

Name of meeting: Overview and Scrutiny Management Committee

Date: 7 March 2023

Title of report: Progress Report - Lead Councillor, Primary Care Networks and Local Health Improvement

Purpose of report:

- To provide the Committee with a progress update on the work of the Lead Councillors, Primary Care Networks and Local Health Improvement.
- To invite comments and feedback from the Overview and Scrutiny Management Committee.

Key Decision – A key decision is an executive decision to be made by Cabinet which is likely to result in Council spending or saving £250k or more per annum, or to have a significant positive or negative effect on communities living or working in an area compromising two or more electoral wards. Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	No Private Report/Private Appendix – No
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by <u>Strategic Director</u> & name	Richard Parry - 24 February 2023
Is it also signed off by the Service Director for Finance?	Eamon Croston – 27 February 2023
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Julie Muscroft – 24 February 2023
Cabinet member portfolio	Cllr Musarrat Khan

Electoral wards affected: All

Ward councillors consulted: Cllrs Karen Allison, Ammar Anwar, Bill Armer, Nosheen Dad, Charles Greaves, Tyler Hawkins, Lisa Holmes, James Homewood and Habiban Zaman

Public or private: Public

Has GDPR been considered? Yes, there is no personal data within the report.

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1. Summary

The purpose of this report is to provide the Overview and Scrutiny Management Committee with: -

- an overview of the progress made to date by the nine Lead Councillors, Primary Care Networks and Local Health Improvement since they were established at Annual Council 25 May 2022
- a summary of their experience in the role to date
- an overview of emerging priorities and areas of work
- an opportunity for the Committee to comment on progress and next steps

2. Information required to take a decision

2.1 Background

Annual Council, at its meeting on 25 May 2022, approved the establishment of the role of Lead Councillor – Primary Care Networks (PCNs) and Local Health Improvement aligned to each of the existing 9 Primary Care Networks.

A PCN consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

A PCN typically serves populations of between 30,000 and 50,000 and are small enough to provide personal care and large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.

The new Lead Councillor (Cllr) role is intended to better connect primary care services with the people and communities they serve to improve health outcomes based on the different needs of their local populations. They can help to: -

- develop a joined-up approach between health care organisations and the activity that can address the wider determinants of health.
- ensure a place-based approach to local health improvement in local communities
- utilise data and insight with Cllrs bringing their in-depth knowledge of local communities/connections/resources to influence local priorities.
- work with ward Cllrs within the PCN area to ensure a collaborative approach to broaden reach into and understanding of communities to tackle health inequalities.
- facilitate relationships between local health and care professionals, VCSE organisations, community champions and communities to ensure connection between the healthcare system and the work of the council that can improve health in a local area.

The Lead Cllr that has been identified to align to each PCN and GP practices is as follows: -

- **Cllr Lisa Holmes** - Spen Health and Wellbeing PCN (Cleckheaton Group Practice, Cook Lane (Albion St), Liversedge Medical Centre, Parkview Surgery, The Greenway Medical Practice, Brookroyd House Surgery and Undercliffe Surgery)
- **Cllr Habiban Zaman** - Batley & Birstall PCN (Cherry Tree Surgery, Kirkgate Surgery, Broughton House Surgery, Batley Health Centre, Grove House Surgery, Wellington House Surgery, Blackburn Rd. Medical Centre and Mount Pleasant Med Centre)
- **Cllr Ammar Anwar** - 3 Centres PCN (Dr Mahmood & Partners, Calder View Surgery, Eightlands Surgery, North Road Suite Surgery and Mirfield Health Centre)

