

A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 13 May 2021 at 9.30 am via Microsoft Teams

[Click here to join the meeting](#)

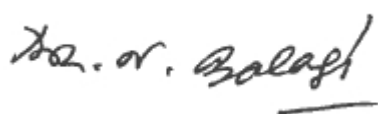
## AGENDA (Public)

Item	Session	GB Requested to	Enclosure Lead	Time
1	House Keeping	Information	Nick Balac	9.30 am
2	Apologies	Note		9.30 am
3	Quoracy	Note		9.30 am
4	Patient Story	Note	Jayne Sivakumar	9.35 am 10 mins
5	Declarations of Interest relevant to the agenda	Assurance	<b>GB/Pu 21/05/05</b> Nick Balac	9.45 am 5 mins
6	Patient and Public Involvement Activity Report	Assurance	<b>GB/Pu 21/05/06</b> Kirsty Waknell	9.50 am 10 mins
7	Questions from the Public	Information	<b>Verbal</b> Kirsty Waknell	10.00 am 5 mins
8	Minutes of the meeting held on 11 March 2021	Approval	<b>GB/Pu 21/05/08</b> Nick Balac	10.05 am 5 mins
9	Matters Arising Report	Note	<b>GB/Pu 21/05/09</b> Nick Balac	10.10 am 5 mins
	<b>Strategy</b>			
10	Chief Officer's Report	Information	<b>GB/Pu 21/05/10</b> Chris Edwards	10.15 am 10 mins
11	Covid-19 Response and Recovery update	Information & Assurance	<b>GB/Pu 21/05/11</b> Jamie Wike Jeremy Budd	10.25 am 10 mins
12	Urgent & Emergency Care Update	Information & Assurance	<b>GB/Pu 21/05/12</b> Jamie Wike	10.35 am 10 mins
13	Assurance Report - Primary Care	Information & Assurance	<b>GB/Pu 21/05/13</b> Julie Frampton	10.45 am 10 mins

14	Assurance Report - Mental Health Update		Information & Assurance	<b>GB/Pu 21/05/14</b> Patrick Otway	10.55 am 10 mins
15	Assurance Report - Digital and IT Updates		Information & Assurance	<b>GB/Pu 21/05/15</b> Jeremy Budd	11.05 am 10 mins
16	Local Plastic and Reconstructive Surgery Service		Approval	<b>GB/Pu 21/05/16</b> Jamie Wike	11.15 am 10 mins
17	PDA 2021/22 The Medicines Optimisation Scheme Update		Information & Assurance	<b>GB/Pu 21/05/17</b> Chris Lawson	11.25 am 10 mins
Quality and Governance					
18	Quality Highlights Report		Assurance	<b>GB/Pu 21/05/18</b> Jayne Sivakumar	11.35 am 10 mins
19	Risk & Governance Exception Report		Assurance	<b>GB/Pu 21/05/19</b> Richard Walker	11.45 am 10 mins
20	Urgent Decisions inc - DSCRO Contract - MHIS verification process by KPMG - ATU (Assessment and Treatment Unit) –		Approval	<b>GB/Pu 21/05/20</b> Richard Walker	11.55 am 5 mins
Finance and Performance					
21	Integrated Performance Report inc QIPP		Assurance and Information	<b>GB/Pu 21/05/21</b> Roxanna Naylor Jamie Wike	12.00 noon 15 mins
22	2021/22 Financial Plan – April to September 2021 (H1)		Approval	<b>GB/Pu 21/05/22</b> Roxanna Naylor	12.15 pm 10 mins
Committee Reports and Minutes					
23	23.1	Minutes of the Membership Council held on 21 April 2021	Assurance and Information	<b>GB/Pu 21/05/23.1</b> Nick Balac	12.25 pm 5 mins
	23.2	Unadopted Minutes of the Audit Committee held on 18 March 2021	Assurance and Information	<b>GB/Pu 21/05/23.2</b> Nigel Bell	
	23.3	Minutes of the Finance and Performance Committee held on: • 4 March 2021 • 1 April 2021	Assurance and Information	<b>GB/Pu 21/05/23.3</b> Nick Balac	
	23.4	Assurance Report from the Primary Care Commissioning (public session) meeting held on 25 March 2021 inc adopted minutes of the meeting held on 28 January 2021.	Assurance and Information	<b>GB/Pu 21/05/23.4</b> Chris Millington	

	23.5	Adopted Minutes of the Quality & Patient Safety Committee held on 18 February 2021	Assurance and Information	<b>GB/Pu</b> <b>21/05/23.5</b> Madhavi Guntamukkala	
	<b>General</b>				
24	Reports Circulated in Advance for Noting:  From the SYB ICS Health Executive Group held on 9 March 2021: <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul> From the SYB ICS Health Executive Group held on 13 April 2021 <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul>		Information & Assurance	Nick Balac	12.30 pm 5 mins
25	Reflection on how well the meeting's business has been conducted: <ul style="list-style-type: none"> <li>• Conduct of meetings</li> <li>• Any areas for additional assurance</li> <li>• Any training needs identified</li> </ul>		Assurance	Nick Balac	12.35 pm
26	<b>Date and Time of the Next Meeting:</b>  Thursday 8 July 2021 at 09.30 am Via Microsoft Teams				12.35 pm Close

Signed



Dr Nick Balac – Chairman

### Exclusion of the Public:

The CCG Governing Body should consider the following resolution:

***“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”***

**Section 1 (2) Public Bodies (Admission to meetings) Act 1960**

## GOVERNING BODY

13 May 2021

### Declarations of Interests, Gifts, Hospitality and Sponsorship Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
<b>2.</b>	<b>PURPOSE</b>		
	To foresee any potential conflicts of interests relevant to the agenda.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	N/A		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p>		



	<b>Type</b>	<b>Description</b>
	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
<p>Appendix A to this report details all Governing Body Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>		
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>Appendix A – Governing Body Members Declaration of Interest Report</li> </ul>	

<b>Agenda time allocation for report:</b>	5 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	Management of conflicts of interest (s14O)	✓	Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			NA

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

### NHS Barnsley Clinical Commissioning Group Register of Interests

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Group's Constitution the Clinical Commissioning Group's Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated as a minimum on an annual basis.

#### Register: Governing Body

Name	Current position (s) held in the CCG	Declared Interest
Adebowale Adekunle	GP Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner at Wombwell Chapelfields Medical Centre</li> </ul>
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>Clinical sessions with Local Care Direct Wakefield</li> </ul>
		<ul style="list-style-type: none"> <li>Clinical sessions at IHeart</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>Member Medical Protection Society</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> </ul>
		<ul style="list-style-type: none"> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the Royal College of General Practitioners</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>• Member of the Medical Protection Society</li> </ul>
		<ul style="list-style-type: none"> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).</li> </ul>
		<ul style="list-style-type: none"> <li>• Clinical Lead Primary Care South Yorkshire and Bassetlaw ICS (Commissioning).</li> </ul>
Nigel Bell	Lay Member - Governance	<ul style="list-style-type: none"> <li>• Lay Member representing South Yorkshire &amp; Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul>
Chris Edwards	Chief Officer	<ul style="list-style-type: none"> <li>• Family member employed by Chesterfield Royal</li> <li>• Family member employed by Attain</li> <li>• Accountable Officer for Rotherham CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Maternity Lead at ICS</li> </ul>
Madhavi Guntamukkala	Medical Director	<ul style="list-style-type: none"> <li>Senior GP in a Barnsley Practice (Apollo Court Medical Practice &amp; The grove Medical Practice) Practices provide services under contract to the CCG</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>Spouse – Dr M Vemula is also partner GP at both practices</li> </ul>
John Harban	GP Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley</li> </ul>
		<ul style="list-style-type: none"> <li>AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services</li> </ul>
		<ul style="list-style-type: none"> <li>Owner/Director Lundwood Surgical Services</li> </ul>
		<ul style="list-style-type: none"> <li>Wife is Owner/Director of Lundwood Surgical Services</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the Royal College of General Practitioners</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the faculty of sports and exercise medicine (Edinburgh)</li> </ul>
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Chair of the Remuneration Committee at Barnsley Healthcare Federation</li> </ul>
M Hussain Kadarsha	GP Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner in Hollygreen Practice</li> </ul>
		<ul style="list-style-type: none"> <li>GP Partner in Lakeside Surgey, Goldthorpe (Partner in Company Alliance Primary Care LTD)</li> </ul>
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
		<ul style="list-style-type: none"> <li>Member of the British Medical Association</li> </ul>
		<ul style="list-style-type: none"> <li>Director of YAAOZ Ltd, with wife</li> </ul>
		<ul style="list-style-type: none"> <li>Malkarsha Properties Ltd (Director)</li> </ul>
		<ul style="list-style-type: none"> <li>Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe</li> </ul>
Jamie MacInnes	Governing Body Member	<ul style="list-style-type: none"> <li>GP Partner at Dove Valley Practice</li> </ul>
		<ul style="list-style-type: none"> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>• Shareholder in GSK</li> </ul>
		<ul style="list-style-type: none"> <li>• 3A Honorary Senior Lecturer</li> </ul>
		<ul style="list-style-type: none"> <li>• Wife has a position as a Consultant Breast Surgeon with Leeds Hospital Trust.</li> </ul>
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018)</li> <li>• Partner Governor Barnsley Hospital NHS Foundation Trust (since 6 February 2019)</li> </ul>
Roxanna Naylor	Chief Finance Officer	<ul style="list-style-type: none"> <li>• Partner works at NHS Leeds Clinical Commissioning Group.</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>• Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> <li>• Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> </ul>
		<ul style="list-style-type: none"> <li>• Director of Janark Medical Ltd</li> </ul>
		<ul style="list-style-type: none"> <li>• Practice is a Member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> </ul>
Jayne Sivakumar	Chief Nurse	<ul style="list-style-type: none"> <li>• Director of RJS Healthcare Ltd – a healthcare company which receives referrals from healthcare organisations.</li> </ul>



Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Husband is a Consultant Surgeon at the Mid Yorkshire Hospital NHS Foundation Trust.</li> </ul>

In attendance:

Richard Walker	Head of Governance and Assurance	<ul style="list-style-type: none"> <li>Daughter is employed by Health Education England</li> </ul>
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> <li>Wife is employed by Barnsley Healthcare Federation as the Lead Social Prescriber</li> </ul>
Jeremy Budd	Director of Commissioning	<ul style="list-style-type: none"> <li>Director – Your Healthcare CIC (provision of community health services and social care services in SW London)</li> <li>Director – Barnsley Estates Partnership Limited (LIFT Company for Barnsley)</li> <li>Director – Barnsley Community Solutions (Tranche 2 ) Limited (LIFT Company for Barnsley)</li> <li>Director – Barnsley Community Solutions (Tranche 3 ) Limited (LIFT Company for Barnsley)</li> <li>Director Belenus Ltd (Dormant, non-trading)</li> </ul>

