

## Meeting of BNSSG Primary Care Commissioning Committee (PCC)

**Date:** 26th January 2021

**Time:** 9.30am – 11.35am

**Location:** Meeting to be held virtually

<b>Agenda Number :</b>	7
<b>Title:</b>	Primary Care Network Update – PCN Organisational and Leadership Development 2020/2021
<b>Purpose: Decision</b>	
<b>Key Points for Discussion:</b>	
<ul style="list-style-type: none"> <li>• Update PCCC on the PCN OD proposals in 2019/2020</li> <li>• Brief PCCC on the guidance and confirmation of the PCN OD funds for 2020/2021</li> <li>• Feedback from PCN Clinical Directors will be presented at the January 28<sup>th</sup> PCCC meeting</li> </ul>	
<b>Recommendations:</b>	To approve the recommendations for priorities for PCN OD investment in 2020/2021 and the process for allocating funds
<b>Previously Considered By and feedback :</b>	BNSSG CCG Executive Team and BNSSG Primary Care Operational Group – request to set out local strategic context
<b>Management of Declared Interest:</b>	No specific declarations of interest in relation to this item
<b>Risk and Assurance:</b>	There is a risk that due to the continued pandemic response that PCN plans to progress organisational and leadership development will be impacted. This will be kept under review. Support will be offered to PCNs to adapt their plans if and as required.
<b>Financial / Resource Implications:</b>	PCN OD funding is part of the LTP allocation. The proposals are therefore fully funded and form the totality of the allocation which is £720k.
<b>Legal, Policy and Regulatory Requirements:</b>	Not applicable
<b>How does this reduce Health Inequalities:</b>	PCN Organisation Development includes a focus on population health management and reducing health inequalities as part of PCN maturity.

<b>How does this impact on Equality &amp; diversity</b>	See above
<b>Patient and Public Involvement:</b>	There has been no specific consultation and communication with the public in the production of this paper. Feedback from members of the public was included in the development of the BNSSG Primary Care Strategy. This includes a key focus on the role of PCNs and how we support PCNs to develop.
<b>Communications and Engagement:</b>	Engagement with PCN CDs has helped to inform these proposals and will be reported to the Committee meeting
<b>Author(s):</b>	Jenny Bowker, Head of Primary Care Development
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	David Jarrett, Area Director Bristol and South Gloucestershire

## Agenda item: 7

### Report title: Primary Care Network Update – PCN Organisational and Leadership Development 2020/2021

#### 1. Background

In 2019/2020 BNSSG was awarded £718K for the development of PCNs, to include both organisational development and leadership development. The development of PCNs is based on the self-assessed maturity matrix (appendix 1), with a majority of PCNs in BNSSG assessing themselves at 'foundation step' in 2019. The national view is that PCNs need to be at 'step 3' by 2021.

The confirmed LTP allocation for 2020/2021 is £720k for BNSSG. Discussions with PCN CDs over the past year and at Executive Team in July 2020 led to the establishment of a local set of priorities in anticipation of the guidance and funding being confirmed. This paper now seeks to bring together these priorities alongside the national guidance and develop a proposal to support the allocation of PCN OD funds in 2020/2021. In addition, it should be noted that the "Freeing up practices to support COVID vaccination" NHSE letter published 7<sup>th</sup> January 2021 included a commitment to provide further funding for PCN Clinical Director support temporarily for Q4 (Jan-March 21), equivalent to an increase from 0.25WTE to 1WTE. This is in recognition of the role of PCN Clinical Director in managing the COVID vaccination response. Payments are being processed to PCNs to support this commitment.

#### 2. PCN OD 2019/2020

The development of PCNs is fundamental to achieving our system goals and delivering integrated care for our population. This is clearly set out in our BNSSG Primary Care Strategy. Supporting PCNs to develop will both support greater resilience in general practice and underpin and enable the delivery of integrated care at locality level. PCNs submitting proposals for OD and leadership funding were asked to demonstrate how their proposals support and align with developing this system of care and to indicate how their proposals supported their development against the NHSE PCN maturity matrix domains (appendix 1). These are:

- Leadership, Planning and Partnerships
- Use of Population Health Management
- Integrating Care
- Managing Resources
- Working with People and Communities

In 2019/2020 £638k was set aside for PCNs to submit PCN OD expressions of interest. A further £2800 per PCN was made available to support personal leadership development for PCNs and £30k was set aside to support PCN CD participation in the Peloton system leadership programme.