- **Cllr Nosheen Dad** - Dewsbury & Thornhill PCN (Savile Town Medical Centre, Thornhill Lees Surgery, The Paddock Surgery, The Albion Mount Medical Practice, New Brewery Lane Surgery (Sidings), Windsor Medical Centre and Healds Road Surgery)
- **Cllr Charles Greaves** - The Valleys Health and Social Care PCN (Oaklands Health Centre, Honley Surgery, Elmwood Family Doctors, Slaithwaite Health Centre, Meltham Group Practice and Colne Valley Group Practice)
- **Cllr Bill Armer** - The Mast PCN (Dearne Valley Health Centre, Skelmanthorpe Family Doctors, Lepton and Kirkheaton, Kirkburton Health Centre and Shepley Health Centre)
- **Cllr Karen Allison** - The Viaduct PCN (New Street and Netherton, Meltham Road Surgery, Thornton Lodge Surgery, Fieldhead Surgery, Crosland Moor Group Practice, Newsome Surgery, Paddock & Longwood Family Practice and Lockwood Surgery)
- **Cllr James Homewood** - Greenwood PCN (The Grange Group Practice, Woodhouse Hill Surgery, Fartown Green Road Surgery (Dr Handa), Croft Medical Centre (previously Bradford Road), Marsh Surgery, Westbourne Surgery, Lindley Village Surgery, Lindley Group Practice, Birkby Health Centre and Nook Surgery & Clifton Group)
- **Cllr Tyler Hawkins** - Tolson Care Partnership (The Whitehouse Centre, Greenhead Family Doctors, Dr Glencross practice, University Health Centre, Dalton Surgery, Waterloo Health Centre, The Junction Surgery and Almondbury Surgery)

2.2 Progress to date

General

- 2.2.1 Introductory briefings arranged for all Lead Cllrs during June to discuss the role in more detail, share key contact details (e.g. Clinical Director (CD), PCN manager) and share details of the GP surgeries included in the PCN area
- 2.2.2 Introduction to Council teams and partners that attend PCN meetings during July to share their roles and responsibilities (e.g. Personal Care, Public Health, Locala, NHS, Anchor organisations)
- 2.2.3 Briefing with NHS staff including an introduction to PCNs in Kirklees, access to primary care, health inequalities and PCN priorities.

Progress by PCN area

2.2.4 **Spenningsdale Health and Wellbeing PCN**

The Lead Cllr has received invitations to attend PCN meetings however engagement has been irregular as some meetings are held in private or have a fixed agenda. Meetings have however taken place with the PCN manager and GP Practice Manager to explore potential activity and made suggestions to a survey that was being undertaken. A further wider meeting is planned on 8 March with the PCN manager, GP practice manager, personalised care service, public health and democracy service.

The lead Cllr has raised some concerns about the data pack in terms of lack of relevant content to enable informed progress on Spenningsdale's health and wellbeing issues.

Next steps/actions: -

- To plan a briefing with public health to better understand the data pack and any implications or recommendations for action.
- This will be followed by a meeting with Spenningsdale Cllrs to update, discuss ideas and scope for joint activity.

2.2.5 Batley & Birstall PCN

The Batley and Birstall PCN has recently seen a number of structural changes, with a new Clinical lead and PCN manager being confirmed. The PCN has been working to ensure that they are delivering to expectations, so initial conversation between the PCN proved quite challenging. However, the lead councillor has met with the PCN, Clinical director and there has been some further meetings with the PCN manager to look at how the roles could develop.

Through other work in the Birstall and Birkenshaw ward, we have been able to share Place Standard feedback with PCN colleagues regarding residents' feelings about access to local services.

Next steps/actions: -

- To arrange some data sharing meetings with all ward councillor and the PCN colleagues, to help look at local priorities and possible joint working.

2.2.6 3 Centres PCN

The Lead Cllr has regularly attended monthly online PCN meetings since July. Attempts have been made to have a meeting with the Clinical Lead, PCN manager and Health Inequalities lead, however the PCN Manager has advised she and the Clinical lead are extremely busy and not yet able to meet.

The PCN has asked the Lead Cllr what the Council is doing about childhood obesity, what's happening about the health checks contract and what is the Council doing on child immunisation. The lead had liaised with public health for relevant information which was been reported back at the next meeting.

