Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 31st May 2022
Time: 9.30am – 11.20am
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number:	8
Title:	Primary Care Network Leadership and Organisational Development Funds 2021/22
Purpose: Decision	
Key Points for Discussion:	
• Reminder of Primary Care Network (PCN) Maturity Matrix domains • Review of previously agreed approaches to PCN Leadership and OD Funds allocation • PCN Leadership and OD Funds approval process for 2021/22	
Recommendations:	To approve the process taken to release the allocated PCN Leadership and OD Funds for 2021/22.
Previously Considered By and feedback:	Primary Care Locality Development Group Primary Care Operational Group
Management of Declared Interest:	No specific declarations of interest in relation to this item
Risk and Assurance:	The continued pandemic response, restoration of services and addressing the backlog means 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.
Financial / Resource Implications:	In 2021/2022, PCN OD funding allocation was halved, and it is proposed that the CCG tops up to the LTP allocation for 2020/2021 amount of £720k from GP Transformation funding. This funding has been accrued in order to carry out the approval process.
Legal, Policy and Regulatory Requirements:	Not applicable
How does this reduce Health Inequalities:	PCN OD includes a focus on population health management and reducing health inequalities as part of PCN maturity. The OD proposals for 2020/2021 and 2021/2022 self-assessments against

	the PCN Maturity Matrix reflect this.
How does this impact on Equality & diversity	One of the PCN Maturity domains is the use of data and population health management, which all PCNs are developing. This will continue to be used in 2022, as PCNs are required to design a program to improve access to an identified cohort with unmet need for implementation from October.
Patient and 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. The Primary Care Strategy Board has continued to work with the Insights and Engagement Team, Healthwatch and each wave of the Citizens panel to support PCNs in their development e.g. working with communities.
Communications and Engagement:	A PCN OD workshop was held in July 2021. PCN OD is a regular agenda item on monthly PCN Manager and PCN Clinical Director (CD) meetings. Individual meetings have been held with PCNs to review plans, updated self-assessments against the PCN Maturity Matrix and to discuss 2022/2023 plans and support requirements.
Author(s):	Bev Haworth, Senior Programme Lead PCN & Workforce Development
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Area Director – South Gloucestershire & Bristol

Agenda item: 8

Report title: Primary Care Network Leadership and Organisational Development Funds 2021/22

1. Background

In 2019/2020 BNSSG was awarded £718K for the development of PCNs, to include both PCN OD and leadership development. The confirmed Long-Term Plan (LTP) allocation for 2020/2021 was £720k for BNSSG. In 2021/2022, the funding allocation was cut by half with the CCG agreeing to top up to the 2020/2021 amount of £720k from GP Transformation funding.

In 2021/2022 the continued pandemic response, restoration of services and addressing the backlog has challenged progress in PCN plans for organisational and leadership development. The priorities remain the same, however it was felt that a different approach was required to approve allocation of funding in these unprecedented times.

The development of PCNs is based on the self-assessed maturity matrix (Appendix 1), with the majority of PCNs in BNSSG assessing themselves at 'Foundation Step' in 2019. The national view, prior to understanding the full impact of the pandemic, was that PCNs needed to be at 'Step 3' by 2021.

2021/2022 has seen a significant increase in the recruitment of additional roles, in addition to increasing requirements to support the development of locality partnerships ahead of 1st April 2022. PCN OD is key to supporting embedding these new ways of working.

This paper outlines the approach taken to provide assurance and support for the retrospective payment of allocated PCN OD funds for 2021/2022.

2. PCN OD Priorities

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 partnership level. The key domains of PCN maturity are:

- Leadership, Planning and Partnerships - including how the PCN will be represented at locality level and in developing ICPs (Locality Partnerships)
- Use of Data and Population Health Management (PHM)
- Integrating Care
- Managing Resources
- Working with People and Communities

Last year we also agreed the following local priorities:

- Implement further waves of PHM if possible, developing a programme within BNSSG (only 5 PCNs were able to sign up to the NHSE PHM scheme)
- Further development of the integration of care across the BNSSG wide system
- Progressing Multi-Disciplinary Teams (MDT) opportunities through the new additional roles in PCNs
- Wider leadership development opportunities for PCN board members (clinical and non-clinical)
- Clinical leadership development in support of the new specifications

3. PCN OD Funding Approaches

2019/2020

In 2019/2020 PCNs submitted PCN OD expressions of interest (EOI). 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.