All PCN proposals were reviewed 'virtually' by a panel including primary care development, area directorate and primary care contracting input. All proposals were supported and payments made. The proposals included a range of approaches from engaging OD specialists to support PCN board development, funds to support service improvement priorities, extending work on population health management and working to build community engagement. A few PCNs also included support for developing prescribing hubs as part of their proposals and PCNs were encouraged to take up the CCG gain/share model to support the development of these. Leadership funds were predominantly used to support coaching opportunities for PCN CDs. A summary of the PCN OD proposals is attached at appendix 2.

The Peloton programme was offered as a remote programme starting in September and all PCN CDs were invited to participate. The programme was paused in December due to system pressures and is due to resume in February 2021. 16 PCN CDs are taking part in this and 15 PCNs are represented (1 x job-share). This is an important part of our ambitions to develop common approaches to leadership across the system. A third wave of Peloton is being planned to start in March and a small number of places are being provisionally held for the 3 PCNs not represented should they wish to participate.

As part of evaluating this approach we will ask PCNs to provide a brief report on the benefits of their Leadership and OD with a commitment to sharing this with other PCNs and we will work with PCN Clinical Directors to reassess maturity on the maturity matrix in quarter 4 of 2020/2021 in order to inform our future approach. It should be noted that many PCNs had to defer the start of their OD programmes due to covid and that these may have been subsequently impacted by periods of covid escalation. We have therefore developed proposals for 2020/2021 before the approach for 2019/2020 can be fully evaluated.

### **3. PCN OD 2020/2021**

#### Our strategic context

2020/2021 is a key year for our system. We are providing a continued pandemic response and further developing our Integrated Care System now that we have achieved formal designation. We are progressing our discovery phase to develop and build Integrated Care Partnerships. Our ambition is to have in place shadow ICPs from April 2021, with formally constituted ICPs in each locality ready to respond to requirements for a population health model to deliver community mental health services from April 2022. To support this strategic direction we will need strong PCNs able to participate and shape this system, working as part of localities to design these partnerships and models of care. The BNSSG Primary Care Strategy describes the role of PCNs as the building blocks of our system. It is therefore important that we continue to invest in PCN organisational development to support PCNs to develop enhanced integration.

#### Local Priorities

Last year at the January PCCC we stated:

“If the funds are recurring, it is proposed that the funds will be used to implement further waves of population health management, developing a programme within BNSSG (currently only 5 PCNs can sign up to the NHSE PHM scheme); that there is further development of the integration of care across the BNSSG wide system; and there is investment in progressing MDT opportunities through the new additional roles in PCNs, investment in wider leadership development opportunities for PCN board members (clinical and non-clinical) and in clinical leadership development in support of the new specifications.”

Discussions with PCN CDs since have reflected some common areas they are requesting support for. These include supporting PCNs to participate in the wider system and supporting their attendance at key fora, and recognising the need for project/service improvement capacity in PCNs.

Further to discussions with the Area Directors and at Executive Team and PCCC in July 2020 the following local priorities were put forward and supported:

- A focus on key areas of the maturity matrix – expanding our approach to population health management, engaging with communities and managing resources
- Engagement of PCNs in shaping the future of ICPs and developing integrated care – a proportion of funds could be ring-fenced in support of this
- Expansion of leadership development opportunities beyond the current Clinical Directors
- Consideration of project/service improvement capacity where this supports the development of the PCN and it is understood that this non-recurrent funding

Supporting recruitment and retention of additional roles is also a local priority for us. We are working with the training hub to develop proposals for peer networks, and pathways for the new roles. These are being supported through the ‘workforce’ LTP/GPFV funding streams, however, there remain support requirements for the new roles at PCN level such as establishing supervision arrangements which PCNs may wish to support through these OD funds.

