Name of meeting: **Corporate Governance and Audit Committee**
Date: **10 March 2023**
Title of report: **Report on learning and experience to date of the Lead Councillor Role – Primary Care Networks and Local Health Improvement**

Purpose of report: To receive a report on the learning, experience and accountability to date of the role of Lead Councillor – Primary Care Networks and Local Health Improvement.

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.	**Not Applicable**
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports)?	**Key Decision – No** **Private Report/Private Appendix – Yes/No**
The Decision - Is it eligible for call in by Scrutiny?	**No or Not Applicable**
Date signed off by Strategic Director & name **Is it also signed off by the Service Director for Finance?** **Is it also signed off by the Service Director for Legal Governance and Commissioning?**	Richard Parry – 24 February 2023 Eamon Croston – 27 February 2023 Julie Muscroft – 24 February 2023
Cabinet member portfoliohttp://www.kirklees.gov.uk/you-kmc/kmc-howcouncilworks/cabinet/cabinet.asp	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

In accordance with 25 May 2022 Annual Council decision *that a review of the new role profile be undertaken after 6 months and that the review include the accountability of those in lead roles, having regard to any learning from the Place Based working role, and that a report be submitted to Corporate Governance and Audit Committee.* This report sets out the learning, experience and accountability to date of the nine Lead Councillors – Primary Care Networks and Local Health Improvement since they were established.

The review took place in January 2023 and the findings and recommendations are informed by feedback from the Lead Councillors.

2. Information required to take a decision

- Background

Annual Council at its meeting on 25 May 2022 approved the incorporation of the role of Lead Councillor (Cllr) - Primary Care Networks (PCNs) and Local Health Improvement (9 localities) into the Members Allowance Scheme.

The new role of Lead Councillor – Primary Care Networks and Local Health Improvement, is the evolution of the Place Partnership Lead Members role and replaces this role within the Members Allowances Scheme.

The Members Allowances Independent Review Panel (MAIRP) were asked to consider the role profile and its place in the existing Members Allowances Scheme and recommended retaining the Place Partnership Lead Member special responsibilities allowance, currently £6,432, for the new role of Lead Councillor – Primary Care Networks and Local Health Improvement.

The role was developed based on experience derived from the COVID-19 pandemic, changes in the structure and organisation of the NHS, and existing (and continuing) changes in Kirklees derived from the growth of Placed Based Working (PBW) over the last few years.

Annual Council meeting determined *that a review of the new role profile be undertaken after 6 months and that the review include the accountability of those in lead roles, having regard to any learning from the Place Based working role and that a report be submitted to Corporate Governance and Audit Committee.*

This report captures key points from discussion with the Lead Councillors at their meeting in January in terms of what they think has gone well so far, what they think has gone less well and their recommendations going forward.

It also builds on good practice and learning from the Place Partnership role as set out in the final report of the Working Group on Place Based Working, presented to Overview and Scrutiny Management Committee on 18 March 2021, which highlighted: -

- Place Partnerships demonstrated that it was more effective, and more place based, to respond to some local challenges at a geography greater than a ward, but less than Kirklees wide.
- The way the Council operated needed to reflect the sense of ‘place’ from the point of view of the resident to establish and build upon the sense of local identity within Kirklees’ diverse communities.
- Place Partnership areas were identified based on similarities in population size, profile

and geographical proximity. The group found that forming the Place Partnerships geographies based on this data did not, in the case of every Place Partnership, reflect what citizens identified with in their local area.
- That the imposition of the pre-set geographical areas led to some barriers in implementing change, and that more flexibility to use place level funding to respond to cross ward challenges would be more effective.
- That the structures of the Place Partnerships should be driven by the 'place,' to reflect what residents have an affinity with; the local services they accessed, and the local transport infrastructure that enabled them to do so.

- Context

It is widely recognised that improving health in local communities will require a joined up approach between health care organisations and the activity that can address the wider determinants of health.

The *Fuller Stocktake report highlights that the Primary Care Networks (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. This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare.* *Next Steps for integrating primary care: Fuller Stocktake report, May 2022

Within Kirklees there are nine PCNs. Registration of the PCNs was undertaken in line with National NHS England Guidance back in 2019 and the PCNs were formed of population groupings of 30-50k population (not ward based or required to be aligned to electoral wards) and had to be geographically contiguous. In Kirklees, there were existing groups of practices working together in an informal way and in the main, these groupings formed the basis of the PCNs that are in existence now. The population had to make sense to patients as well as to providers of services (for example community nursing) so as not to stretch the workforce across large and disparate areas.