The Lead Cllr has also met with public health and democracy service to discuss the data pack, the role and support needs.

Activities for joint working identified/discussed are: -

- Improving Access to Psychological Therapies through use of free community-based venues suitable for 1:1 Counselling sessions
- Identify opportunities for joint work with voluntary organisations already involved in diabetes and pre-diabetes activity
- Community group led activities/screening to support Asthma
- Waiting times to get a doctor's appointment.

Due to geographies and similarities in deprivation levels and PCN priorities, the two Dewsbury PCN Lead Cllrs have agreed to work together and have had an initial joint meeting with Active Citizens team, Public Health and Personalised Care manager.

Liaison with Ward Councillors to date includes: -

- Councillor briefing in Dewsbury Town Hall – 25th January. The two Dewsbury lead Cllrs invited all 9 Dewsbury Cllrs to an update/briefing on PCN role and to explore best ways to ensure ongoing 2-way communication/involvement of other Cllrs in feeding into process.
- The data and insight enablement lead provided an overview of CLiK, the most recent data set, and two public health officers, personalised care manager and community plus manager talked through Council led relevant initiatives.
- The PCN lead Cllrs provided an overview of their journey to date; opportunities and barriers for other Cllrs to comment/input.

Next steps/actions: -

- An initial meeting will be arranged with the Lead Cllr and Mirfield ward Cllrs.
- The Lead Cllr will arrange to meet ward Cllrs every 2/3 months
- Continue to attend partner/stakeholder meetings

2.2.7 Dewsbury & Thornhill PCN

The lead councillor has attended a PCN 'Stakeholder & Partner' meeting and separate meetings with the Clinical Director (CD), Inequalities Lead GP and PCN manager which are much more productive and are arranged on a quarterly basis.

In addition, the two Dewsbury PCN lead Cllrs have a bi-monthly catch up with public health staff and the personalised care team/social prescribing.

Activities for joint working identified/discussed are: -

- Cancer based screening – to explore potential for a joined-up campaign for take up/myth busting to improve take up from BAME involving bi-lingual officers. For example, to help promote understanding and raise awareness of the importance of screening through visits to mosques and free of community venues.
- PCN would like to better understand the decision-making routes in the Council on health and social care issues and welcome the potential to feed into those.
- PCN expressed confusion about what happened about the Wellness checks contract and level of take up. PCN would like to know what is happening with these in future.
- Support for interventions in BAME community in particular due to language and cultural barriers, for example around commissioning diet and diabetic education. All commissioning goes through the integrated care board where they have raised the need there many times.
- PCN would like to train their own staff to speak to patients, get key health messages across, work with faith groups, cohesion team and Al Mubarak radio to help get information out, for example to discuss and raise awareness about genetically inherited conditions.
- Support requested around recruitment and retention of patient rep groups, as difficult to recruit and involve across PCN patch.
- Promotion of good news stories about PCN/practices as they are having to counter negative press and online/ via social media comments from patients.
- Support on zero tolerance of aggressive behaviour in surgeries – can sometimes feel quite threatening to staff.
- Two initial areas of potential joint working identified: -
 - investigating negative response from Council on use of a section of greenspace to rear of Healds Rd surgery for joint car parking space
 - Diabetes screening and workshops/ongoing treatment support is currently provided via DESMOND in Huddersfield town centre and the PCN is concerned that local residents may well not travel (cost and time barriers), language barriers on key messages plus healthy eating advice may not be appropriate to relevant culture/habits. PCN is keen to pilot multi-agency early doors screening where support is also on offer re support for continuity of employment /access to training /education etc as well as dealing with diabetes/health condition.

Liaison with Ward Councillors to date includes: -

- Councillor briefing in Dewsbury Town Hall – 25th January. The two Dewsbury lead Cllrs invited all 9 Dewsbury Cllrs to an update/briefing on PCN role and to explore best ways to ensure ongoing 2-way communication/involvement of other Cllrs in feeding into process.