### National guidance

National guidance has subsequently been published (attached at Appendix 3) which sets out that:

**“As a minimum, ICSs, their constituent places, and PCNs should use the development funding:**

- **To support recruitment, embedding and retention of new staff**, helping to build capacity and address high workload, as well as supporting full spend of ARRS funding. Staff will be supported to have the skills and capability to operate effectively across networks and as part of integrated teams. Staff induction, clinical supervision and a focus on staff wellbeing and resilience, along with support to model demand and re-design ways of working should help embed the new workforce

- **To enhance integration** by building on the work that's already happened with care homes, community services teams and community pharmacy in response to Covid-19 and strengthening this through multi-disciplinary team ways of working with other local providers. Working with patients, their carers' and the wider community will be essential to create a joint model of proactive and personalised care.
- **To continue to improve access** by embedding the use of total triage and remote consultation; cutting waiting times and supporting the interface between primary, community and secondary care.
- **To reduce health inequalities**, enhancing population health management locally with a focus on prevention, recognising the inequality in relation to COVID-19 and those groups who may have been disproportionately disadvantaged." In addition, it should be noted that the Phase 3 planning guidance required PCNs to nominate a champion for health inequalities who will be instrumental in providing leadership to the work to ensure a continued focus on vulnerable groups during the pandemic and beyond.

It also goes on to say that most systems will continue to deploy a portion of the funding to provide specific leadership development support to PCN Clinical Directors and that the 19/20 PCN development support guidance still applies and provides a framework for a range of support tailored to the maturity matrix. Funding should be used to support development, rather than to pay for delivery of services or other operating costs.

The support should be designed alongside and agreed with PCNs and CDs, promoting collaboration and shared understanding within PCNs and with wider partners, and recognising that commissioning some elements of support, once, at the system or place level is likely to make sense.

#### Proposed Approach for 2020/2021

A combined approach for 2020/2021 is therefore proposed which supports the following:

- Expansion of leadership opportunities – this can be beyond the current Clinical Directors to support other leaders within the PCN
- Support for recruitment, retention and embedding of new roles including developing supervision arrangements
- Reducing health inequalities – expanding approaches to population health management
- Developing capability along the maturity matrix (e.g. furthering approaches to managing resources, engaging with communities)
- Developing service improvement capability and capacity, investing in clinical leads and PCN managerial transformation leadership – NB these are non-recurrent funds and must not be used to fund recurrent commitments
- Enhancing integration – engagement of PCNs in shaping the future of ICPs and developing multi-disciplinary team ways of working with other local providers to create a joint model of proactive and personalised care



## Proposed spend of £720,000 in 2020/21

### ‘What Good Looks Like’

Primary Care Network Organisational Development needs to align with BNSSG as a system. Key components of good organisational development support would be expected to include highly practical and specific help on:

- Building flourishing teams
- Multi-disciplinary team (MDT) development focused on joint work across practices and with community partners
- Team development
- Developing good, healthy and positive environments in which to work
- Building environments and creating cultures which are driven by continuous development and support
- Setting up to succeed
- Development of system-wide learning culture
- Enabling and encouraging sharing of good practice
- Encouraging progression through organisational and personal growth
- Enabling a culture of continuous improvement
- Working collaboratively
- Developing trusted relationships with STPs, ICSs and the wider community
- Developing trusted relationships with local people and their communities

The proposed spend for 2020/2021 seeks to continue to build towards this and recognises the contribution of personal leadership development, PCN development and capability and the development of PCNs within the system. It is therefore proposed that funds are allocated in the 2 ways below:

1. **£36,000** – to support personal leadership development opportunities for PCN CDs or other clinical or managerial leads within the PCN to be shared equally across PCNs. The intended outcomes from participating in leadership development are:

- Enhanced personal development,
- Development of skills and techniques to lead a PCN
- Developing our leadership within an Integrated Care System

2. **£684,000**

It is proposed that each PCN will be given a share of £684,000 based on PCN size (66p per patient, based on an unweighted population of 1,038,177 in BNSSG as at October 2020).