## Governing Body

13 May 2021

### Patient and Public Involvement Activity Report

#### PART 1A – SUMMARY REPORT

<b>1. THIS PAPER IS FOR</b>												
	<input type="checkbox"/> <i>Decision</i> <input type="checkbox"/> <i>Approval</i> <input type="checkbox"/> <i>Assurance</i> <input checked="" type="checkbox"/> <i>Information</i> <input type="checkbox"/>											
<b>2. PURPOSE</b>												
	This report outlines the patient and public involvement activity we have carried out to help inform commissioning decisions and service development.											
<b>3. REPORT OF</b>												
	<table border="1"> <thead> <tr> <th></th><th>Name</th><th>Designation</th></tr> </thead> <tbody> <tr> <td>Executive</td><td>Jeremy Budd</td><td>Director of Strategic Commissioning and Partnerships</td></tr> <tr> <td>Author</td><td>Kirsty Waknell</td><td>Head of Communications and Engagement</td></tr> </tbody> </table>				Name	Designation	Executive	Jeremy Budd	Director of Strategic Commissioning and Partnerships	Author	Kirsty Waknell	Head of Communications and Engagement
	Name	Designation										
Executive	Jeremy Budd	Director of Strategic Commissioning and Partnerships										
Author	Kirsty Waknell	Head of Communications and Engagement										
<b>4. SUMMARY OF PREVIOUS GOVERNANCE</b>												
	<table border="1"> <thead> <tr> <th>Group / Committee</th><th>Date</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>CCG engagement and equality committee</td><td>25/2/2021</td><td>Noted</td></tr> </tbody> </table>			Group / Committee	Date	Outcome	CCG engagement and equality committee	25/2/2021	Noted			
Group / Committee	Date	Outcome										
CCG engagement and equality committee	25/2/2021	Noted										
<b>5. EXECUTIVE SUMMARY</b>												
	The CCG patient and public involvement strategy 2019-21 is currently out for review, with a refreshed version due to be submitted to the CCG Engagement and Equality Committee later May 2021.											
<b>6. THE COMMITTEE IS ASKED TO:</b>												
	<ul style="list-style-type: none"> <li>Note the progress of local involvement activity.</li> </ul>											

Agenda time allocation for report:	5 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>		
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework		
	1.1 Urgent & Emergency Care	6.1 Efficiency Plans	
	2.1 Primary Care	7.1 Transforming Care for people with LD	
	3.1 Cancer	8.1 Maternity	
	4.1 Mental Health	9.1 Digital and Technology	
	5.1 Integrated Care @ System	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	11.1 Delivery of Enhanced Health in Care Homes	
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		CCG 13/13b
<b>2.</b>	<b>Links to statutory duties</b>		
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act		
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T) ✓
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U) ✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V) ✓
	Duty as to improvement in quality of services (s14R)	✓	Duty as to promoting integration (s14Z1) ✓
	Duty in relation to quality of primary medical services (s14S)	✓	Public involvement and consultation (s14Z2) ✓
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		<b>Y</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?		<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?		<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?		<b>NA</b>

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

## PART 2 – DETAILED REPORT

## INTRODUCTION/ BACKGROUND INFORMATION

1

**Review and refresh of the Barnsley CCG Patient and Public Involvement Strategy**

The CCG patient and public involvement strategy outlines how we are committed to engaging, involving and consulting with a wide range of audiences, using the most appropriate tools and techniques.

The strategy takes into account the statutory requirements of a CCG in relation to patient and public involvement.

The current strategy runs to 2021 and we are therefore reviewing it, with a view to submitting a revised version to the CCG engagement and equality committee in May 2021.

The current strategy and opportunity to [feedback is available online](#).

The strategy was co-produced with Barnsley Patient Council, who developed the underpinning principles below:

- ✓ We understand that it is easier to hear some voices than others and we are keen to **engage with a more diverse group** of patients and public, particularly those who have traditionally been less engaged. We will work with our partners across health and social care alongside patient groups, and local voluntary, faith and community groups to achieve this.
- ✓ **More integration/co-operation across services/borders** - We do not want to duplicate the work of other organisations and we are committed to working in partnership to increase our reach and maximise our collective resources and networks wherever it is possible and appropriate to do so.
- ✓ **Don't expect people to always come to you** - We want to build ongoing relationships with local people and organisations and be more systematic in how we involve patients in decision making across whole of the commissioning cycle in a timely fashion.
- ✓ **Be open and transparent** - We understand that there are many voices and views in Barnsley. In making commissioning decisions, we must ensure that we maintain a balance between the range of views expressed alongside clinical effectiveness and financial implications. We will always aim to be open and transparent about our decision making and justify how we reach decisions that reflect this.
- ✓ **I'm a part time patient but a full time person** - We will work towards creating an environment in which people are empowered to be equal partners in managing their own health and wellbeing and understand how to access the

services and tools that they need to enable them to do so.

- ✓ **Importance of carer/family views in addition to patients and service users**  
- We will ensure that feedback from patients and carers helps to improve the quality and safety of local services. We will listen to patient and carer stories and experiences and 'walk' the patient journey in order to gain a full picture of the quality of local services to provide us with a starting point in terms of any service development.
- ✓ **Don't use jargon – be clear about what you are asking and why** - We will be clear about when we are 'communicating' information and when we are 'engaging' and 'consulting' and the differences between these.
- ✓ **Manage expectations** - be being open and upfront about what each engagement and/or consultation process can achieve and will feedback the results publicly to all who took part. If for any reason we cannot meet the requirements asked of us, we will explain why.
- ✓ **Learn from the good** - We will utilise and share best practice in terms of what works well in relation to engagement activities/ methods.

Barnsley Patient Council has been part of the current review and our thanks go to members, and other stakeholders, for their contributions.

The review and refresh will take into account the move to more joined-up partnership working both across South Yorkshire and Bassetlaw and in Barnsley. It will also need to reflect the impact of the pandemic on face to face engagement activities, looking at a range of alternative solutions.

It is proposed that the strategy runs to the end of 2021/22.

**Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 11 March 2021, 9.30 am via Microsoft Teams**

**MEMBERS PRESENT**

Dr Nick Balac	Chairman
Dr Adebawale Adekunle	Member
Nigel Bell	Lay Member for Governance
Chris Edwards	Chief Officer
Madhavi Guntamukkala	Medical Director & Member
Dr John Harban	Member
Dr Hussain Kadarsha	Member
Dr Jamie MacInnes	Member
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Roxanna Naylor	Chief Finance Officer
Mike Simms	Secondary Care Clinician
Jayne Sivakumar	Chief Nurse
Dr Mark Smith	Member

**IN ATTENDANCE**

Jeremy Budd	Director of Strategic Commissioning and Partnerships
Jo Harrison	Specialist Clinical Portfolio Manager (for minute references GB/Pu 21/03/12 and GB/Pu 21/03/13 only)
Kay Morgan	Governance and Assurance Manager (Minutes)
Patrick Otway	Head of Commissioning (Mental Health, Children's, and Maternity) (for minute references GB/Pu 21/03/11 and GB/Pu 21/03/15 only)
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance
Jamie Wike	Chief Operating Officer

**APOLOGIES**

No apologies

The Chairman welcomed members of the public to the Governing Body meeting.

Agenda Item		Action	Deadline
<b>GB/Pu 21/03/01</b>	<b>HOUSEKEEPING</b>		
	Members noted the etiquette for meetings held via Microsoft Teams.		

Agenda Item		Action	Deadline
GB/Pu 21/03/02	<b>QUORACY</b>		
	The meeting was declared quorate.		
GB/Pu 21/03/03	<b>PATIENT STORY</b>		
	The Chief Nurse introduced the Patient Story reflecting the experiences and anxieties of a young woman with several health conditions, during Covid and also for the future when lockdown restrictions are eased.		
	<p><b>At this point, the Chairman lost connection to the meeting. The Vice Chair, Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning assumed the chairmanship of the meeting.</b></p> <p>The following comments were received from Governing Body regarding the Patient Story.</p> <ul style="list-style-type: none"> <li>• People are anxious about controlling their environment during Covid and also for life after Covid when restrictions are lifted. Elements of anger creep in when people are working and dealing with the everyday challenges of Covid whilst others may not adhere to the Covid restrictions.</li> <li>• It is not easy for some people to cope with the Covid Pandemic either during and / or coming out of lockdown and this can impact on peoples mental health.</li> </ul> <p>The Chief Nurse thanked Seren for sharing her story and commented that this is just one story across the population. The vaccination programme brings optimism, but coming out of Covid is going to be a difficult time and mental health support for people will be important.</p> <p><b>At this point, the Chairman reconnected to the meeting and he resumed chairmanship of the meeting from the Vice Chair.</b></p> <p>The Chairman commented that parity of esteem between physical and mental health services is important. Service planning will ensure that the right services are available to support people. A bigger proportion of spend, as required, could be directed to the provision of Mental health services.</p>		
	<b>The Governing Body noted the Patient Story.</b>		



Agenda Item		Action	Deadline
<b>GB/Pu 21/03/04</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>		
	The Governing Body considered the Declarations of Interests Report. No other new declarations were received		
<b>GB/Pu 21/03/05</b>	<b>PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT</b>		
	<p>The Head of Communications and Engagement introduced the Patient and Public Involvement Activity Report to the Governing Body including:</p> <ul style="list-style-type: none"> <li>• The Healthwatch Barnsley survey results designed to gather insight and feedback from local people about their experiences of life during the pandemic</li> <li>• The Healthwatch England survey results regarding people's attitudes to the Copvid-19 vaccine</li> <li>• Feed back from 'We are Magpie' about people's behaviours and attitudes to living through the pandemic.</li> </ul> <p>It was noted that the activity undertaken to understand people's attitudes and experiences of living through the Covid pandemic links to the Patient Story received earlier in the meeting and also helps to inform future Comms Plans.</p> <p><b>At this point, the Chairman lost connection to the meeting. The Vice Chair, Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning resumed the chairmanship of the meeting.</b></p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning commended the Healthwatch Barnsley Report to members. The report has also been sent to other South Yorkshire &amp; Bassetlaw CCG lay members for information. It was highlighted that local health and social care partners are working hard to engage with the people of Barnsley to gain their views about the Covid Pandemic and share data to improve services for the Barnsley residents.</p>		
	<b>The Governing Body noted the progress of patient and Public local involvement Activity.</b>		
<b>GB/Pu 21/03/06</b>	<b>QUESTIONS FROM THE PUBLIC</b>		

Agenda Item		Action	Deadline
	The CCG had not received any questions from Members of the public. Members of the public have an opportunity to submit questions in writing in advance of Governing Body meetings and details of how to submit questions are included on the CCG website.		
<b>GB/Pu 21/03/07</b>	<b>MINUTES OF THE MEETING HELD ON 14 JANUARY 2021</b>		
	<p>The minutes of the Governing Body meeting held on 14 January 2021 were verified as a correct record of the proceedings subject to the following amendment.</p> <p><b>Minute reference GB/Pu 21/01/03 Patient Story</b></p> <p>Third paragraph penultimate sentence to read;</p> <p>Every individual staff member from his Practice had volunteered to assist with the Covid vaccination programme and this is not untypical amongst other Barnsley practices.</p> <p><b>At this point, the Chairman reconnected to the meeting and he resumed chairmanship of the meeting from the Vice Chair</b></p>		
<b>GB/Pu 21/03/08</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Governing Body considered the Matters Arising Report and the following updates were noted:</p> <p><b>Minute reference GB/Pu 21/01/13 Integrated Care at Barnsley Place Assurance Report</b></p> <p>The Director of Strategic Commissioning and Partnerships informed the Governing Body that a refresh of the Restoration and Recovery Plan is expected to be completed within the next four weeks. Agenda item 11 'Covid-19 Response and Phase 3 Recovery' will also provide a further update to the Governing Body.</p> <p><b>Minute reference GB/Pu 21/01/15 Suicide Prevention and Bereavement Support Update</b></p> <p>It was noted that information detailing available suicide prevention and bereavement support services was sent to Practices on 23 February 2021. Work is progressing to ensure that the attempted suicide follow up service is part</p>		