PCNs are not legal entities or organisations. They are groups of GP practices and wider organisations who work together to deliver the Primary Care Network Directed Enhanced Service (DES). The DES forms part of the core GP contracts and therefore the accountability is through this route. The PCNs are required to deliver a required number of service specifications and can employ a number of staff through the Additional Roles Reimbursement Scheme funding associated with being part of a PCN - https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-contract-specification-2022-23-pcn-requirements-and-entitlements/

All PCNs work to deliver the same DES with the same outcomes in service specifications and all have to have a Clinical Director. Beyond that, there are varying degrees of maturity (as mentioned above, some have worked closely together for a long time and others will be less used to working with external stakeholders) and how they conduct their responsibilities is down to the PCN Leadership Teams (including PCN managers).

Throughout the pandemic, adult social care, public health, community plus, Locala and community anchor organisations were increasingly working to the footprints of the 9 PCNs to create the local operational building block of the Kirklees health and care system.

The new Lead Councillor - Primary Care Networks and Local Health Improvement provides an opportunity to further build on this approach and ensure a place based approach to local health improvement, for example by enabling councillors to develop meaningful relationships with primary care colleagues, bring their knowledge of local

communities and community connections to support the building of place based public health intelligence, help to facilitate relationships between local health and care professionals, VCSE organisations, community champions and communities that can improve health in a local area and ensure connection between the healthcare system and the work of the council that can impact on the wider determinants of health.

Prior to Lead Cllrs attending the PCN meetings Council officers attended the Kirklees PCNs Clinical Directors (CDs) meeting to introduce the Lead Cllr role and make arrangements for them to be invited to PCN meetings. In addition, the Lead Cllrs met with colleagues from NHS (Director of Primary Care and Senior Primary Care Managers) and other officers who support PCNs. Arrangements were also put in place for Lead Cllrs to have an introductory meeting with their PCN CD to introduce their role and find out more about the role and work of PCNs, meeting frequency, priorities etc.

The report is intended to share some of the learning and experience to date and includes recommendations to improve joint working at a local level that are informed by feedback from the Lead Cllrs.

- Evaluation

The nine Lead Cllrs provided feedback to date on aspects of the role they felt had gone well and those that have gone less well. The key/common points are summarised below: -

<u>What's working well</u>

- Meeting with GP surgery practice managers has been very positive in terms of understanding the systems and mechanisms they have for getting information out and who they can reach.
- In some areas Lead Councillors have established that colleagues are working with the same partners which is good in terms of opportunities to join up. However, there is a need to acknowledge the pressure everyone is under as this won't happen tomorrow or next week, it will take time.
- What's clear is on an operational level, there's already lots of work between the practices and Council officers but some of this would benefit from the insights about the local communities that the Lead Councillors can bring . *An important aspect of this role is the need to pull this information together especially in light of budget pressures, re-organisations and filling the gaps in provision.*
- Meeting with clinical directors has also been useful. Working with managers, whether PCN or Practice Managers is the way forward. *The PCN manager has a better understanding of what we're trying to do, so they might be a good advocate for us. They are also our best route through to the GP practice managers.* A recent example of this developing relationship is following the Waterloo Place Standard where the lead GP and Practice Manager have expressed interest in getting involved in responding to priorities where appropriate.
- Taking a bottom-up approach and working with the social prescribers for the PCN works well, rather than taking a top-down approach - *sometimes it's the shop floor that actually finds the way through a problem, rather than the boardroom*. For example, most Lead Councillors have now met with the Personalised Care Service to understand this service's role and responsibilities in working with PCNs around social prescribing.
- A key part of the role is to look at how to join up and practically work together, for example to identify where some of the gaps are with our communities, things that maybe other people have not identified, things that we could link up and approaching long standing issues in a different way. For example, two Lead Councillors recently arranged to meet with their ward colleagues, public health, personalised care service, community plus and democracy and place based working service to go through the

data pack to start to identify gaps, inequalities and have identified some opportunities for joint work.