2020/2021

In 2020/2021 to access these funds, PCNs had to:

- Submit an EOI to BNSSG CCG by 31st March 2021 to ensure the funds were committed in 2020/21.
- 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 EOI:

- It must show progression through at least one of the five maturity matrix domains:
    - Leadership, Planning and Partnerships – including how the PCN will be represented locality level and in developing ICPs (Locality Partnerships)
    - Use of Data and Population Health Management
    - Integrating Care
    - Managing Resources
    - Working with People and Communities
- The funding must not fund services already funded in Primary Care

The EOIs were submitted to each Head of Locality for the relevant Locality who convened a virtual panel for sign off comprising:

- Area Director

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

2021/2022

In 2021/2022, the continued pandemic response, restoration of services and addressing the backlog has challenged progress in PCN plans for organisational and leadership development. The priorities remain the same, however it was felt that a different approach was required to approve allocation of funding in these unprecedented times.
In recognition of this PCNs were not asked to resubmit PCN OD plans, which was welcomed. PCNs were asked to carry out a further self-assessment against the PCN Maturity Matrix and provide details of what had worked well, what PCNs wanted to continue and where further support was required.
Individual PCN meetings have been put in place led by the Senior Programme Lead for PCN and Workforce Development along with the Head of Locality, Locality Development Manager, Training Hub representative, Clinical Director and PCN Manager to provide an opportunity to understand where funding has been spent, the outputs and future support to progress through the PCN Maturity to full maturity. A written summary is provided to PCNs following meetings.
Each PCN has previously been given a share of the funding based on PCN size (66p per patient, based on an unweighted population of 1,038,177 in BNSSG as of October 2020), for example a 40,000 population would equate to £26,400 non-recurrent (see Appendix 2 for a high-level example of a PCN OD EOI).
These meetings along with the updated self-assessment against the maturity matrix are proposed to be the approach to agreeing release of the funding. As of the 24th May, fifteen out of nineteen meetings have taken place, with the remaining scheduled. In 2022/23 there are 20 PCNs, the additional PCN as of 1st April 2022 has already completed a review against the PCN maturity matrix. Further detail and updates on PCD OD will be provided once all meetings are complete for information and sharing of learning.

4. 2021/2022 PCN Maturity Update

All PCNs have submitted their self-assessments for 2021/2022. In 2019 the majority of PCNs in BNSSG assessing themselves at ‘foundation step’. In 2021/2022, the majority are reporting Step 1/Step 2. A summary for each domain is provided in Appendix 3, however, following the meetings to date it is worth noting PCNs overall position self-assessment does not reflect the significant progress made.

The self-assessments do reflect significant progress in maturity and against previously defined ‘what good looks like’’ in the following areas:

- Expansion of leadership opportunities beyond the Clinical Directors to support other leaders within the PCN
- Support for recruitment, retention and embedding of new roles including developing supervision arrangements for the significant requirements for the new roles
- Reducing health inequalities – expanding approaches to using data and population health management
- Enhancing integration – engagement of PCNs in shaping the future of Locality Partnerships and developing multi-disciplinary team ways of working with other local providers to create a joint model of proactive and personalised care
- Engaging with and working with communities

PCNs are reporting that the funding has been invaluable in these areas and specifically being able to backfill wider members of the PCN to support the CD and having continued facilitated sessions to further develop collaborative working and PCN strategy development.

The following areas have been identified as requiring further support:

- Reducing health inequalities – expanding approaches to population health management. There is an inconsistency in the PHM offer of support across PCNs which we are now working with the CCG PHM team and OneCare to understand and develop. (There are currently no further NHSE PHM schemes planned). This area has been highlighted as a challenge due to the skills required but also the time and headspace to action findings

- Enhancing integration – the majority of PCNs have used these funds to support attendance at Locality and wider System meetings e.g. GP Collaborative Board, it is acknowledged that further work is required in 2022/2023 to embed PCN representation and fit within Locality Partnerships and providing the Primary Care voice in the System

- Developing service improvement capability and capacity – this is another area that is acknowledged in some PCNs as being de-prioritised due to the current pressures

- Working with and engaging with communities – there are some good examples of working with communities building on the learning from the vaccination programme, however, some PCNs would like a framework to support getting this work off the ground

5. Financial resource implications

In 2021/2022, PCN OD funding allocation was halved, and it is proposed that the CCG tops up to the LTP allocation for 2020/2021 amount of £720k from GP Transformation funding. This funding has been accrued in order to carry out the approval process.

6. Legal implications

Not applicable

7. Risk implications

In 2021/2022, PCN OD funding allocation was halved with the CCG agreeing to top up to the LTP allocation for 2020/2021 amount of £720k from GP Transformation funding. This funding has been accrued in order to carry out the approval process.

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 OD proposals for 2020/2021 and 2021/2022 self-assessments against the PCN Maturity Matrix reflect this.