Agenda Item		Action	Deadline
	<p>of the Single point of access (SPA).</p> <p><b>Minute reference GB/Pu 21/01/20 Integrated Performance Report</b></p> <p>The Chief Operating Officer confirmed that stocks of IT equipment including laptops had been replenished in Primary Care and the CCG.</p>		
<b>STRATEGY</b>			
<b>GB/Pu 21/03/09</b>	<b>CHIEF OFFICER'S REPORT</b>		
	<p><b>From this point, the Chairman intermittently lost connection to the meeting. The Vice Chair, Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning chaired the meeting during these periods.</b></p>		
	<p>The Chief Officer presented his report which provided the Governing Body with information regarding the Government white paper: <i>Working together to improve health and social care for all</i> and a NHSEI letter to General Practice Re 'Freeing up practices to support COVID vaccination'.</p> <p>The Governing Body was informed that the second reading of the white paper will take place on 18 May 2021. 2021/2022 will be a transition year with full implementation of the white paper and integrated care systems by April 2022.</p>		
	<b>The Governing Body noted the report.</b>		
<b>GB/Pu 21/03/10</b>	<b>COVID-19 RESPONSE AND PHASE 3 RECOVERY UPDATE</b>		
	<p>The Chief Operating Officer provided the Governing Body with an update in relation to the CCG's response to the Coronavirus Disease (COVID19) pandemic. It was highlighted to Governing Body that it is exactly one year since the pandemic was declared and how health services have responded and transformed during the pandemic to ensure delivery of services. The Chief Operating Officer outlined the Government's four step 'out of lockdown' roadmap approach announced on the 22 February 2021.</p>		

Agenda Item		Action	Deadline
	<p>The Governing Body was pleased to note that the vaccination programme in Barnsley is progressing well and it is expected that people in cohorts 1 to 6 will be vaccinated by the end of March 2021.</p> <p>Community services are vaccinating people unable to attend their GP Practice, and second dose vaccines have commenced. A process is in place to ensure all delivered vaccine is used. It was recognised that the vaccination programme is a 'Team Barnsley' effort</p> <p>The Chief Operating Officer reported that the national system is now booking vaccination appointments at regional centres for people in the over 55 age group. Anyone not wishing to attend a regional vaccination centre can still be vaccinated locally and will be contacted by their GP to book a vaccination appointment.</p>		
	<p><b>The Governing Body noted the update provided in and the progress in implementing the vaccination programme.</b></p>		
<p><b>GB/Pu 21/03/11</b></p>	<p><b>ASSURANCE REPORT - TRANSFORMING CARE UPDATE</b></p>		
	<p>The Head of Commissioning (mental health, children's and maternity) introduced the Transforming Care Programmes Assurance Report providing assurance to Governing Body to ensure that, where appropriate, patients falling within the TCP Programme are being discharged into placements within the local community.</p>		
	<p>The Vice Chair referred to the very detailed report and for the benefit of Members of the Public asked the Head of Commissioning (mental health, children's and maternity) to draw out the key points from the report. The Head of Commissioning (mental health, Children's and maternity) highlighted the following two items of significance from the report relating to:</p> <ul style="list-style-type: none"> <li>• The multi agency care and treatment review process established to determine the best way to fully support people in the community preventing avoidable admissions to hospital especially during the Covid pandemic.</li> <li>• The robust dynamic risk assessment register facilitating targeted services to benefit patients and prevent</li> </ul>		

Agenda Item		Action	Deadline
	avoidable admissions.		
	<b>The Governing Body noted the Transforming Care Programme Assurance Report.</b>		
<b>GB/Pu 21/03/12</b>	<b>ASSURANCE REPORT – CARE HOMES BARNSLEY ENHANCED CARE IN CARE HOMES DELIVERY PLAN</b>		
	The Chief Nurse and Specialist Clinical Portfolio Manager presented an assurance report updating the Governing Body on the progress made with the Barnsley Enhanced Health in Care Homes Delivery Plan. The Governing Body noted the significant progress made against the delivery plan and next steps, recognising that all health and social care partners had worked together as one team to support delivery of the Care Homes Plan.		
	<p>The Vice Chair requested clarification for members of the public regarding the terminologies of PCN and DES and this was clarified as follows:</p> <ul style="list-style-type: none"> <li>• PCN – Primary Care Network. Practices coming together under one primary care network to deliver additional primary care services for the people of Barnsley.</li> <li>• DES – Directly enhanced service. An extension to a GP Practice contract to deliver a defined additional primary care service.</li> </ul>		
	<p>The Governing Body noted the progress to date on the care homes plan and the planned next steps.</p> <p><b>At this point, the Chairman reconnected to the meeting and he resumed chairmanship of the meeting from the Vice Chair.</b></p>		
<b>GB/Pu 21/03/13</b>	<b>ASSURANCE REPORT – OUT OF AREA LOCKED REHABILITATION PROVISION FOR PATIENTS</b>		
	<p>The Chief Nurse and Specialist Clinical Portfolio Manager introduced an assurance report which sighted the Governing Body on the issues and risks regarding a cohort of high risk, high cost patients within the current Out of Area Locked Rehabilitation (OOALR) system and the mitigating actions.</p> <p>The Governing Body noted that all cases requiring a locked</p>		

Agenda Item		Action	Deadline
	<p>rehabilitation placement are referred to the OOALR commissioning panel. From cases discussed at the panel it is evident that there is a cohort of five young women who are extremely complex. Most of the young women have been looked after children. The five cases pose a significant cost to the NHS.</p> <p>The Governing Body noted the concerns around poor patient experience and outcomes. Members considered the mitigating actions including the need to challenge independent providers re models of care for patients.</p>		
	<p>Discussion took place and it was noted that models of care, clinical outcomes and recovery of patients are paramount. The mental health of young people needs to be addressed early to avoid escalation into adult years and there needs to be improved transition from children's to adult services.</p> <p>In response to questions raised it was clarified that local provision of a specialised locked rehabilitation service had been considered but was not viable, additionally the approach taken by other CCGs to the provision of specialised locked rehabilitation has been considered. The 0 – 25 Strategy and new CAMHS service specification is a priority to deliver in the next two years.</p> <p>It was noted that a risk regarding Out of Area Locked Rehabilitation provision is included on the CCG Risk Register.</p> <p>The Chairman concluded discussion noting that there are some seriously damaged people within the system. Patients need to be effectively rehabilitated not confined.</p>		
	<p><b>The Governing Body noted the assurance report, the issues raised and mitigating actions to reduce risks.</b></p> <p><b>Agreed Action</b>  <b>To receive a further Assurance Report regarding Locked Rehabilitation (OOALR) provision at the 8 July 2021 Governing Body meeting.</b></p>	JS JH	
<b>QUALITY AND GOVERNANCE</b>			
GB/Pu 21/03/14	<b>QUALITY HIGHLIGHTS REPORT</b>		

Agenda Item		Action	Deadline
	<p>The Chief Nurse presented the Quality &amp; Patient Safety Committee Highlights Report to the Governing Body. The following five quality issues with ratings and comments from Governing Body Members were noted.</p> <ul style="list-style-type: none"> <li>• Digital Plan for Care Homes (Green)</li> <li>• Reporting on GP Activity (Amber) – The Chairman referred to remote consultations and advised that that video consultation may not be the best or preferred option for consultation in all cases.</li> <li>• Care Homes Quality Assurance (Red) – The Chief Nurse advised that this issue is around how to gain assurance Re clinical care in care homes rather than the provision of clinical care to care homes which has improved.</li> <li>• Ophthalmology Services (Red)</li> <li>• D1s (Red) – A GP Member commented that the Discharge Medication Service issue NOMAD medication to patients and this adds to the risk of all discharges. The Secondary Care Clinician commented that D1s are often inaccurate, GPs have previously reviewed prescribed medication but if D1s are being sent directly to pharmacies. This could pose a potential risk of patient safety incidents.</li> </ul>		
	<p><b>The Governing Body noted the Quality Highlights Report for information and assurance.</b></p>		
<p><b>GB/Pu 21/03/15</b></p>	<p><b>CHILDRENS SERVICES COMMISSIONING UPDATE</b></p>		
	<p>The Head of Commissioning (Mental Health, Children's and Maternity) and Dr Jamie MacInnes and presented a report informing the Governing Body of the issues and challenges within children's services commissioned in Barnsley. It was noted that the commissioning of children's services is focused around continued improvements in supporting the emotional health and wellbeing of Barnsley's children and young people (especially with the impact of Covid-19), acute and community paediatric services, Special Educational Needs and Disabilities (SEND) and neurodevelopment disorders, young people accessing the Youth Justice System (YOT) and jointly commissioned services with the Local Authority.</p>		
	<p>The Governing Body were pleased to note the success of the CAMHS waiting list initiative and improved waiting times for CAHMS services, with a cumulative waiting list</p>		



Agenda Item		Action	Deadline
	<p>reduction of 533 cases. In response to a question raised it was clarified that 66 patients currently waiting, are waiting for treatment to commence and not for a first appointment.</p> <p>The Head of Commissioning (Mental Health, Children's and Maternity) agreed to share with Governing Body members the service mapping report produced by the CYP EWB Transformation Lead which outlines all of the services in Barnsley that are supporting children's emotional health and wellbeing. Members were asked to provide comment on the report as appropriate to the Head of Commissioning (mental health, Children's and maternity).</p>		
	<p><b>The Governing Body noted the report and the progress outlined.</b></p> <p><b><i>Agreed action</i></b>  <b><i>To share the service mapping and report produced by the CYP EWB Transformation Lead.</i></b></p>	PO	
<b>GB/Pu 21/03/16</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>		
	<p>The Head of Governance and Assurance introduced the Risk and Governance Exception Report to the Governing Body. The Governing Body was informed that in addition to the review and proposed changes to the Primary Care Commissioning Committee Terms of Reference, the Terms of Reference for the Remuneration Committee had also been reviewed (since the Risk and Governance Exception Report was produced) with no proposed changes.</p>		
	<p>The Chairman referred to risk reference 14/10 'Primary Care Clinical Workforce' and requested that the risk be updated. The risk was written prior to the Long Term Plan and the risk has changed with the Primary Care Network (PCN) Directly Enhanced Service (DES). He suggested a change of the risk descriptor and / or inclusion of an additional risk regarding delivery of the Primary Care Network (PCN) Directly Enhanced Service (DES).</p> <p>With regard to the Primary Care Commissioning Committee Terms of Reference, the Chairman advised that there is a two way line of communication between the Primary Care Strategy Group and Primary Care Commissioning Committee.</p>		