- The data and insight enablement lead provided an overview of CLiK, the most recent data set, and two public health officers, personalised care manager and community plus manager talked through Council led relevant initiatives.
- The PCN lead Cllrs provided an overview of their journey to date; opportunities and barriers for other Cllrs to comment/input.

Next steps/actions: -

- Both Dewsbury leads will meet ward Cllrs every 2/3 months
- Lead Cllrs to continue to be invited to partner/stakeholder meetings
- Lead Cllr will explore in-house the request/issue re parking for Healds Rd surgery and commissioning/funding of diabetes services – any room for more flexibility to redesign at all to better fit local communities.

2.2.8 The Valleys Health and Social Care PCN

The lead Cllr has attended all Valleys PCN meetings since receipt of initial invitation, in December, January and February. In advance of this, the lead Cllr met with PCN Manager Emma Moore. There is usually representation from all PCN GP practices at the monthly PCN meetings.

So far opportunities around PCN involvement in the planning process have been identified and information about local Cost of Living Support provision and the developing Families Together Partnership Boards has been shared with the PCN.

Next steps/actions: -

- To find out more about a new Northorpe Hall led Mental Health project in the PCN area.
- To continue attending PCN meetings, engage with and hopefully influence the developing mental health project.
- Meet with other Valleys PCN Cllrs in an online meeting in late February/early March to share feedback, which will include updates on the above points as well as information about the Personalised Care Service and the PCN Data Pack.

2.2.9 The Mast PCN

The lead Cllr has attended the monthly PCN meetings, except for the one held in January 2023, met the clinical director and PCN manager to make introductions, inform them about lead Cllr role and have initial discussion about working together and met with the personalised care service operations manager.

Activities for joint working identified/discussed are: -

- The data from the recent data pack does not show any obvious inequalities issues in the PCN area. The data feels limited (its lacking GP data) therefore there is limited scope for joint work on inequalities issues.
- Working with veterans has been chosen as the PCN's priority as per the national guidelines and a local support group has been set up with help from the social prescribing link worker. There is limited scope for joint work on this priority (the support group does not wish to link with wider support available from national charities, there is no information on how many veterans are registered with GPs in the PCN).
- Working with community plus and social prescribing to explore potential to work around social isolation in older people, reaching people and exploring viable transport solutions as a lot of older people are not online and there is concern that many don't take up the benefits they are entitled to.
- Explore potential to work with The Bridge School Community Hub around children and families priorities - cost of living, SEND peer support due to isolation and youth provision.

- Working collaboratively on the early intervention well-being service contract to build capacity in schools & the wider community to support children & families with emotional well-being; this builds on collaborative work to meet a local need from the former Rural Place Partnership.
- To share place standard engagement information around residents' concerns about access to GP appointments.

Liaison with Ward Councillors to date includes: -

- Emailed all ward colleagues in Denby Dale, Kirkburton, Almondbury and Dalton to update them on the role and ask for suggestions about issues to work on with the PCN. No suggestions or issues have been raised as yet.

Next steps/actions: -

- Personalised Care staff (social prescribing link workers) will share any environmental issues with the lead to take up with council services for example access for a wheelchair user on Queensway Kirkburton was improved when raised by the lead with Kirklees Housing.
- To discuss the PCN data pack with ward colleagues and PCN inequality lead when GP data is available.

2.2.10 The Viaduct PCN

The lead Cllr has attended PCN meetings, met the CD, PCN manager to outline her role. The lead has also met the Newsome Practice Manager and lead GP for the practice to identify local opportunities for joint working which has been constructive.

The 2 lead councillors for Viaduct and Tolson PCN, along with all ward Cllrs for Dalton, Almondbury and Newsome have met with the Personalised Care Service to understand the service's role and responsibilities to the PCNs e.g., social prescribing.