9. How does this impact on Equality and Diversity?

One of the PCN Maturity domains is the use of data and population health management, which all PCNs are developing. This will continue to be used in 2022, as PCNs are required to design a program to improve access to an identified cohort with unmet need for implementation from October.

10. Consultation and Communication including Public Involvement

Communication and engagement has included:

- A PCN OD workshop was held in July 2021.
- PCN OD is a regular agenda item on monthly PCN manager and PCN CD meetings.
- Individual meetings have been held with PCNs to review plans, updated self-assessments against the PCN Maturity Matrix and to discuss 2022/2023 plans and support requirements.

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. The Primary Care Strategy Board has continued to work with the Insights and Engagement Team, Healthwatch and each wave of the Citizens panel to support PCNs in their development e.g. working with communities

11. Recommendations and Next Steps

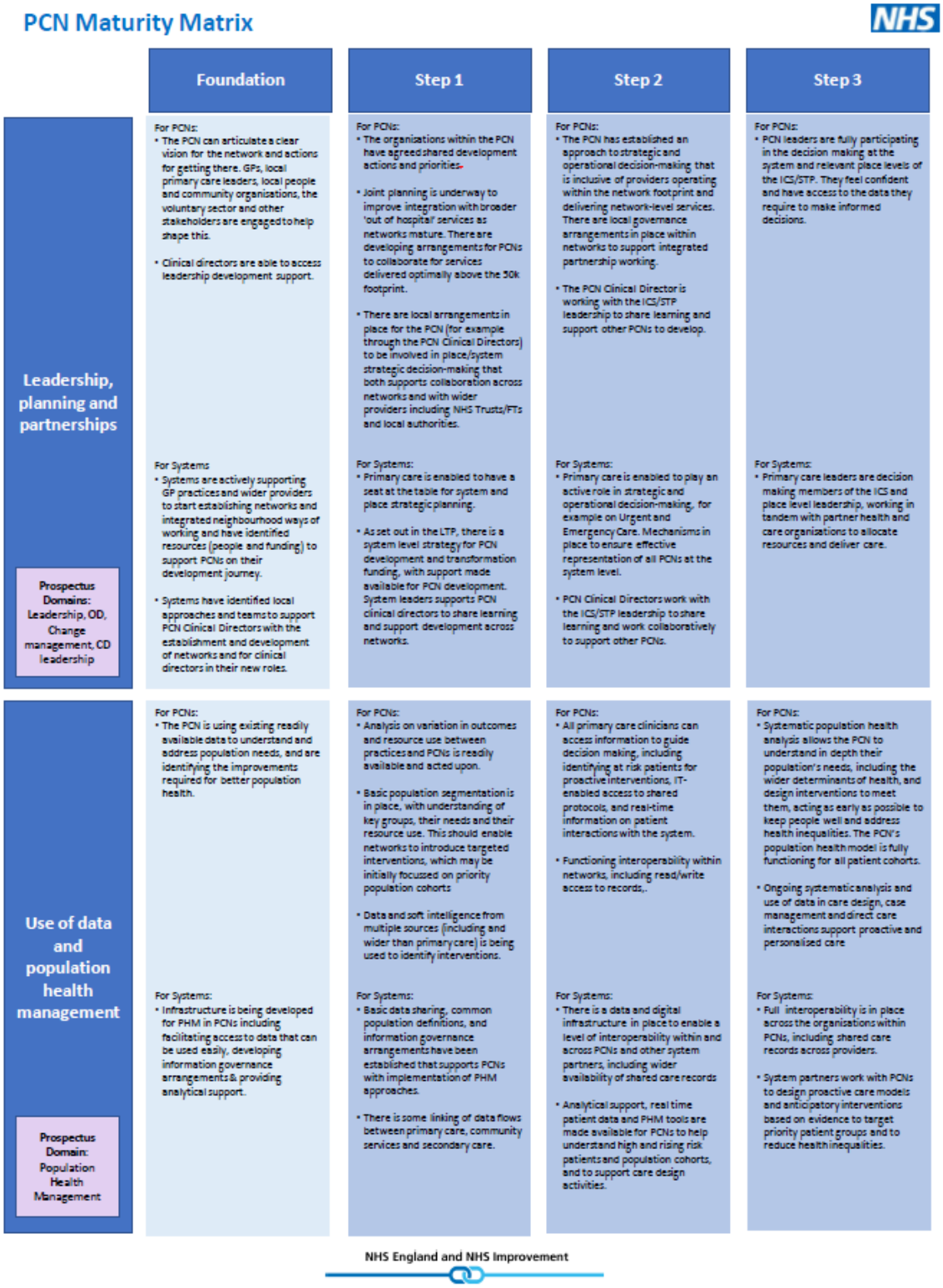
PCOG is asked to approve the process outlined above taken in order to release the allocated PCN Leadership and Organisational Development Funds for 2021/22.