Agenda Item		Action	Deadline
	<p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>Reviewed the Assurance Framework and Risk Register</li> <li>Noted and approved the risk score reductions to COVID 1, 2 and 3.</li> <li>Approved a new risk in relation to Children's Continuing Health Care</li> <li>Determined that all risks are being appropriately Managed</li> <li>Did not identify any potential new risks or risks for removal</li> <li>Approved the proposed changes to the Primary Care Commissioning Committee Terms of Reference</li> <li>Noted that the Terms of Reference for the Remuneration Committee had been reviewed with no proposed changes.</li> <li>Received and noted the Governing Body work Plan &amp; Agenda Timetable 2020/21</li> </ul> <p><b>Agreed Action</b>  <i>The Head of Governance and Assurance and Head of Primary Care to review risk 14/10 'Primary Care Clinical Workforce' with a view to rewording the risk descriptor and or inclusion of an additional risk regarding delivery of the Primary Care Network (PCN) Directly Enhanced Service (DES).</i></p>	RW (JF)	13.05.21
<b>FINANCE AND PERFORMANCE</b>			
<b>GB/Pu 21/03/17</b>	<b>INTEGRATED PERFORMANCE REPORT</b>		
	<p><b>Finance</b></p> <p>The Chief Finance Officer provided the key headline messages from the month 10 Finance Report. It was noted that the CCG is forecasting to deliver all year end financial duties and planning guidance requirements, with an in-year balanced budget position, subject to further technical adjustments relating to the Hospital Discharge Programme and Additional Roles Reimbursement Schemes for Primary Care. It was noted that the forecast for the Additional Roles Reimbursement has been updated. Based on month 11 information the roles will not be utilised, and the NHS England has been notified of this.</p>		

Agenda Item		Action	Deadline
	<p>The Chief Finance Officer advised of the emerging pressures around Primary Care prescribing relating to availability of cheaper medicines and category M drugs.</p> <p>Members were informed that further guidance regarding 2021/2022 Planning is expected on around the 25 March 2021 following a meeting of the NHSE Board.</p> <p>Members noted the Covid expenditure appended to the report and that there are no new approvals of expenditure. The CCG's draft Financial Plan will be considered in private session following the meeting in public session.</p>		
	<p><b>Performance</b></p> <p>The Chief Operating Officer provided the Governing Body with an overview of the key exceptions to performance indicators. The information provided continued to show the adverse impact of Covid-19 upon delivery of some constitutional standards including:</p> <ul style="list-style-type: none"> <li>• As at January 2021, 562 people are waiting over 52 weeks for treatment and diagnostics, whilst in January 2020 this was 0. The Secondary Care Clinician commented that the long waits could be attributed to patient choice. The Chief Operating Officer advised that this may be in cancer but for other waits there is a whole range of mixed reasons such as backlog. It was noted that there is ongoing clinical review of patients on waiting lists to minimise harm. The Chairman commented that it is helpful for GPs as referrers into the system, to inform and manage patients' expectations in terms of waiting times.</li> <li>• Urgent care A&amp;E waits are really challenged in the Department due to limited space and maintaining Covid requirements. When mapped to previous activity, the current activity is more akin to 2017/18 activity.</li> <li>• Performance on some cancer pathways is falling below the national standards. 2 week wait and diagnosis to treatment times remain good however the number of people waiting over 62 days from referral to treatment has increased, linked to diagnostic waits. The Chairman commented that as a GP he had not experienced massive delays in cancer pathway waiting times</li> <li>• IAPT access rates also continue to be below the target</li> </ul>		

Agenda Item		Action	Deadline
	level with however there has been an increase in referrals in January which has seen performance improve as higher numbers access the service.		
	<b>The Governing Body noted the contents of the report including:</b> <ul style="list-style-type: none"> <li>• <b>Performance to date 2020/21</b></li> <li>• <b>Finance update to Month 10</b></li> </ul>		
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>GB/Pu 21/03/18</b>	<b>COMMITTEE REPORTS AND MINUTES</b>		
	<p>The Governing Body received and noted the following Committee minutes &amp; assurance reports:</p> <ul style="list-style-type: none"> <li>• Unadopted Minutes of the Audit Committee held on 21 January 2021.</li> </ul> <p>The Lay Member for Governance highlighted to the Governing Body that the Audit Committee had</p> <ul style="list-style-type: none"> <li>○ Approved the External Audit KPMG Audit Plan 2020/21</li> <li>○ Noted the assurance provided from the CCG's Self Assessment against the NAO Checklist on Financial Reporting &amp; Management During Covid-19</li> <li>○ Approved CCG Governance Year End Accounting Policies and Timetable 2020/21</li> <li>○ Approved the External Audit contract extension</li> <li>○ Received and noted the draft Independent Reasonable Assurance Report in connection with the 2019/20 Mental Health Investment Standard Compliance Statement for the year ending 31 March 2021</li> </ul> <ul style="list-style-type: none"> <li>• Minutes of the Finance and Performance Committee held on 7 January 2021 and 4 February 2021.</li> <li>• Assurance Report from the Primary Care Commissioning held on 28 January 2021.</li> <li>○ The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning advised that the Primary Care Network (PCN) had not achieved full recruitment for the network Directly Enhanced</li> </ul>		

Agenda Item		Action	Deadline
	<p>Service (DES) and the CCG will not be drawing down the additional 40% funding from NHSE to further the recruitment as reported by the Chief Finance Officer in minute reference GB/Pu 21/03/17.</p> <ul style="list-style-type: none"> <li>○ The Caxton House Surgery closed on 31 August 2020. The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning expressed appreciation to those practices who had taken on dispersed patients from Caxton House onto their Practice lists.</li> </ul> <ul style="list-style-type: none"> <li>• Minutes of the Quality and Patient Safety Committee held on 17 December 2021</li> <li>• Assurance Report from the Equality and Engagement Committee held on 25 February 2021</li> </ul> <p>It was noted that the Equality and Engagement Committee had considered two surveys in relation to the impact of Covid 19 on local communities. The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning commented that the Equality and Engagement Committee had a heavy agenda of work but assisted by excellent administrative support.</p> <ul style="list-style-type: none"> <li>• Unadopted minutes of the Health and Wellbeing Board held on 4 February 2021.</li> </ul>		
<b>GB/Pu 21/03/19</b>	<b>REPORTS CIRCULATED IN ADVANCE FOR NOTING</b>		
	<p>The Governing Body noted the reports circulated in advance of the meeting:</p> <p>From the SY&amp;B ICS Collaborative Partnership Board Held on 8 January 2021</p> <ul style="list-style-type: none"> <li>• ICS Chief Executive's Report (Enc B)</li> </ul> <p>From the SY&amp;B ICS Health Executive Group held on 12 January 2021</p> <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul> <p>From the SY&amp;B ICS Health Executive Group held on 9 February 2021</p> <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> <li>Sheffield Olympic Legacy Park Update (Enc C)</li> </ul>		
<b>GB/Pu 21/03/20</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	The Chairman referred to the IT problems in accessing the meeting and despite preparation for the meeting being unable to make full contribution. He thanked the vice chair for stepping in at various points during the meeting to Chair the meeting.		
	<b>The Governing Body agreed to close the public session of the meeting and proceed to the private part of the agenda. The recording of the meeting was ceased.</b>		
<b>GB/Pu 21/03/21</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	Thursday 13 May 2021 at 09.30 am via Microsoft Teams		

**GOVERNING BODY  
(Public session)**

**13 May 2021  
MATTERS ARISING REPORT**

The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 11 March 2021

*Table 1*

Minute Ref	Issue	Action	Outcome/Action
<b>GB/Pu 21/03/13</b>	<b>ASSURANCE REPORT – OUT OF AREA LOCKED REHABILITATION PROVISION FOR PATIENTS</b>  To receive a further Assurance Report regarding Locked Rehabilitation (OOALR) provision at the 8 July 2021 Governing Body meeting.	JSiv JH	This item is scheduled on the 8 July 2021 Governing Body (public session) Agenda
<b>GB/Pu 21/03/15</b>	<b>CHILDRENS SERVICES COMMISSIONING UPDATE</b>  To share the service mapping and report produced by the CYP EWB Transformation Lead.	PO	<b>Complete</b>
<b>GB/Pu 21/03/16</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>  The Head of Governance and Assurance and Head of Primary Care to review risk 14/10 'Primary Care Clinical Workforce' with a view to rewording the risk descriptor and or inclusion of an additional risk regarding delivery of the Primary Care Network (PCN) Directly Enhanced Service (DES).	RW JF	<b>In Progress</b> The Head of Governance and Assurance and Head of Primary Care have had an initial meeting to discuss this risk and the Head of Primary Care will be reviewing the wording in detail with a view to taking proposed amendments to Primary Care Commissioning Committee at its meeting in May 2021.

## ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

Table 2 provides an update/status indicator on actions arising from earlier Governing Body meetings held in public.

Table 2

Minute Ref	Issue	Action	Outcome/Actions
<b>GB</b> <b>19/11/03</b>	<p><b>PATIENT STORY - YOUNG COMMISSIONERS, OASIS</b></p> <p>To consider how the voice of the young commissioners can be involved with the work of the CCG and Health and Wellbeing Board.</p>	<b>NB</b>	<p><b>IN PROGRESS</b> - Under consideration</p> <p>Patient Council Member; considering introductions via her contacts.</p>
<b>GB/Pu</b> <b>21/01/13</b>	<p><b>INTEGRATED CARE AT BARNSELEY PLACE ASSURANCE REPORT</b></p> <p>To submit the refreshed Restoration and Recovery Plan (in light of phase 4 letter) to Governing Body on 11 March 2021</p>	<b>JB</b>	<p>A refresh of the Restoration and Recovery Plan is expected to be completed within the next four weeks (early April 2021)</p>
<b>GB/Pu</b> <b>21/01/15</b>	<p><b>SUICIDE PREVENTION AND BEREAVEMENT SUPPORT UPDATE</b></p> <p>To develop information for Primary Care detailing available services re Suicide Prevention and Bereavement support services.</p> <p>To ensure that the Attempted Suicide Follow up Service is part of the SPA (single point of access) Mental Health access model and part of routine contracting for Mental Health Services to deliver the service.</p>	<p><b>PO MS</b></p> <p><b>PO MS</b></p>	<p>Ongoing - PO liaising with Public Health colleagues to see how the MH information can be best shared.</p> <p>Information sent out the practices on 23/2/21. Exploring possibility of putting MH information on single page on BEST site.</p> <p>Work is progressing to ensure that the attempted suicide follow up service is part of the Single point of access (SPA).</p>

**GOVERNING BODY**  
Public Session

**13 May 2021**

**REPORT OF THE CHIEF OFFICER**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<input type="checkbox"/> <i>Decision</i> <input type="checkbox"/> <i>Approval</i> <input type="checkbox"/> <i>Assurance</i> <input type="checkbox"/> <i>Information</i> <input checked="" type="checkbox"/>		
<b>2.</b>	<b>PURPOSE</b>		
	This report provides the Governing Body with: <ul style="list-style-type: none"> <li>• The NHS 2021/22 priorities and operational planning guidance</li> <li>• A letter from NHS England and NHS Improvement re NHS response to COVID-19: Transition to NHS level 3 incident</li> <li>• A letter from Sir Andrew Cash, System Leader South Yorkshire &amp; Bassetlaw Integrated Care System Re Health &amp; Care Compact, Health and Care Partnership and Place Development Matrix</li> <li>• The Barnsley Director of Public Health Annual Report: <i>'A day in the life of'</i></li> </ul>		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Chris Edwards	Chief Officer
	Author	Chris Edwards	Chief Officer
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	N/A		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<b>NHS 2021/22 priorities and operational planning guidance</b>  The NHS 2021/22 priorities and operational planning guidance (Appendix 1) was published on 25 March 2021. The Key NHS priorities to note for the year ahead are:		