The rationale to support reflecting population size is that the larger PCNs have a greater number of practices to work with to progress through the maturity matrix, a greater number of partners, community teams and Voluntary and 3<sup>rd</sup> Sector Organisations which will involve more complexity, effort and time to support. These funds are to support priorities for development within the PCN contained within the list below:

- Support for recruitment, retention and embedding of new roles including developing supervision arrangements
- Reducing health inequalities – expanding approaches to population health management. The CCG PHM team will be providing PCNs with a PHM dashboard and will provide PCNs with a small number of sessions to support them with analysing and developing this into quality improvement opportunities from March 2021 onwards. PCNs which have not participated in the Optum programme are encouraged to participate in these. The OD funds can be used to support PCN clinical participation in these sessions.
- Developing capability along the maturity matrix with a particular focus on furthering approaches to managing resources and engaging with communities
- Developing service improvement capability and capacity, investing in clinical leads and PCN managerial transformation leadership – NB these are non-recurrent funds and must not be used to fund recurrent commitments
- Enhancing integration – engagement of PCNs in shaping the future of ICPs and developing multi-disciplinary team ways of working with other local providers to create a joint model of proactive and personalised care. PCNs are expected to form part of the Locality to design this. PCNs can use these funds to support attendance at Locality Board meetings and are encouraged to agree with Locality Boards how PCNs will be represented through to the Integrated Network Boards. This representation of PCNs at the Locality level is crucial as we move forwards over the next year in designing and building ICPs and will support PCNs to progress within the PCN maturity matrix.

To access these funds, the PCN or Locality will have to:

- Submit an Expression of Interest (EOI) to BNSSG CCG by 31<sup>st</sup> March 2021 to ensure the funds are committed in 2020/21. A template will be developed to support this.
- Show progression against the maturity matrix as a result of the funds
- Show a commitment to working with the CCG and system to delivering the new PCN DES specifications and our locally agreed pathways in 2021
- Show how the plans align to the BNSSG system

Principles for Expressions of Interest

- It must show progression through at least one of the five maturity matrix domains:
  - Leadership, Planning and Partnerships
  - Use of Population Health Management
  - Integrating Care
  - Managing Resources
  - Working with People and Communities
- The funding must not fund services already funded in Primary Care
- The EOI can be submitted as a PCN or as a Locality



The EOIs will be submitted to each Head of Locality for the relevant Locality who will convene a virtual panel for sign off comprising:

- Area Director
- Head of Locality
- Clinical lead for Primary Care Development
- Head of Primary Care Development

EOIs will be circulated for review as they are submitted by PCNs to provide a response to PCNs within a fortnight of submission.

#### **4. Recommendations and Next Steps**

PCCC is asked to approve the recommendations for priorities for PCN OD investment in 2020/2021 and the process for allocating funds.

#### **5. Financial resource implications**

PCN OD funding is part of the LTP allocation. The proposals are therefore fully funded and form the totality of the allocation which is £720k.

#### **6. Legal implications**

Not applicable

#### **7. Risk implications**

There is a risk that due to the continued pandemic response that PCN plans to progress organisational and leadership development will be impacted. This will be kept under review. Support will be offered to PCNs to adapt their plans if and as required.

#### **8. How does this reduce health inequalities**

PCN Organisation Development includes a focus on population health management and reducing health inequalities as part of PCN maturity. The proposals for 2020/2021 reflect this.

#### **9. How does this impact on Equality and Diversity?**

See above

#### **10. Consultation and Communication including Public Involvement**

There has been no specific consultation and communication with the public in the production of this paper. Feedback from members of the public was included in the development of the BNSSG

Primary Care Strategy. This includes a key focus on the role of PCNs and how we support PCNs to develop.

