the Population Health and Integrated Care Strategy, the Barnet Borough Partnership is developing neighbourhood models of care and support, based on PCN footprints and also taking hyper-local approaches. The aim of the model is to help people to stay well, provide integrated care & support, tackle health inequalities and inequity in access.
- 1.8.2 The model for neighbourhood working presented in appendix 6 is evolving, is being co-produced by partners across the Barnet Borough Partnership, and reflects the current position. It will be updated regularly to ensure continual alignment with priorities of all system partners. The appendix presents a high-level summary that reflects the time of writing. More detail and tangible next steps are being worked on continually.
- 1.8.3 The Borough Partnership has adopted the position that neighbourhood support and care can be delivered both in Primary Care Network (PCN) MDT models, and at ‘hyper-local’ levels that don’t necessarily lend themselves well to being led by a PCN approach, and instead harness the energy of community assets.
- 1.8.4 This pragmatic, 2-pronged approach provides the flexibility to organise a neighbourhood model both around local/community assets, needs and energy (hyper-local), whilst also embracing the capacity of PCNs.
- 1.8.5 What is in place already in the Neighbourhood model?
- 1.8.6 **Hyper-local work** is being delivered at different levels, in different areas of the borough, most notably in Grahame Park, as well as throughout the borough, for example through peer support work such as the Healthy Hearts campaign, which has targeted Somali and South Asian communities in Burnt Oak, Colindale, Edgware, Hendon and Golders Green

to reduce Cardiovascular disease (CVD). Ongoing work to support health and wellbeing, and reduce health inequalities in well-defined communities, such as asylum seekers, can also be classed as 'hyper-local' neighbourhoods work.

- 1.8.7 *In PCNs*, the Ageing Well Pathway Model supports people with frailty and dementia. PCNs also host the Paediatric Integrated service and 0-19 hubs, which provide early intervention to support children and families' health and wellbeing. There is a comprehensive social prescribing service in each PCN, with a public-health funded manager located in Age UK Barnet. The Council's Adult Social Care Prevention and Wellbeing Service is now borough-wide, and working closely with the social prescribing team (with 8 additional staff in post doing community work, individual support and making connections). Other prevention/early intervention services/support such as health checks are already delivered out of primary care.
- 1.8.8 Each PCN now runs its own extended GP access service, so that residents can get a GP appointment outside 'normal' hours, 8-8, 7 days a week. In addition, PCNs lead on childhood immunisations, employ mental health practitioners and other 'Additional Roles' such as first contact physiotherapists.
- 1.8.9 Further details are contained in Appendix 2.

2. Reasons for recommendations

- 2.1 Barnet's Health and Wellbeing Board is responsible for the health and wellbeing strategy, which has integrated care as a priority. It is important that the Board is fully briefed on the development of neighbourhood models and provides insight and comments.

3. Alternative options considered and not recommended

- 3.1 Not applicable in the context of this report.

4. Post decision implementation

- 4.1 The borough partnership team, the ICB, the council, the GP cabinet, PCN leaders, NHS providers and VCS partners will continue to work on the development of the neighbourhood model and will report back to the HWB in the future.

5. Implications of decision

Corporate Priorities and Performance

- 5.1.1 The Barnet Plan – Caring for people, our places and the planet, sets out that integrated care is a priority.
- 5.1.2 Implementation of a neighbourhood model for health and care and the Fuller requirements supports the achievements of the Barnet joint health and wellbeing strategy, which emphasises integrated, joined up care for those who need it. The recently agreed NCL population health and integrated care strategy also emphasises the importance of neighbourhood models for integrated health and care as a key vehicle for improving health and tackling health inequalities.

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

None in the context of this report. Legal and Constitutional References

5.2.1 Article 7 of the council constitution sets out the functions of the Health and Wellbeing Board. These functions are:

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

5.3 **Insight**

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

5.4 **Social Value**

5.4.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

5.5 **Risk Management**

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

5.6 Equalities and Diversity

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

5.7 Corporate Parenting

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

5.8 Consultation and Engagement

- 5.8.1 The development of the neighbourhood model in Barnet will be co-produced with people who draw on care and support, residents and community groups. Any changes that require formal consultation, will be consulted on in accordance with the policy of the relevant organisation.
- 5.8.2 Co-production and engagement on neighbourhoods to date has been carried out in partnership with community organisations including Age UK Barnet, Art Against Knives, Young Barnet Foundation and Inclusion Barnet. Methods have been varied, including walk-rounds of local areas with residents, community engagement events, and a research project in which 93 residents of the Grahame Park Estate were interviewed about their experiences of accessing care and support. Information gathered is being used to inform plans for service development. The Neighbourhoods workshop in February built on the engagement and coproduction that has taken place to date, in order to support the development of the neighbourhood model. A joint approach to coproduction is being developed, that brings together the work of all Barnet Borough Partnership partners.

5.9 Environmental Impact

- 5.9.1 There are no direct environmental implications from noting the recommendations.

6. Background papers

Appendix 1 – Practice/PCN info

Appendix 2 – Barnet Borough ARRS info

Appendix 3 - GP Contract changes

Appendix 4 – Population Health Integrated Care strategy – Short report

Appendix 5 – Neighbourhoods glossary

Appendix 6 – April 2023 Neighbourhoods plan

Appendix 7 – Neighbourhood Proposal for Barnet (November 2022)