	<ul style="list-style-type: none"> <li>A. Supporting the health and wellbeing of staff and taking action on recruitment and retention</li> <li>B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19</li> <li>C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services</li> <li>D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities</li> <li>E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay</li> <li>F. Working collaboratively across systems to deliver on these priorities.</li> </ul> <p>Local systems are required to submit a draft summary plan against the NHSE&amp;I 2021/22 priorities and operational planning guidance by 6 May, with final plans due by 3 June 2021. Effective partnership working across systems will be at the heart of this plan, with clear and transparent triangulation between commissioner and provider activity plans. The financial framework arrangements for 2021/22 will continue to support a system-based approach to funding and planning</p>
	<p><b>NHS response to COVID-19</b></p> <p>On 25 March 2021 NHS England and NHS Improvement issued a letter (Appendix B) Re: NHS response to COVID-19: Transition to NHS level 3 incident. With effect from 25 March 2021 the NHS Covid incident levels changed moving from level 4 to level 3 whilst still retaining the option to revert to a level 4 incident as required. This will shift the management of the incident from nationally co-ordinated to a regional level.</p>
	<p><b>Letter from Sir Andrew Cash, System Leader South Yorkshire &amp; Bassetlaw Integrated Care System Re Health &amp; Care Compact, Health and Care Partnership and Place Development Matrix</b></p> <p>A letter from Sir Andrew Cash, System Leader South Yorkshire &amp; Bassetlaw Integrated Care System at appendix C, outlines the latest developments towards an integrated care system in South Yorkshire &amp; Bassetlaw.</p> <p>As the attached outline cover paper (Appendix Ci) explains in more detail, all the partners in the South Yorkshire and Bassetlaw (SYB) health and care system have been taking forward development work in response to NHSEI recommendations and Department of Health and Social Care White Paper <i>Integration and Innovation: working together to improve health and social care for all</i> set.</p> <p>An overarching Steering Group, formed from members of the SYB ICS partnership, has been overseeing work that builds on the existing ways of working. Specifically, this has been looking at:</p>

	<ul style="list-style-type: none"> <li>• Establishing place-based partnerships</li> <li>• How provider collaboratives will operate across systems</li> <li>• How the nature of commissioning will change; and</li> <li>• An integrated care system operating model.</li> </ul> <p>This work has been taking place alongside the development work concurrently going on in place partnerships, and within provider collaboratives. It is envisaged that all of the above will come into operation in shadow form from 1 October 2021 (Quarter 3).</p> <p>Several key products have been developed to shape the next phase of the ICS during transition to a statutory authority from April 2022. The first of these products will come into operation from July 2021 (Quarter 2) in the transition year and include:</p> <ul style="list-style-type: none"> <li>• Health and Care Compact – Appendix Cii</li> <li>• Health and Care Partnership Terms of Reference - Appendix Ciii</li> <li>• Place Development Matrix Appendix Civ</li> </ul> <p>Further products such as interim governance arrangements for 2021/22 are expected to follow in the next four weeks.</p>
	<p><b>Barnsley Director of Public Health Annual Report: ‘A day in the life of’</b></p> <p>On Tuesday 3 November 2020, we asked people who lived and worked in Barnsley to complete a diary entry for that day, recording their thoughts and feelings about their mental and physical health and the impact of the pandemic. The diary entries have been read and analysed to create the Director of Public Health report 2020.</p> <p>Previous reports have asked for views and opinions from local residents about their experience of health and social care services, and what makes us be healthier and feel better. However, this year the report focused on the impact of the Coronavirus pandemic on our lives.</p> <p>Barnsley Council received 320 entries, and six key themes were identified:</p> <ul style="list-style-type: none"> <li>• Having good mental health and positivity</li> <li>• Keeping our spirits high</li> <li>• The importance of a good job and work-life balance</li> <li>• Our connections with others</li> <li>• Helping each other and community spirit</li> <li>• Our self-care</li> </ul> <p>Throughout the report, the findings are backed up with anonymous quotes from residents. The quotes showed a range of experiences and emotions, including sadness, boredom, isolation and fear - but also love, care, hope and connection.</p> <p>The information in the report will be used to make sure we’re providing the best services for residents, and it will influence local COVID-19 recovery plans, the Health and Wellbeing Board strategy, Public Health strategy and much more.</p> <p><a href="#">Read the Director of Public Health report 2020.</a></p>

<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note this Report</li> <li>• Note the progress made on the ICS development work across all of the work streams, and comment on the outputs of the ICS design group by, specifically the: <ul style="list-style-type: none"> <li>a. Health and Care Compact</li> <li>b. Health and Care Partnership Terms of Reference</li> <li>c. Place Development Matrix</li> </ul> </li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix A - The NHS 2021/22 priorities and operational planning guidance</li> <li>• Appendix B - Letter from NHS England and NHS Improvement re NHS response to COVID-19: Transition to NHS level 3 incident</li> <li>• Appendix C – Letter from Sir Andrew Cash System Leader South Yorkshire &amp; Bassetlaw Integrated Care System Re Health &amp; Care Compact, Health and Care Partnership and Place Development Matrix <ul style="list-style-type: none"> <li>○ Appendix Ci – Outline cover paper</li> <li>○ Appendix Cii – Health and Care Compact</li> <li>○ Appendix Ciii - Health and Care Partnership Terms of Reference</li> <li>○ Appendix Civ - Place Development Matrix</li> </ul> </li> </ul>

<b>Agenda time allocation for report:</b>	<i>10 minutes</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place	✓	11.1 Delivery of Enhanced Health in Care Homes	
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	✓
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently, and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	✓	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>



# 2021/22 priorities and operational planning guidance

25 March 2021

Thank you to you and your teams for your extraordinary efforts over the last year. On 29 January we marked 12 months since we started to treat this country's first patients with COVID-19 and began to see the impact of the pandemic on our health services. Since then, with thanks to the whole NHS team, we have treated over 390,000 people with COVID-19 in hospitals, and many more in primary, community and mental health care. We have continued to deliver other essential services, treating over 275,000 people with cancer and dealing with increases in urgent and emergency demand.

At the time of writing, the NHS has delivered more than 26 million COVID-19 vaccinations to people across England, and is on course to hit its target of offering a first dose of the vaccine to all people in the top nine priority groups by 15 April. Data shows that the vaccination programme is having a significant impact on transmission rates and, coupled with the public's adherence to social restrictions, this means that hospitalisation rates have been falling across all regions and local areas.

While this gives us cause for optimism, we do not yet know what the pattern of COVID-19 transmission will look like over the next 12 months and it is clear that the impact of the last year will be felt throughout 2021/22 and beyond. As we rise to the challenge of restoring services, meeting the new care demands and reducing the care back logs that are a direct consequence of the pandemic, we know that it has also taken its toll on our people. By supporting staff recovery, their health and wellbeing and improving workforce supply we can restore services in a sustainable way.

The pandemic has shone a brighter light on health inequalities. We will need to take further steps to develop population health management approaches that address inequalities in access, experience and outcomes, working with local partners across health, social care, and beyond. To support this, we have set out five priority areas for tackling health inequalities that systems are asked to give particular focus to in the first half of 2021/22 (see accompanying guidance). Tackling inequalities of outcome is also central to the investments we will make this year to improve outcomes on cancer, cardiovascular disease, mental health and maternity services as well as to expand smoking cessation and weight management services.

To achieve these goals, while restoring services and recovering backlogs, will require us to do things differently, accelerating delivery against and redoubling our commitment to strategic goals we all agreed in the Long Term Plan (LTP). The NHS has shown this year it's ability to adapt, develop new services at scale and pace and has, for example, made real strides in embedding digital approaches to patient care. We now need to build on these improvements alongside the development of system working and collaboration.

Effective partnership working across systems will be at the heart of this and the financial framework arrangements for 2021/22 will therefore continue to support a system-based approach to funding and planning.

It is within this context that we are setting out our priorities for the year ahead:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

The Government has agreed an overall financial settlement for the NHS for the first half of the year which provides an additional £6.6bn + £1.5bn for COVID-19 costs above the original mandate. The financial settlement for months 7-12 will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year. In addition, £1.5bn funding has been allocated for elective recovery, mental health and workforce development.

While we are setting out priorities for the full year, we are therefore asking systems to develop fully triangulated plans across activity, workforce and money for the first half of the year. For mental health we can provide funding for the full year and these plans should therefore extend to 12 months (see accompanying guidance).

## A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

Our people need to be at the heart of plans for recovery and transformation and those plans should reflect the need for staff to get the support, rest and recuperation that they need. For



the first half of 2021/22, we are asking systems to review and refresh their people plans to reflect the progress made in 2020/21, as well as to show: greater progress on equality, diversity and inclusion; progress on compassionate and inclusive cultures; and increasing workforce supply. These themes were highlighted as part of the review of local plans in September 2020.

### **A1 Looking after our people and helping them to recover**

Different people will need to recover from the demands of the pandemic in different ways, and staff safety remains a priority. Employers need to put support in place to help staff given what they have been through over the last 12 months.

- We encourage trusts to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buyback unused leave. System financial performance assessment will exclude higher accruals for annual leave in 2020/21. All staff should be encouraged to take time off to recover, making use of annual leave which may be carried over from 2020/21.
- Individual health and wellbeing conversations should be a regular part of supporting all staff with an expectation that a plan is agreed at least annually and should take place over the course of first half of the year. Staff safety remains a priority and these plans should include risk assessment, flexible working, compliance with infection prevention and control policy, and testing policy, as well as drawing on the range of preventative health and wellbeing support available.
- Occupational health and wellbeing support should be available to all staff, including rapid access to psychological and specialist support. We will provide national investment to roll out mental health hubs in each ICS and to expand.

### **A2 Belonging in the NHS and addressing inequalities**

COVID-19 has surfaced inequalities that can be harmful to our people and addressing this remains an urgent priority. We expect systems to:

- develop improvement plans based on the latest WRES findings, including to improve diversity through recruitment and promotion practices
- accelerate the delivery of the model employer goals.

### **A3 Embed new ways of working and delivering care**

During the pandemic, our people adopted innovative ways of working to make best use of their skills and experience to benefit our patients. Now is the time to embed those workforce transformations to support recovery and longer-term changes:

- Providers should maximise the use of and potential benefits of e-rostering, giving staff better control and visibility of their working patterns, supporting service improvements and the most effective deployment of staff. Providers are asked to show how they intend to meet the highest level of attainment as set out by our 'meaningful use standards' for e-job planning and e-rostering.
- Local systems are also encouraged make use of interventions to facilitate flexibility and staff movement across systems, including remote working plans, technology-enhanced learning and the option of staff digital passports.

## **A4 Grow for the future**

During the pandemic we were able to grow our workforce through a range of innovative measures that helped us to successfully deal with COVID-19 while treating patients with a range of other conditions. Now we need to take steps to sustainably increase the size of our workforce in line with measures set out in the NHS Long Term Plan. Systems are asked to:

- Develop and deliver a local workforce supply plan with a focus on both recruitment and retention, demonstrating effective collaboration between employers to increase overall supply, widen labour participation in the health and care system, and support economic recovery.
- Ensure system plans draw on national interventions to introduce medical support workers (MSWs), and make use of associated national funding, increase health care support workers (HCSWs) and international recruitment of nursing staff.
- Support the recovery of the education and training pipeline by putting in place the right amount of clinical placement capacity to allow students to qualify and register as close to their initial expected date as possible.
- Develop and implement robust postgraduate (medical and dental) training recovery plans that integrate local training needs into service delivery planning.
- Ensure that workforce plans cover all sectors – mental health, community health, primary care and hospital services. The plans should support the major expansion and development of integrated teams in the community, with primary care networks (PCNs) serving as the foundation, assisted to make full use of their Additional Roles Reimbursement Scheme funding, including through the options of rotational or joint employment.