## Appendices

7.1 PCN maturity matrix

7.2 Summary of 2019/2020 PCN OD proposals in BNSSG

7.3 PCN development funding guidance

## Glossary of terms and abbreviations

<b>ICS</b>	Integrated Care Systems have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.
<b>ICP</b>	Integrated Care Partnerships are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Appendix 7.1

PCN Maturity Matrix



	Foundation	Step 1	Step 2	Step 3
<p><b>Leadership, planning and partnerships</b></p> <p>Prospectus Domains: Leadership, OD, Change management, CD leadership</p>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>The PCN can articulate a clear vision for the network and actions for getting there. GPs, local primary care leaders, local people and community organizations, the voluntary sector and other stakeholders are engaged to help shape this.</li> <li>Clinical directors are able to access leadership development support.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Systems are actively supporting GP practices and wider providers to start establishing networks and integrated neighbourhood ways of working and have identified resources (people and funding) to support PCNs on their development journey.</li> <li>Systems have identified local approaches and teams to support PCN Clinical Directors with the establishment and development of networks and for clinical directors in their new roles.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>The organizations within the PCN have agreed shared development actions and priorities.</li> <li>Joint planning is underway to improve integration with broader 'out of hospital' services as networks mature. There are developing arrangements for PCNs to collaborate for services delivered optimally above the 30k footprint.</li> <li>There are local arrangements in place for the PCN (for example through the PCN Clinical Directors) to be involved in place/system strategic decision-making that both supports collaboration across networks and with wider providers including NHS Trusts/FTs and local authorities.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Primary care is enabled to have a seat at the table for system and place strategic planning.</li> <li>As set out in the LTP, there is a system level strategy for PCN development and transformation funding, with support made available for PCN development. System leaders supports PCN clinical directors to share learning and support development across networks.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>The PCN has established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivering network-level services. There are local governance arrangements in place within networks to support integrated partnership working.</li> <li>The PCN Clinical Director is working with the ICS/STP leadership to share learning and support other PCNs to develop.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Primary care is enabled to play an active role in strategic and operational decision-making, for example on Urgent and Emergency Care. Mechanisms in place to ensure effective representation of all PCNs at the system level.</li> <li>PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>PCN leaders are fully participating in the decision making at the system and relevant place levels of the ICS/STP. They feel confident and have access to the data they require to make informed decisions.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Primary care leaders are decision making members of the ICS and place level leadership, working in tandem with partner health and care organisations to allocate resources and deliver care.</li> </ul>
<p><b>Use of data and population health management</b></p> <p>Prospectus Domain: Population Health Management</p>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>The PCN is using existing readily available data to understand and address population needs, and are identifying the improvements required for better population health.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Infrastructure is being developed for PHM in PCNs including facilitating access to data that can be used easily, developing information governance arrangements &amp; providing analytical support.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon.</li> <li>Basic population segmentation is in place, with understanding of key groups, their needs and their resource use. This should enable networks to introduce targeted interventions, which may be initially focused on priority population cohorts.</li> <li>Data and soft intelligence from multiple sources (including and wider than primary care) is being used to identify interventions.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Basic data sharing, common population definitions, and information governance arrangements have been established that supports PCNs with implementation of PHM approaches.</li> <li>There is some linking of data flows between primary care, community services and secondary care.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>All primary care clinicians can access information to guide decision making, including identifying at risk patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system.</li> <li>Functioning interoperability within networks, including read/write access to records.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>There is a data and digital infrastructure in place to enable a level of interoperability within and across PCNs and other system partners, including wider availability of shared care records.</li> <li>Analytical support, real time patient data and PHM tools are made available for PCNs to help understand high and rising risk patients and population cohorts, and to support care design activities.</li> </ul>	<p><b>For PCNs:</b></p> <ul style="list-style-type: none"> <li>Systematic population health analysis allows the PCN to understand in depth their population's needs, including the wider determinants of health, and design interventions to meet them, acting as early as possible to keep people well and address health inequalities. The PCN's population health model is fully functioning for all patient cohorts.</li> <li>Ongoing systematic analysis and use of data in care design, case management and direct care interactions support proactive and personalised care.</li> </ul> <p><b>For Systems:</b></p> <ul style="list-style-type: none"> <li>Full interoperability is in place across the organisations within PCNs, including shared care records across providers.</li> <li>System partners work with PCNs to design proactive care models and anticipatory interventions based on evidence to target priority patient groups and to reduce health inequalities.</li> </ul>

