

	<b>Health and Wellbeing Board</b>  <b>Thursday, 28<sup>th</sup> September 2023</b>
<b>Title</b>	<b>Primary Care and North Central London Joint Capital Resource Plan Updates</b>
<b>Report of</b>	<b>Dawn Wakeling, Executive Director, Communities, Adults &amp; Health London Borough of Barnet</b>
<b>Wards</b>	<b>All</b>
<b>Status</b>	<b>Public</b>
<b>Urgent</b>	<b>No</b>
<b>Key</b>	<b>No</b>
<b>Enclosures</b>	<b>Appendix 1 – Practice / PCN info</b>
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## Summary

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

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

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

## Officers Recommendations

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

## 1 Why this Report is needed

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

### 1.2 Overview of General Practice in Barnet

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

### 1.3 PCN DES & Primary Care Access

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

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

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

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

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

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

#### 1.4 Learning from winter challenges

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

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

#### 1.5 Developing Primary Care winter plans

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

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

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

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

#### 1.5.4 **Seasonal Vaccination – Preparing for Winter**

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

### 1.6 **NCL Joint capital resource plan updates**

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

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

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

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

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

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

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

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

## 1.8 **Barnet Borough Partnership Neighbourhood Model**

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

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

## **2 Reasons for recommendations**

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

## **3 Alternative options considered and not recommended**

- 3.1 Not applicable in the context of this report.

## **4 Post decision implementation**

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

## **5 Implications of decision**

### **5.1 Corporate Priorities and Performance**

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

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

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

- 5.2.1 None in the context of this report.

## 6. **Legal and Constitutional References**

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

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

## 7. **Insight**

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

## 8. **Social Value**

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

## 9. **Risk Management**

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

## 10. **Equalities and Diversity**

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

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

## 11. **Corporate Parenting**

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

**12. Consultation and Engagement**

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

**13. Environmental Impact**

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

**14. Background papers**

14.1 None.