## B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

Offering a first dose to the adult population by the end of July remains key to saving lives, reducing the likelihood of increased pressure on the NHS, and reducing the spread of COVID-19 as social distancing is eased. This will continue to be delivered through implementing a mixed model of vaccine delivery through vaccination centres, hospital hubs, general practice and community pharmacy capacity. The precise local model will vary according to the needs of the local population and include targeted approaches where these are required to increase uptake, particularly in under-served populations.

General practice will retain an important role in the COVID-19 vaccination programme, with PCN groupings having the option to vaccinate cohorts 10-12 (18-49 year olds) (when the national supply availability means those groups can begin to be vaccinated) if they can also fulfil the requirements of the GMS contract.

It is not currently known for how long people who receive a COVID-19 vaccine will be protected. This is because, as is the case with many vaccines, the protection they confer may weaken over time. It is also possible that new variants of the virus may emerge against which current vaccines are less effective. The Joint Committee on Vaccination and Immunisation (JCVI) will issue advice in due course and systems will need to consider:

- being prepared for a COVID-19 re-vaccination programme from autumn, with high uptake ambitions for seasonal flu vaccination, alongside:
- the possibility of COVID-19 vaccination of children, should vaccines be authorised for use in under 18s and recommended by the JCVI in this population.

PCNs will also have an important ongoing role in response to the pandemic that will involve the continued use of home oximetry, alongside hospital-led 'virtual wards', proactive care pathways delivered virtually in people's homes. As well as enabling safe and more timely discharge, COVID Virtual Wards have the potential to support some COVID patients who would otherwise be admitted to hospital. Systems are encouraged take this into account as they continue to prepare for any future potential surge requirements for COVID patients.

We will continue national funding to maintain the dedicated Post COVID Assessment clinics that have been established and all systems are asked to ensure that they provide timely and equitable access to Post COVID Syndrome ('Long COVID') assessment services.

We will also conduct a stocktake of both physical critical care capacity and workforce, which will inform next steps in creating a resilient and sustainable service. This will include critical care transfer services.

All NHS organisations should ensure continued reliable application of the recommendations in the UK [Infection Prevention and Control guidance](#) updated by Public Health England to reflect the most up-to-date scientific understanding of how to prevent and control COVID-19 infection.

## C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

The pandemic has had a significant impact on NHS activity, and while the majority of care and activity has been maintained through the winter and the second wave, elective care has been disrupted and there are new demands on mental health services.

During the pandemic collaboration across providers helped ensure that every COVID-19 patient requiring hospital treatment received it and staff could work where they were most needed. In addition, pathway changes were rapidly implemented, helping ensure patients were only in hospital if they needed to be. This same approach will now help us transform the design and delivery of services across systems, to reduce unwarranted variation in access and outcomes, redesign clinical pathways to increase productivity, and accelerate progress on digitally-enabled care. In 2021/22 we will:

### **C1 Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services**

The pandemic has had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are waiting for treatment. We need to be ambitious and plan to recover towards previous levels of activity and beyond where possible over the next few years. An additional £1bn funding has been made available to the NHS in 2021/22 to support the start of this recovery of elective activity, and the recovery of cancer services. Systems are asked to rapidly draw up delivery plans across elective inpatient, outpatient and diagnostic services for adults and children (including specialised services) for April 2021 to September 2021 that:

- maximise available physical and workforce capacity across each system (including via the Independent Sector- IS), learning from other systems and taking into account the high-impact changes including adapting the ward environment to enhance flow

and physical segregation of patients,<sup>1</sup> segregating elective care flow through the hospital and developing service transformation initiatives to drive elective recovery

- prioritise the clinically most urgent patients, eg for cancer and P1/P2 surgical treatments
- incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk (drawing on both primary and secondary care)
- include actions to maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable
- address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation
- safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through

Given these factors, systems are asked to plan for the highest possible level of activity. We understand that current restrictions affect output. The Government has made additional funding available to allow systems to step activity back up and so systems that achieve activity levels above set thresholds, ie the levels funded from core system envelopes, will be able to draw down from the additional £1bn Elective Recovery Fund (ERF) for 2021/22. The threshold level is set against a baseline value of all elective activity delivered in 2019/20, allowing for available funding, workforce recovery and negative productivity impacts of the pandemic through 2021/22. For April 2021 it will be set at 70%, rising by 5 percentage points in subsequent months to 85% from July.

Acute providers' access to the ERF will be subject to meeting 'gateway criteria' including addressing health inequalities, transformation of outpatient services, implementing system-led elective working, tackling the longest waits and supporting staff.

The remaining national contracts between NHS England and acute independent sector providers end on 31 March and local commissioning will be restored. Targeted collaborative partnerships with IS providers to support delivery of system capacity plans will continue be an important element of elective recovery plans. Over the next 2 months we will explore with system leaders and IS providers evolved mechanisms for effective working, contracting and

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<sup>1</sup> In line with [infection prevention and control guidance](#) published by Public Health England

planning to establish how we can most effectively use IS capacity to support recovery over the next two to three years.

Systems are asked to recover elective activity in a way that takes full advantage of elective high-impact changes and transformation opportunities, and demonstrates learning from other systems, in particular:

- Create clear accountability for elective recovery, and implement key supporting tools, at system level, including common tracking of waiting lists; clinical review and prioritisation; dynamic planning of elective capacity and shared capacity, demand and monitoring data
- Maximise opportunities to implement high impact service models in elective care at system level such as dedicated fast track hubs for high volume, low complexity care with standardised clinical pathways; dedicated elective service pathways within acute sites; elective activity coordination hubs for booking and scheduling across sites to tackle backlogs at system level
- To reduce variation in access and outcomes, systems are expected to implement whole pathway transformations and thereby improve performance in three specialties: cardiac, musculoskeletal (MSK) and eye care with support via the National Pathway Improvement Programme. The aim should be to achieve what was top quartile performance against benchmarks on those pathways, and we will ask the National Pathway Improvement Programme in conjunction with GIRFT to support the development of and accredit plans as part of the national elective recovery programme.
- Embed outpatient transformation, taking all possible steps to avoid outpatient attendances of low clinical value and redeploying that capacity where it is needed, alongside increased mobilisation of Advice & Guidance and Patient Initiated Follow-Up services. Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that don't involve a procedure). Initial activity goals and the gateway to access ERF have been set to reflect the feedback on not incentivising the avoidance of clinically unnecessary referrals and appointments. For the second half of the year we anticipate a national data collection and counting methodology. In future we will use this to inform the way in which the payment system further supports implementation of these reforms.
- Access available support to help deploy the innovative approaches to optimising workforce capacity that are best suited to local system needs, including system wide



workforce planning, passporting to allow flexible working of employed and bank staff between organisations

Recovery of the highest possible diagnostic activity volumes will be particularly critical to support elective recovery. Capital and revenue funding have been made available to deliver additional capacity and efficiencies through new Community Diagnostic Hubs (CDHs) and pathology and imaging networks. All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population, in line with the recommendations of the Richards review. System plans should set out their proposals for how this additional capacity will be delivered, including through the development of CDHs.

In order to tackle the backlog, systems will when feasible need to return to, and in time and with support, move above 2019/20 baseline of activity. We will look to support systems who can identify and develop innovative and transformative approaches to restore activity to above pre-pandemic levels, with mechanisms to ensure that the insights generated can be applied across the NHS.

## **C2 Restore full operation of all cancer services**

NHS staff have worked hard to prioritise cancer services during the pandemic, and the overwhelming majority of cancer treatment has continued. However, some people have not contacted their GP with symptoms. Local systems, drawing on advice and analysis from their Cancer Alliance, will ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and
- meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.

The national cancer team will support local systems and Cancer Alliances to learn from each other, and to plan by providing estimates of the level of additional referrals and treatment required to address the shortfall.

Cancer Alliances are asked to draw up a single delivery plan on behalf of their integrated care systems(s) ICSs) for April 2021 to September 2021 to deliver the following actions:

- **Getting patients to come forward**
  - work with GPs and the local population to increase the number of people coming forward and being referred with suspected cancer, with a particular focus on groups under-represented among those who have come forward. Systems should

actively support their practices as they complete the QOF Quality Improvement module on early cancer diagnosis, which has been continued into 2021/22 as part of GP contract arrangements, and

- work with public health commissioning teams to restore all cancer screening programmes. This should include using the additional £50m investment committed funding for breast cancer screening to meet national standards and to recover backlogs by end March 2022. We will also begin to extend bowel cancer screening to include 50-60 year olds, with rollout to 56 year olds from April 2021.

- **Investigate and diagnose**

- extend the centralised clinical prioritisation and hub model established during the pandemic for cancer surgery to patients on cancer diagnostic pathways (starting with endoscopy where appropriate), ensuring a joint approach across cancer screening and symptomatic pathways
- using national service development funding Alliances are encouraged to:
  - increase take up of innovations like colon capsule endoscopy and Cytosponge to support effective clinical prioritisation for diagnostics
  - accelerate the development of Rapid Diagnostic Centre pathways for those cancer pathways which have been most challenged during the pandemic and
  - restore first phase Targeted Lung Health Check projects at the earliest opportunity, and begin planning the launch of the Phase 2 projects.

- **Treat**

- embed the system-first approach to collaboration established during the pandemic
  - including centralised clinical triage and centralised surgical hubs where appropriate – as an enduring legacy of the pandemic
- agree personalised stratified follow up (PSFU) pathways in three additional cancer types and implement one by March 2022, in addition to breast, prostate and colorectal cancer.

Systems will be expected to meet the new Faster Diagnosis Standard from Q3, to be introduced initially at a level of 75%. To support delivery, Faster Diagnosis Standard data will begin to be published from spring 2021. Systems should, as soon as possible, also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance.



### **C3 Expand and improve mental health services and services for people with a learning disability and/or autism**

Our mental health workforce has continued to provide people with the support they need during the pandemic. We know, however, that COVID-19 has not only affected the delivery of services but is also likely to cause an increase in demand.

The ambitions set out in the Mental Health Implementation Plan 2019/20–2023/24, which expand and transform services, remain the foundation for our mental health response to COVID-19, enabling local systems to expand capacity, improve quality and tackle the treatment gap. An additional £500m of funding has been made available in 2021/22 to address the impact of COVID-19.

In 2021/22 we expect local systems to:

- Deliver the mental health ambitions outlined in the Long Term Plan, expanding and transforming core mental health services (and in doing so prepare for implementation of recommendations for Clinical Review of Standards for mental health). This includes:
  - continuing to increase children and young people’s access to NHS-funded community mental health services, noting the revised metric and importance of continued focus on quality of care
  - delivery of physical health checks for people with Serious Mental Illness (SMI), noting that GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators
  - investing fully in community mental health, including funding for new integrated models for Serious Mental Illness (adult and older adult) and SDF funding to expand and transform services. To support this a new metric will measure those accessing community mental health services. To support integration with general practice, the NHS contract and GP contract have introduced new co-funding requirements for embedded additional PCN posts.
- maintain transformations and beneficial changes made as part of COVID-19, where clinically appropriate, including 24/7 open access, freephone all age crisis lines and staff wellbeing hubs
- maintain a focus on improving equalities across all programmes, noting the actions and resources identified in the [Advancing Mental Health Equalities Strategy](#)
- have a workforce strategy and plan that delivers the scale of workforce growth required to meet LTP ambitions

- enable all NHS Led Provider Collaboratives to go live by 1 July 2021
- ensure that all providers, including in scope third sector and independent sector providers, submit comprehensive data to the Mental Health Services Data Set and IAPT Data Set
- have a strategy and effective leadership for digital mental health, and ensure that digitally-enabled models of therapy are rolled out in specific mental health pathways.