**APPENDIX 7.2**

List of PCNs	Summary OD proposal
4PCN	PCN MDT to take forward the PHM work linked to PHM wave 5 pilot site. To involve lead GP, PM, clinicians, ward clerk, PCN analyst time, Sirona and AWP . To move from PHM data to action and engage all of the PCN and MDT in this. To further 3 key workstreams identified in pilot site on urgent care, frequent attenders and anticipatory care
Affinity	PHM data workshop, establish data working group, workshops on multi-morbidity, mental health and Time to Care. Patient and staff engagement events. Leadership development fund for CD mentoring
Bridgeview	Proposal to develop a same day urgent care hub as part of the PCN. OD funds to support project planning costs. Time for Care Team will also support the PCN with this transformation. OD support for the PCN to create a vision and to work with partners.
Bristol Inner City	Proposals include workshops to prepare for service specifications, extension of PHM work, working with PPG, OD and training
Connexus	OD proposal is the One Care sponsored Power the PCN programme. Includes upskilling a local OD/change facilitator within the PCN and a 12 month training programme focussed on the PCN and the PCN working with system partners. Access to OD resources, participation in learning sets, peer support and training events. Regular mapping against the maturity matrix and focus on readiness for taking forward the new DES specs.. In addition submitted bid to develop a PCN volunteer transport service to support PCN hub and cross site working. Happy to share learning with other PCNs
FABB	Coaching for personal leadership. OD proposal is the One Care sponsored Power the PCN programme. Includes upskilling a local OD/change facilitator within the PCN and a 12 month training programme focussed on the PCN and the PCN working with system partners. Access to OD resources, participation in learning sets, peer support and training events. Regular mapping against the maturity matrix and focus on readiness for taking forward the new DES specifications

FOSS	<p>OD programme focuses on 4 workstreams: 1. MDT working with Sirona, 2. Test and learn First Contact Physio team, 3. development of reception teams and shared care navigation 4. aligning prescribing processes and interoperability. OD funds to support Strategic and Leadership planning, backfill and project management capacity to take forward the workstreams, training within the PCN on PHM skills and community and patient engagement sessions</p>
Gordano Mendip	<p>OD proposal is the One Care sponsored Power the PCN programme. Includes upskilling a local OD/change facilitator within the PCN and a 12 month training programme focussed on the PCN and the PCN working with system partners. Access to OD resources, participation in learning sets, peer support and training events. Regular mapping against the maturity matrix and focus on readiness for taking forward the new DES specifications</p>
Health West	<p>Activities to explore forming legal entity, all partner mtgs, community mtgs and all staff meetings. Bid includes contribution to developing prescribing hub. CD coaching proposed for the personal leadership fund</p>
Network 4	<p>OD proposal is the One Care sponsored Power the PCN programme. Includes upskilling a local OD/change facilitator within the PCN and a 12 month training programme focussed on the PCN and the PCN working with system partners. Access to OD resources, participation in learning sets, peer support and training events. Regular mapping against the maturity matrix and focus on readiness for taking forward the new DES specifications. Personal leadership fund bid for to support coaching and mentoring for CD and leadership training in dispersed leadership. Support for CD mentoring.</p>
Northern Arc	<p>Proposal to work with All together on collaborative practice working with local communities. Leadership fund to support Exec board development</p>
Phoenix	<p>Backfill time to support building partnership relationships with Sirona and others, Board and PCN development , CD coaching support , PM leadership time, Developing Digital First strategy for PCN, Time for Care supported development of virtual prescribing hub to develop SOPs/induction, team development sessions for new roles.</p>