Activities for joint working identified/discussed are: -

- Tackling inequalities – access to GP services and appointments. Sharing information with partners, networks and contacts about availability of weekend appointments.
- Barriers to accessing appointments due to cost of living and affordability of taxi and bus fares.
- The lead has also asked that this is fed into discussions and action plans around increasing cost of living as a potential priority across all PCN areas.

Liaison with Ward Councillors to date includes: -

- The lead has met all her ward colleagues for Dalton, Almondbury and Newsome wards and some ward colleagues from Golcar, Newsome and CM&N to update on her role and identify joint ways of working going forward.
- Barriers to accessing appointments – the lead has met her ward colleagues to update on her role and seek buy-in for a potential small discretionary pot of funding to help patients with taxi and bus fares who cannot get to appointments due to lack of money and who are missing them.

Next steps/actions: -

The lead Cllrs for the Viaduct and Tolson are linking/working with their PCNs around phase 2 of the menopause support project 'tackling the taboo'. Both PCNs have allocated a lead contact to ensure they maintain links with The Branch and Local Services 2 You (who are leading on the delivery) as this community project takes shape.

2.2.11 Greenwood

The lead Cllr has met with Dr M Burhan Ahmed, the clinical lead and the PCN Manager and is awaiting an invited to the next PCN meeting.

Activities for joint working identified/discussed are: -

- Working with the local anchor organisation, Local Services 2 You to explore possibility of Community Champions being available in GP waiting rooms and talking to people about signing up to the NHS app and other technology-based access to services so they can receive information for example winter messaging, covid and other support services such as cost of living support.
- PCN meeting has discussed work being done with diabetes and various other projects.
- The lead Cllr has shared information about local cost of living support, including details of the Kirklees cost of living website and the warm spaces website for them to get out via their contact data base

Next steps/actions: -

- To engage with other ward Cllrs on the data pack so they can feed in their comments, thoughts and concerns

2.2.12 Tolson Care Partnership

The lead Cllr has attended PCN meetings and met the CD to outline his role.

The 2 lead councillors for Tolson and Viaduct PCN, along with all ward Cllrs for Dalton, Almondbury and Newsome have met with the Personalised Care Service to understand the service's role and responsibilities to the PCNs e.g., social prescribing.

Activities for joint working identified/discussed are: -

- Tackling inequalities – in particular smear screenings particularly with BAME Women and supporting the Mission and others around Diabetes, Mental Health and Weight Loss priorities. Information has been shared via social media & with partners/Cllrs.
- Possibility of revitalising the 'it's my life' model (rolling it out beyond Uni students) – by working with key community partners and local schools. The lead Cllr has made enquiries re: access to suitable premises and is waiting to hear back re potential next steps.
- Join up opportunities around the Waterloo Place Standard and the GP practice. The lead Cllr has met with the GP and Practice Manager who are keen to get involved where appropriate.
- Supporting the PCN to identify suitable community facilities as current premises not big enough. The lead Cllr has linked the PCN asset manager to colleagues in Museums to explore potential opportunities for ad hoc sessions at Tolson Museum and will try and identify suitable community premises e.g. libraries, churches etc

Liaison with Ward Councillors to date includes: -

- The lead Cllr has written to Almondbury Cllrs with an update on his role.

Next steps/actions: -

- The lead Cllrs for Tolson and Viaduct are linking/working with their PCNs around phase 2 of the menopause support project 'tackling the taboo'. Both PCNs have allocated a lead contact to ensure they maintain links with The Branch and Local Services 2 You (who are leading on the delivery) as this community project takes shape.

3. Implications for the Council

3.1 Working with People

The Lead Cllr role will help facilitate relationships between healthcare and communities to improve health by supporting PCNs to better connect with and reach local people, share local knowledge and intelligence about their, and their ward colleagues' communities, identify local assets and opportunities to work in partnership to deliver outcomes for the citizens of Kirklees and work with ward Cllrs within the PCN area to ensure a collaborative approach to broaden reach into and understanding of communities to tackle health inequalities.