All CCGs must, as a minimum, invest in mental health services to meet the Mental Health Investment Standard.

It is vital to continue to make progress on our LTP commitments for people with a learning disability, autism or both. We need to make progress on the delivery of annual health checks for people with a learning disability. We also need to improve the accuracy of GP Learning Disability Registers to make sure the identification and coding of patients is complete, in particular for under-represented groups such as children and young people and people from Black, Asian and Minority Ethnic backgrounds.

Systems will be expected to maintain a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability, autism or both. This will be supported by improved community capacity to enable more people to receive personalised care, closer to home. Pilots and early adopter sites for keyworkers for children and young people with the most complex needs will continue, with remaining areas preparing for delivery in 2022/23.

To tackle the inequalities experienced by people with a learning disability highlighted and exacerbated by the pandemic, systems are asked to implement the actions coming out of LeDeR reviews. The national programme requirement is for 100% of reviews to be completed within six months of notification.

#### **C4 Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review**

Donna Ockenden's interim report has challenged everyone who works in maternity services to redouble efforts to continue to improve outcomes and patient experience and to reduce unwarranted variation. All trusts have completed an assurance assessment tool and reported it though systems as set out in the [14 December letter](#) from Amanda Pritchard, Ruth May and Steve Powis. For 2021/22 we are investing more than £80m of additional funding to improve maternity safety and meet the Immediate and Essential Actions from the [Ockenden report](#).

Local maternity systems (LMSs) should be taking on greater responsibility for ensuring that maternity services are safe for all who access them, and should be accountable to ICSs for doing so. As part of their work to make maternity care safer, more personalised and more equitable, they should oversee local trust actions to implement the seven immediate and essential actions from the [Ockenden report](#).

Systems are expected to continue delivery of the maternity transformation measures set out in the Long Term Plan, including offering every woman a personalised care and support plan, implementing all elements of the Saving Babies' Lives care bundle, and making progress towards the implementation of the continuity of carer model of midwifery.

Further detail on the full set of actions and priorities under these broad headings is set out in the accompanying guidance.

## **D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities**

The Long Term Plan committed to a significant real terms expenditure increase on primary medical and community health services to improve prevention and keep people out of hospital. In 2021/22 this commitment will again be met and will support:

- restoring and increasing access to primary care services
- implementing population health management and personalised care approaches to improve health outcomes and address health inequalities and
- transforming community services and avoiding unnecessary hospital admissions and improving flow, in particular on the emergency pathway.

### **D1 Restoring and increasing access to primary care services**

The success of the COVID vaccination programme has proven beyond doubt the value and potential of PCNs. Systems should continue to prioritise local investment and support for PCN development, including enabling stronger integration of care with community-based services.

PCNs are the critical enabler of workforce expansion in general practice. All systems are expected to support their PCNs to:

- achieve their share of 15,500 FTE PCN roles to be in place by the end of the financial year, in line with the target of 26,000 by 2023/24

- expand the number of GPs towards the 6,000 target, with consistent local delivery of national GP recruitment and retention initiatives and thereby
- continue to make progress towards delivering 50 million more appointments in general practice by 2024.

National funding for general practice capacity also continues through an additional £120m in first half of the year, which will taper in the second quarter as COVID pressures decrease.

Overall appointment volumes in general practices remain high. Systems are asked to support those practices where there are access challenges so that all practices are delivering appropriate pre-pandemic appointment levels. This includes all practices offering face-to-face consultations. Systems are asked to continue to support practices to increase significantly the use of online consultations, as part of embedding total triage.

Practices continue to reach out to clinically vulnerable patients and, as set out in section C. Systems should support their PCNs to work closely with local communities to address health inequalities. The ongoing effort to tackle the backlog of clinically prioritised long-term condition management reviews, including medication reviews and routine vaccinations will be supported via the re-introduction of QOF indicators from April.

The Community Pharmacy Consultation Service (CPCS) has been extended, as part of the existing advanced service, to include the ability to receive referrals from General Practice and support the management of low acuity patients in alternative settings, supporting workload pressures. Local pharmacy contractors, PCNs and GP practices should be working with their local LPC, LMC and regional teams to agree implementation of this service locally prior to being able to receive referrals.

For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing infection prevention control measures, and targeting capacity to minimise deterioration in oral health and reduce health inequalities. We will continue to support dental teams to deliver as comprehensive a service as possible.

## **D2 Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities**

COVID-19 has highlighted the correlation between poorer health outcomes and ethnicity and deprivation, specifically. Systems are encouraged to adopt population health management techniques as part of their targeted recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups. NHS England and NHS Improvement will continue to work with systems to develop the real-time data tools and techniques being used so effectively by the COVID vaccination programme, at a granular

local level. It also includes the use of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex needs, and those awaiting multiple appointments. Systems should provide proactive, multi-disciplinary, cross sector support to these patients, in line with the NHS Comprehensive Model for Personalised Care.

The NHS Long Term Plan sets out a path for improvements for people with conditions such as diabetes, CVD and obesity. These are even more important given we now know the clear association with poorer outcomes with COVID-19. We are asking systems to develop robust plans for the prevention of ill-health, led by a nominated SRO, covering both primary and secondary prevention deliverables as outlined in the Long Term Plan. These plans should set out how ICS allocations will be deployed in support of the expansion of smoking cessation services, improved uptake of the NHS diabetes prevention programme and CVD prevention. The NHS digital weight management services will also be made more widely available following additional government investment announced in March. Systems are also asked to review their plans and make progress against the LTP high impact actions to support stroke, cardiac and respiratory care.

Delivering the NHS Comprehensive Model for Personalised Care, thereby giving people more control over their own health, will underpin systems' efforts to recover services and address health inequalities. Systems will continue and, where possible, accelerate the delivery of existing requirements, including personal health budgets, social prescribing referrals and personalised care and support plans. In 2020/21 1 million personalised care interventions were delivered and we expect at least 1.2 million to be delivered in 2021/22 in line with our LTP ambition. Implementation will be supported by recruitment to three additional roles funded through the ARRS: Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

## **E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay**

### **E1 Transforming community services and improve discharge**

With national transformation funding and the increase in primary and community care services funded through baseline allocations we are asking every system to set out plans to accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022. Additional transformation funding will be released subject to those plans and a commitment by all

community service providers to provide complete and accurate data to the Community Services Dataset (CSDS) in 2021/22.

Systems have achieved significant reductions in long stays during 2020/21 equivalent to freeing up 6,000 beds and 11,000 staff across acute and community settings. All providers should continue to deliver timely and appropriate discharge from hospital inpatient settings and seek to deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days. To support this we will continue to fund the first six weeks of additional care after discharge from an NHS setting during the first quarter and first four weeks from the beginning of July. We will review the position with Government for the second half of the year.

Together, these actions will enable more patients to be cared in the optimal setting and will reduce the pressure on our hospitals by improving flow through the emergency pathway and freeing up capacity to support the restoration of elective care.

## **E2 Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments**

Systems are asked to continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes. Specifically, systems should:

- promote the use of NHS 111 as a primary route into all urgent care services
- maximise the use of booked time slots in A&E with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend
- maximise the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services
- adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions.

To assess the level of pressure within urgent and emergency care systems and monitor their recovery, systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services and implement the collection of those measures that are not already in place, including:

- the time to initial assessment for all patients presenting to A&E



- the proportion of patients spending more than 12 hours in A&E from time of arrival
- the proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed.

A response to the consultation to the UEC clinically-led review of standards will be published in due course, and with agreement with government on next steps. For the first part of the year, systems are asked to focus on implementing data collection, and UEC recovery.

## F. Working collaboratively across systems to deliver on these priorities

### F1 Effective collaboration and partnership working across systems

The priorities set out in this guidance will only be delivered through effective partnership working across systems, including effective provider collaboration and place-based partnerships with local government. The accompanying guidance sets out the expectations for how ICSs are expected to build on existing arrangements during 2021/22. These requirements include having system-wide governance arrangements to enable a collective model of responsibility and decision-making between system partners.

ICSs will be asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out above. These must be set out in a memorandum of understanding (MOU) and agreed with regional NHS England and NHS Improvement teams. In line with the proposed new [NHS System Oversight Framework](#) the MOU will also be expected to set out the oversight mechanisms and structures that reflect these delivery and governance arrangements, including the respective roles of the ICS and regional NHSEI team.

### F2 Develop local priorities that reflect local circumstances and health inequalities

ICSs across the country entered the pandemic with a varying range of circumstances and different health groups with a range of needs. COVID-19 has exacerbated this disparity and, in recovering services, systems now face varying challenges.

In recognition of these challenges, systems are asked to develop their own set of local health and care priorities that reflect the needs of their population, aligned to the four primary purposes of an ICS:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access

- enhancing productivity and value for money
- helping the NHS support broader social and economic development.

### **F3 Develop the underpinning digital and data capability to support population-based approaches**

Meeting population need requires smart digital foundations, connected health and care services, locally joined-up person-level data across health and care partners, and robust analytical capability aligned across system partners. This will be described in the forthcoming NHSX What Good Looks Like framework, which will support ICSs to benchmark and enable regional teams to develop an appropriate support offer.

To underpin this, systems should commence their procurement of a shared care record so that a minimum viable product is live in September and roadmap for development to include wider data sources and use for population health is ready for April 2022.

### **F4 Develop ICSs as organisations to meet the expectations set out in Integrating Care**

We expect ICSs to take steps in their development during 2021/22 to ensure they are able to deliver the four core purposes described above. ICSs are asked to set out how they will organise themselves to support this, including through:

- Updating their system development plans, detailing the work they will undertake to ensure their system has the necessary functions, leadership, capabilities and governance
- Preparing for moving to a statutory footing from April 2022, subject to legislation.

### **F5 Implement ICS-level financial arrangements**

The financial framework arrangement for 2021/22 will continue to build on the system-based approach to funding and planning. Systems should ensure that they are continuing to take actions to strengthen their system financial governance arrangements and building collaborative plans to optimise system resources.

For the six-month period to 30 September 2021, we will be issuing system envelopes based on the H2 2020/21 funding envelopes and including a continuation of the system top-up and COVID-19 fixed allocation arrangements. The total quantum will be adjusted to issue additional funding for known pressures and key policy priorities (including inflation, primary care and mental health services).

System envelopes will also be adjusted to reflect an efficiency requirement increasing through the second quarter and with an increased requirement for those systems that had



deficits compared to 19/20 financial trajectories at the end of 2019/20. We will be developing specific system productivity measures to align with the focus on clinical pathway transformation and the reduction in unwarranted variation as part of the national elective recovery programme underpinned by more effective rostering of staff. We will also set goals for outpatient transformation as we approach the second half of the year.

The current block contract payments approach will continue for NHS providers. Further detail on the construction of H1 system funding and organisational plans, the contracting and payments approach for NHS and non-NHS organisations, and the processes to amend plans and access recovery funding, is outlined in the accompanying guidance.

Finally, we are asking local systems to return a draft summary plan by 6 May using the templates issued and covering the key actions set out in this letter, with final plans due by 3 June. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity plans.