Pier Health	Comprehensive 12 month OD programme looking at Leadership, Board Development, Partnership Engagement and ICP preparation, Nursing Development, Whole Team engagement sessions, Individual effectiveness and Committee Effectiveness. Combines OD and personal leadership funds
Severn Vale	Personal leadership fund for CD coaching sessions. OD bid to support time for 3 x workstreams across the PCN, IT/BI analysis and a Programme Board to oversee involving system partners (Sirona & AWP). 3 workstreams on 1. developing PCN home visiting service, 2. PCN urgent care response including exploring IA hub and 3. improving dementia care working with VCSE and partners and involving SPLW.
Stokes	3 OD workstreams - developing common prescribing approach, developing common approaches to navigation, HIU and chronic disease mgmt and cross organisational PCN development working with partners on care home support, anticipatory care. Personal leadership fund to support continued CD coaching.
Swift	Board development programme and personal effectiveness programme for PCN board members. Series of away days including working with partner stakeholders. Baseline assessment and review after 6 months using MBTI and other techniques.
Tyntesfield	Development costs for online resources to connect communities to VCSE, including hardware and contribution to a post. Personal leadership fund to be spent on crisis and business continuity training
Yate and Frampton	Board development, Board member development working, PPG engagement, stakeholder working groups, IT lead on PCN board
South Glos PCNs	Development of an integrated model to support First Contact Physio/additional roles and develop template for other roles



# PCN Development Priorities, Support & Funding in 2020/21

National guidance for systems and regions

20/10/2020 v5.1

## Background & context

[PCN Development Support Guidance and Prospectus\\*](#) was initially published in August 2019.

It set out:

- Funding has been released
- Expectations of PCNs by March 2020
- Guidance on how national funding (£43.5m in 19/20) should be used (see slide 6)

## Purpose of this document

This document should be used to build upon the 19/20 PCN development support guidance. It sets out the national PCN development priorities for 20/21 and guidance about utilisation of national funding for 20/21 (£43.7m).

## Funding allocation 20/21

Funding was made available to ICSs and STPs in August 2020.

It is imperative that this funding is used to support PCN development, and that PCN Clinical Directors are key parties in discussions about how it is deployed, alongside their CCG and system.

## How has it been developed?

Reflecting the ongoing response to COVID-19, this document has been rapidly developed with a range of national and local stakeholders to gain consensus about national PCN development priorities in 20/21.

\* To access this document you need to be a member of the FutureNHS PCN Development platform. To join, please email [p\\_c\\_n-manager@future.nhs.uk](mailto:p_c_n-manager@future.nhs.uk)