3.2 Working with Partners

The *Fuller Stocktake report highlights that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. *Next Steps for integrating primary care: Fuller Stocktake report, May 2022.

PCNs provide a joined-up approach between health care organisations, council and other partners to address the wider determinants of health and improve health in local communities.

The success of this approach is based on key partners being engaged and working together effectively to share intelligence that will help to improve health in local communities and address the wider determinants of health.

The Lead Cllr can help join up locally based organisations with health care, share knowledge, explore opportunities to pool resources and assets to improve access to services and improving outcomes.

3.3 Place Based Working

The very nature of PCNs is to enable GP practices to work together with health and care services, local authority and other partners, community and voluntary services in their local areas.

The lead Cllrs and their ward colleagues can share their insight and in-depth knowledge of local communities/connections/resources to influence local priorities, access to existing health and care services, encourage the provision of more personalised care and coordination of health and social care for the people and communities they serve.

3.4 Climate Change and Air Quality

Not applicable

3.5 Improving outcomes for children

The lead Cllr role, working with their ward colleagues can help to ensure that the views and needs of children and young people, for example feedback captured from place standard engagement, is shared with PCNs so they can consider how they can support general wellbeing among young people and their families in the local community.

The lead Cllrs can utilise their networks and contacts to promote services and how they can be accessed, work with colleagues to support engagement with young people so their voices are heard and work in partnership to identify and pilot locally based opportunities tailored to meet the needs of children, young people and their family and improve their health outcomes.

3.6 Financial Implications for the people living or working in Kirklees

Building relationships with communities and local partners should be recognised as a valuable activity, and one that needs investment to make it happen. Developing a strong partnership with health care, local partners and communities will enable them to coordinate their efforts in the best way to address health inequalities.

As part of PCNs national requirements at the beginning of 2022 they were asked to identify a patient group and activity which aimed to reduce health inequalities in their PCN population. Each PCN utilised information and data in their PCN Public Health Data packs produced by Public Health in 2019 to help them identify a patient group and health priority to focus on for 2022.

3.7 Other (eg Integrated Impact Assessment/Legal/Financial or Human Resources)

Not applicable

4. Consultation

The Lead Councillors have been consulted on the contents and contributed to the development of this report.

5. Next steps and timelines

- A workshop has been arranged in June with the Lead Councillors and the Cabinet Member for Health and Social Care to reflect on the learning and experience to date and to identify areas for improvement.
- Continue to work with PCNs to include GP held information in the data packs.
- Ensure briefing meetings are arranged in all PCN areas with Lead Councillors and ward Cllrs to share and go through the data packs and explore priorities, inequalities gaps in provision that they can tackle with partners.

6. Officer recommendations and reasons

That Overview and Scrutiny Management Committee considers: -

- (i) the progress made to date by the nine Lead Councillors, Primary Care Networks and Local Health Improvement since they were established at Annual Council 25 May 2022
- (ii) the summary of their experience in the role to date
- (iii) the emerging priorities and areas of work

7. Cabinet Portfolio Holder's recommendations

Overview and Scrutiny Management Committee is asked to recognise the complexity of the work and the challenge of working across agencies.

That arrangements are put in place across all PCN areas for the Lead Cllrs to share and go through the data packs and identify priorities and opportunities to work with health partners.

That the Leads communicate regularly with ward Cllrs to update on progress and ensure their ward colleagues can feed in their local knowledge and influence health and care services in their wards.

8. Contact officer

Vina Randhawa, Democracy Manager, vina.randhawa@kirklees.gov.uk

Emily Parry-Harries, Consultant in Public Health, emily.parry-harries@kirklees.gov.uk

9. Background Papers and History of Decisions

Report and recommendation of Corporate Governance and Audit Committee on 13 May 2022.

Report and recommendation of Annual Council on 25 May 2022.

10. Service Director responsible

Richard Parry

Strategic Director for Adults and Health