- When a PCN has asked lead Cllrs about the issues in that locality, they have been able to identify them in terms of inequalities. Given Cllr's local knowledge these roles can help in terms of localised solutions within GP surgeries.
- The Leads have stated that conversations with the lead GPs have been much better than attending PCN meetings. *Further meeting with GPs, personalised care and democracy and place-based working are planned and will hopefully have a snowball effect*.
- These roles can bring a localised, place-based perspective and approach to health improvement, for example one Lead Councillor has shared information with partners, councillors and via social media to help tackling inequalities around access to Smear Screenings with BAME Women, and to supporting Diabetes, Mental Health and Weight Loss priorities and another Lead Councillor has offered to share information with partners around access to GP Services/Appointments such as physio appointments that can be booked on the weekend.
- The amount of time taken to build relationships has been underestimated - *the investment isn't immediately obvious till there comes a point when you need it, so building and brokering relationships is as important as anything else*.
- Would welcome the PCN lead cllr role if it could influence how /where additional funding could be allocated (or used more nuanced/effectively) to address barriers/issues they face due to the communities they work in – huge deprivation related issues /cultural and language barriers
- The lead Cllrs would welcome productive discussions about joining up resources, planning and delivery.

<u>What's working less well</u>

- Attending PCN meetings has had a mixed response from the lead Cllrs. Whilst some found theirs useful to hear about work that is going and the overlap between the practices and Kirklees services, for others the experience has not been great either because they have been made to feel unwelcome, the PCNs didn't know why they were there or what their role was, the language/jargon was very technical making it difficult to understand what was being discussed, the meeting was very business focussed and initially there was no agenda or notes from previous meetings.
- There has been very little discussion about the Lead Cllr role and what that would mean in practice, value added or input to help shape priorities and actions.
- Some Lead Councillors feel like it is taking a lot of time to make any kind of progress.
- There have been a few issues with meeting invites, but this is now resolved.
- The role is quite [intentionally] vague so not easy to explain to fellow Cllrs when they ask what the Leads Councillors are doing. *The roles do not have any decision-making abilities, money to spend or any specific influence on Council policy. However, over time it is hoped that it be a bit easier to describe and explain.*
- The role does feel like it is a data gathering exercise to understand what goes on. What is not clear is what the Lead Councillors are expected to do with that information and deliver for the Council.
- At the moment there doesn't seem to be enough groups around that social prescribers can refer people to, which may impact on our ability to tackle inequalities.
- The data pack does not provide enough useful and useable information to discuss with PCNs. Some of the responses in the questionnaire have not made it into the data pack and the report is too summarised for the work the leads are trying to do.

<u>Recommendations</u>

- There needs to be regular and consistent engagement and communication with ward Cllrs in order to develop links between the Lead Cllr role and their ward colleagues to ensure they can feed in their local knowledge and influence health and care services in their wards.

- The data packs need completing with GP held data and sharing with ward Cllrs to understand what the priorities are.
- Link with the practice managers network to share our approach, what we're trying to achieve, find out what campaigns they may be running and how we can help get messages out and ensure they are targeted (e.g. vaccination, screening, blood pressure checks etc)
- Mapping of front-line staff is needed to see what Kirklees's teams are, what they're doing and how they interconnect with each other.
- To build better connections within the Council around the development of public health related policies and ensuring local clinicians can contribute and Cllrs can feed in local community knowledge, e.g. fast food takeaways
- Ensure the connection / relationship between PCN leads and the anchors/third sector so each is clear about their roles.
- To explore what approaches are in place to connect elected members to PCNs in Bradford, Calderdale, Leeds, Wakefield in order to understand if they have a similar or very different approaches from which we can learn.

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

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

PCNs, through their Lead Cllrs can make better connections with local schools, charities, community organisations, youth clubs etc to engage with young people, promote services and explore together how they can make a meaningful difference to the health of local communities.

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 of this report and agree that it accurately reflects their feedback and recommendations.

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.
- Attend the Practice Managers Network to provide an overview of our approach and opportunities to join up for example campaigns, screening etc.
- Continue to work with PCNs to include GP held information in the data packs.
- Building on the Dewsbury pilot, arrange briefings 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.
- Work with health and care partnership colleagues to understand what approaches and good practice our neighbouring Councils have in place to connect elected members to PCNs to understand what works well that could inform our approach.

6. Officer recommendations and reasons

That Corporate Governance and Audit Committee:

(i) considers the key points, learning and recommendations informed by discussion with the Lead Councillors.

7. Cabinet Portfolio Holder's recommendations

Corporate Governance and Audit Committee is asked to recognise the complexity of the work, the challenge of working across agencies and to review the new role after a further 6 months.

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