# PCN development priorities



**As a minimum, ICSs, their constituent places, and PCNs should use the development funding:**

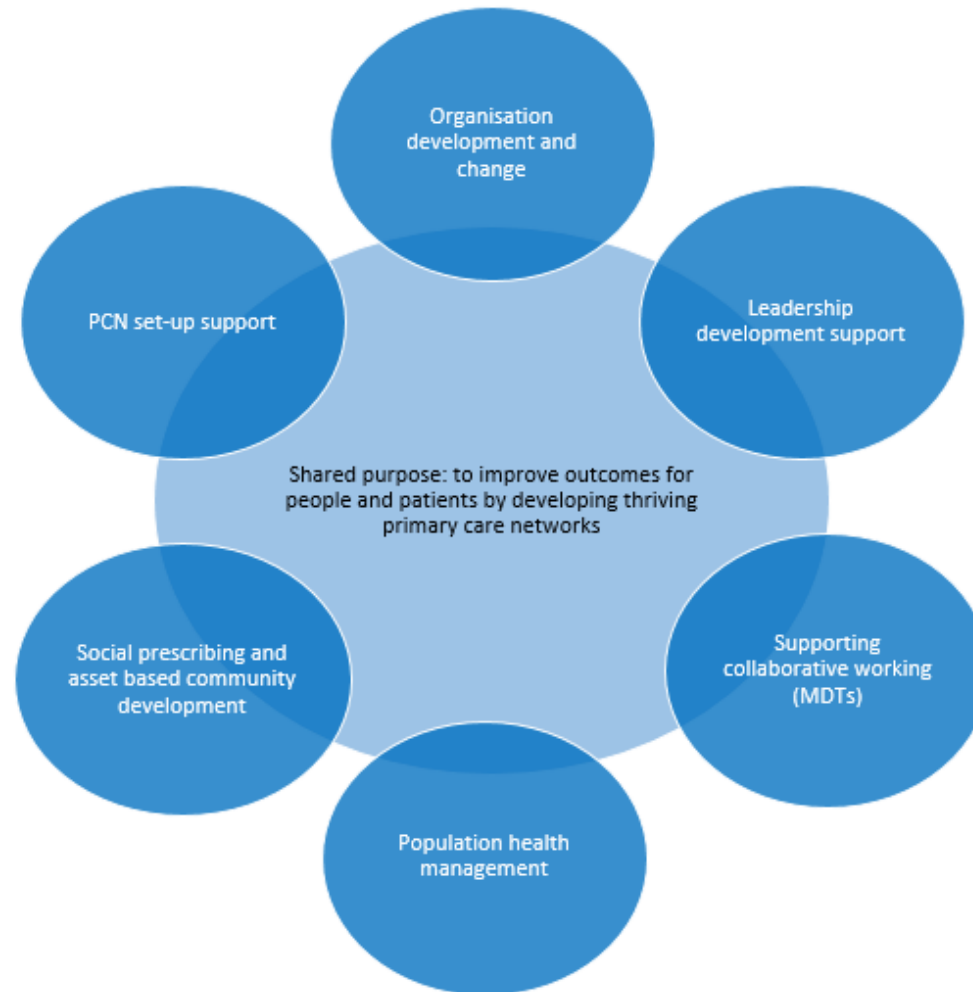
- **To support recruitment, embedding and retention of new staff**, helping to build capacity and address high workload, as well as supporting full spend of ARRS funding. Staff will be supported to have the skills and capability to operate effectively across networks and as part of integrated teams. Staff induction, clinical supervision and a focus on staff wellbeing and resilience, along with support to model demand and re-design ways of working should help embed the new workforce
- **To enhance integration** by building on the work that's already happened with care homes, community services teams and community pharmacy in response to Covid-19 and strengthening this through multi-disciplinary team ways of working with other local providers. Working with patients, their carers' and the wider community will be essential to create a joint model of proactive and personalised care.
- **To continue to improve access** by embedding the use of total triage and remote consultation; cutting waiting times and supporting the interface between primary, community and secondary care.
- **To reduce health inequalities**, enhancing population health management locally with a focus on prevention, recognising the inequality in relation to COVID-19 and those groups who may have been disproportionately disadvantaged.

## 2020/21 funding

- ICSs and STPs are responsible for PCN development and the delivery of priorities set out for 20/21. System and place primary care leaders must engage and work closely with PCN Clinical Directors to come to collective agreement on local priorities and how funding should consequently be spent to respond to their specific need. Most systems will continue to deploy a portion of the funding to provide specific leadership development support to PCN Clinical Directors.
- This will include agreement on whether support is secured at place or system level (to gain economies of scale) and agreement of the governance required to ensure PCN priorities set out for 20/21 are delivered.
- The 19/20 PCN development support guidance still applies and provides a framework for a range of support that the national funding could be used for (see slide 6 for the PCN development support domains). Examples of specific spend may include support to drive quality improvement, change management support, staff wellbeing and resilience interventions or support to develop leadership skills across PCNs. This includes freeing up time to allow staff to participate in development activity.
  - Funding should be used to support development, rather than to pay for delivery of services or other operating costs.

- NHSE/I Regions will ensure that systems use the funding in line with the priorities set out and according to the following parameters:
  - A universal offer, with PCN clinical and non-clinical staff receiving support matched to their needs
  - Support designed alongside and agreed with PCNs and CDs, promoting collaboration and shared understanding within PCNs and with wider partners, and recognising that commissioning some elements of support, once, at the system or place level is likely to make sense
  - Alignment with commitments set out in the NHS Long Term Plan and the Network Contract Direct Enhanced Service (DES), and supporting delivery of system strategies

# PCN development support domains



Taken from the [PCN Development Support Guidance and Prospectus](#) 2019. To access this document you need to be a member of the FutureNHS PCN Development platform. To join, please email [p\\_c\\_n-manager@future.nhs.uk](mailto:p_c_n-manager@future.nhs.uk)



For more information, or any questions,  
please email the PCN Development  
and Delivery team

[england.pcndevelopment@nhs.net](mailto:england.pcndevelopment@nhs.net)