There has been no confirmation of 2022/23 funding for PCN OD, for our now 20 PCNs as of 1st April 2022. It is hoped that the allocation and assurance process requirements will be confirmed

soon as NHSEI have indicated that for 2022/23 payment will be in year rather than the previous retrospective payments, commencing in June.

12. Appendices

Appendix 1



PCN Maturity Matrix

NHS

	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships Prospectus Domains: Leadership, OD, Change management, CD leadership	For PCNs: • The PCN can articulate a clear vision for the network and actions for getting there. GPs, local primary care leaders, local people and community organisations, the voluntary sector and other stakeholders are engaged to help shape this. • Clinical directors are able to access leadership development support. For Systems • 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. • 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.	For PCNs: • The organisations within the PCN have agreed shared development actions and priorities. • 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. • 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. For Systems: • Primary care is enabled to have a seat at the table for system and place strategic planning. • 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.	For PCNs: • 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. • The PCN Clinical Director is working with the ICS/STP leadership to share learning and support other PCNs to develop. For Systems: • 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. • PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs.	For PCNs: • 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. For Systems: • 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.
Use of data and population health management Prospectus Domain: Population Health Management	For PCNs: • The PCN is using existing readily available data to understand and address population needs, and are identifying the improvements required for better population health. For Systems: • Infrastructure is being developed for PHM in PCNs including facilitating access to data that can be used easily, developing information governance arrangements & providing analytical support.	For PCNs: • Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon. • 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 focussed on priority population cohorts • Data and soft intelligence from multiple sources (including and wider than primary care) is being used to identify interventions. For Systems: • Basic data sharing, common population definitions, and information governance arrangements have been established that supports PCNs with implementation of PHM approaches. • There is some linking of data flows between primary care, community services and secondary care.	For PCNs: • 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. • Functioning interoperability within networks, including read/write access to records,. For Systems: • 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 • 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.	For PCNs: • 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. • Ongoing systematic analysis and use of data in care design, case management and direct care interactions support proactive and personalised care For Systems: • Full interoperability is in place across the organisations within PCNs, including shared care records across providers. • 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.

NHS England and NHS Improvement

Appendix 2: Example OD EOI

Support requested	Deliverable
Facilitated PCN workshops	PCN strategy development and leadership planning.
PCN workforce supervision	Backfill for significant supervision requirements of ARRS roles to support development, embedding and retention.
Support with PHM data analysis	Expand PCN approach to PHM. Identifying health inequalities and quality improvement opportunities to act on
PCN community engagement events and outreach work	Engaging with the wider community and hard to reach groups to reduce health inequalities
PCN development	Development of PCN branding, website and wider communication to patients/public e.g. increase in social media

Appendix 3: Summary of PCN Maturity Matrix Review by Domain

Domains																			
Leadership, planning and partnerships	Step 1-2	Step 2	Step 2	Step 1	Step 2	Step 1/2	Step 1/2	Step 3	Step 3	Step 1	Foundation	Step 1	Step 1 to 2	Steo 1	Step 2	Step 1	Step 1	Foundation/ Step 1	Foundation/ Step 1
Use of data and population	Step 2	Step 1	Foundation/ Step 1	Step 1	Step 2	Foundation	Step 1	Step 2	Step 1	Foundation	Foundation	Step 1	Step 1	Step 1/2	Step 1/2	Step 1	Step 1	Foundation	Foundation/ Step 1
Integrating care	Step 1	Foundation / Step 1	Step 1	Step 1	Step 2	Step 1	Step 1	Step 1	Step 2	Foundation/ Step 1	Foundation	Foundation	Foundation	Step 1/2	No score	0.5	Foundation / Step 1	Foundation/ Step 1	Foundation/ Step 1
Managing resources	Step 2	Step 2	Foundation	Foundation	Step 2	Foundation	Step 1/2	Step 2/3	Step 2/3	Pre-foundation	Foundation	Foundation	Step 2	Step 1/2	Step 1	Step 2	Foundation	Foundation/ Step 1	Pre-Foundation
Working with people and communities	Step 1	Foundation / Step 1	Foundation/ Step 1	Step 1	Step 2	Step 2	Step 2/3	Step 2/3	Step 1	Step 2	Foundation	Foundation	Foundation	Step 2	Step 1	Step 1	Step 1	Step 1	Step 1

Glossary of terms and abbreviations

CD	Clinical Director
EOI	Expression of Interest
ICS	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.
ICP	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.
LTP	Long Term Plan
MDT	Multi-Disciplinary Teams
OD	Organisational Development
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network

PHM	Population Health Management