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

25 March 2021

**To:**

- Chief executives of all NHS trusts and foundation trusts
- CCG accountable officers
- GP practices and primary care networks
- Providers of community health services
- NHS 111 providers

**CC:**

- NHS regional directors
- Regional incident directors
- Regional heads of EPRR
- Chairs of ICSs and STPs
- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Local authority chief executives and directors of adult social care
- Chairs of local resilience forums

Dear Colleagues,

**NHS response to COVID-19: Transition to NHS level 3 incident**

Thank you for the remarkable work you and your staff continue to do to support the NHS response to COVID-19, while now working to recover NHS services and deliver the vaccination programme.

Since the peak of COVID demand in late January, we have seen overall cases of COVID-19 in England steadily decline, with pressures on bed occupancy and critical care reducing accordingly.

At the NHS England public board meeting this afternoon NHS Chief Executive Sir Simon Stevens therefore announced that the national incident level for the NHS COVID-19 response will now be reduced from level 4 to level 3, effective today.

**While we will continue to maintain a national incident infrastructure, this will shift the management of the incident from nationally co-ordinated to a regional level. This mirrors how we operated during the summer of 2020.**

This change to a level 3 incident, and associated changes to expectations on reporting and sharing of data, are intended to support system and regional teams as you increasingly focus on individual, organisational and service recovery.

COVID-19 will likely remain endemic for some time to come. Local systems and networks should therefore continue to identify and implement learning from the response to date to build resilience ahead of potential demand on our services and in advance of next winter.

Local outbreaks and variants of concern will continue to be closely monitored. Given the continued uncertainty, we will keep the situation under close review, retaining the option to revert to a level 4 incident as required.

### **Implications of transition to NHS level 3 incident**

The implications of the transition from a level 4 to level 3 incident are as follows:

- **Oversight:** Transition from a national command, control and co-ordination structure to a regional command, control and co-ordination structure but with national oversight as this remains an incident of international concern.
- **Reporting:** Requirements for reporting for COVID-19, and EU Exit will be adjusted in line with the change in incident level as follows. Full details of changes for other individual collections are included in Annex A.
  - **Weekend COVID sitrep collections** – over Easter Weekend the deadline for all three submissions will be 11:00 on Monday 5 April. Subsequent weekends – collections will open as usual, but the deadline for Saturday and Sunday data will be 11am on the Monday.
  - **EU Exit sitrep collections** – arrangements for acute/ mental health trusts will be the same as for the COVID sit rep above as these are integrated collections. CCG data collections for EU Exit will be stood down completely from Thursday 1 April. Any issues raised by CCGs should be sent by email to the relevant incident coordination centre who will alert the national team as required.

- Please note that additional reporting may be required for those areas of the country experiencing community outbreaks.
- **Incident co-ordination functions:** National and regional incident co-ordination centres remain in place. **NHS organisations must fully retain incident co-ordination functions.**
  - All information related to COVID-19 will continue to go via established COVID-19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside of these channels.
- **Communications:** This incident continues to have an international and national profile and it is important that our information to the public is accurate, clear and consistent. Please therefore continue to co-ordinate communications with your regional communications team.

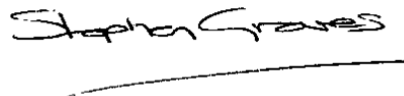
We would both like to thank you again for all your work in support of the COVID-19 response to date.

Best wishes,



**Professor Keith Willett**  
NHS Strategic Incident Director

NHS England and NHS Improvement



**Stephen Groves**  
Incident Director

NHS England and NHS Improvement

## ANNEX A: COVID-19 AND UEC DAILY DATA COLLECTIONS – WEEKEND AND EASTER WORKING

The table below lists further detail on collections and, for each one, describes the way in which data will be collected over weekends, including Easter and the May bank holidays:

Collection Name	Changes to weekend collections
COVID-19 daily sitreps (including NHS Acute, NHS Mental Health, Learning Disability and Autism (MHLDA), Independent Sector (IS) Acute and IS MHLDA)	<p>Weekend of 27/28 March – collection will continue over the weekend as usual</p> <p>Easter weekend – Collections will open as usual at 08:00 on 2, 3 and 4 April but the deadline for all three submissions will be 11:00 on Monday 5 April. The collection on 5 April will open at 08:00 on 5 April, and the deadline for submission will be 11:00 on 5 April.</p> <p>Subsequent weekends – collections will open as usual at 08:00 on Saturday and Sunday but the deadline for both submissions will be 11:00 on Monday. Monday's collection will open at 08:00 Monday morning and will also have a deadline of 11:00 on Monday.</p> <p>Subsequent weekends with a bank holiday Monday - collections will open as usual at 08:00 on Saturday, Sunday and Monday but the deadline for all three submissions will be 11:00 on Tuesday. Tuesday's collection will open at 08:00 Tuesday morning and will also have a deadline of 11:00 on Tuesday.</p>
Daily discharge collections (including acute and community)	<p>Easter weekend – collection will open as usual at 08:00 on 2, 3, 4 and 5 April but the deadline for all four submissions will be 11:00 on Tuesday 6 April. The collection on 6 April will open at 08:00 on 6 April, and the deadline for submission will be 11:00 on 6 April.</p> <p>Other weekends – collections will continue as currently – i.e. collections open at 08:00 on Saturday and Sunday but the deadline for both submissions is 11:00 on Monday. Monday's collection opens at 08:00 Monday morning and</p>

	<p>will also have a deadline of 11:00 on Monday.</p> <p>Subsequent weekends with a bank holiday Monday - collections will open as usual at 08:00 on Saturday, Sunday and Monday but the deadline for all three submissions will be 11:00 on Tuesday. Tuesday's collection will open at 08:00 Tuesday morning and will also have a deadline of 11:00 on Tuesday.</p>
UEC sitrep	<p>Weekend of 27/28 March – collection will continue over the weekend as usual.</p> <p>Easter weekend – collection will continue over this weekend as usual – i.e. submissions expected on each of the 4 days of the bank holiday weekend.</p> <p>Subsequent weekends - collections will open as usual on Saturday and Sunday but the deadline for submissions of data for collections opening on Saturday, Sunday and Monday will be 11:00 on Monday.</p> <p>Subsequent weekends with a bank holiday Monday - collections will open as usual on Saturday, Sunday and the Monday but the deadline for submissions of data for collections opening Saturday, Sunday and Monday will be 11:00 on the bank holiday Monday as normal.</p>

Please note that any collections not specifically referenced in this letter will continue unchanged for now and should there be a need to make further changes to the deadlines for the above collections, or any other collections, we will send out further correspondence.

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**South Yorkshire & Bassetlaw Integrated Care System**  
**722 Prince of Wales Road**  
**Sheffield**  
**S9 4EU**  
**Programme Office: 0114 3051905**

22 April 2021

**Letter to: Clinical Chairs and Accountable Officers, South Yorkshire and Bassetlaw Clinical Commissioning Groups**

Letter sent by email

Dear colleague

**Health and Care Compact, Health and Care Partnership and Place Development Matrix**

As you may know, all the partners in the South Yorkshire and Bassetlaw (SYB) health and care system have been taking forward development work since November 2020. This follows the engagement exercise led by NHS England and Improvement (NHSEI) on the future of Integrated Care Systems (ICSs). The subsequent NHSEI recommendations and Department of Health and Social Care White Paper *Integration and Innovation: working together to improve health and social care for all* set out the proposed way forward with greater clarity.

Over the last four months, an overarching Steering Group, formed from members of the SYB ICS partnership, has been overseeing work that builds on the existing ways of working. Specifically, this has been looking at:

- Establishing place-based partnerships
- How provider collaboratives will operate across systems
- How the nature of commissioning will change; and
- An integrated care system operating model.

This work has, of course, been taking place alongside the development work concurrently going on in place partnerships, within provider collaboratives and so on. It is envisaged that all of the above will come into operation in shadow form from 1 October 2021 (Quarter 3).

The Steering Group has also set up a design sub-group, established from its membership to co-design several key products to shape the next phase of the ICS during transition to a statutory authority from April 2022. The first of these products would come into operation from July 2021 (Quarter 2) in the transition year and include:

- Health and Care Compact

- Health and Care Partnership Terms of Reference
- Place Development Matrix

Further products such as interim governance arrangements for 2021/22 will follow shortly in the next four weeks.

As you will see from the attached documents, there is a strong shared commitment from all partners to the SYB quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayer and a reduction in health inequalities.

The Compact and Terms of Reference aim to enshrine the collaboration and principles of working together during the transition year of 2021-22. Whilst the Compact is not a legally binding document, it is intended to be a 'golden thread' and which, through members' engagement, partners can hold each other to account. The Place Development Matrix is a tool to support development across provider collaboratives and place-based partnerships and will continue to evolve through testing and self-assessment.

At its April meeting, the Steering Group received and endorsed these products, and I am now sharing them with you for discussion and consideration at your next Governing Body meeting. I would be grateful if you could respond to me by Friday 28<sup>th</sup> May 2021 confirming your agreement to them along with any comments/amendments you may wish to make. This will allow the Steering Group to take a further round of revision in June before the documents are then finalised and signed off in readiness for a formal start of the Health and Care Partnership in July 2021 (which will succeed the South Yorkshire and Bassetlaw Collaborative Partnership Board).

The Steering Group has agreed to continue to meet and progress the development agenda as outlined in the timetable below (taken from the NHS 2021/22 priorities and Operational Planning Guidance implementation guidance).

<b>Route Map for ICS Development 2021/22</b>	
By end Q1	Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.
By end Q2	<p>Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).</p> <p>Confirm proposed governance arrangements for health and care partnership and NHS ICS body.</p>



By end Q3	Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.
By end Q4	<p>Confirm designate appointments to any remaining senior ICS roles.</p> <p>Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.</p> <p>Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement.</p>
1 April	Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

Next steps for the Steering Group include consideration of the interim governance arrangements, with a view to making as few changes to the existing arrangements as possible and finalising the Compact, Health and Care Partnership Terms of Reference and Place Development Matrix following your comments.

As you know, our journey to becoming a statutory integrated care system goes well beyond the development work that has been underway since November. I would like to thank all colleagues across partner organisations for their continued input and commitment to this agenda over the last few years, particularly so more recently when there have been so many competing priorities.

Best wishes,



**Sir Andrew Cash**  
**System Leader**  
**South Yorkshire & Bassetlaw Integrated Care System**

## Appendix A

### Steering Group membership

Member	Workstream	Designation
Richard Parker	Bassetlaw Place Partnership	Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Sarah Norman	Barnsley Place Partnership	Chief Executive, Barnsley Metropolitan Borough Council
Damian Allen	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
John Somers	System Children's and Young People Collaborative	Chief Executive, Sheffield Children's NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Alliance	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer,

		Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield) SYB ICS	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	SYB ICS – Voluntary Sector	Voluntary Sector Representative
Adrian England	SYB ICS – Healthwatch	Healthwatch Representative
Andrew Cash	SYB ICS	System Lead
Will Cleary-Gray	SYB ICS	Chief Operating Officer
<b>In attendance</b>		
Mike Farrar	-	Independent Consultant
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	SYB ICS	Director of Communications and Engagement
Sophia Malik	-	Attain
Chris Walker	-	Attain

#### Design Group membership

Member	Workstream	Designation
Damian Allen	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council

Sharon Kemp	Rotherham Place Partnership	Chief Executive Officer, Rotherham Metropolitan Borough Council
Alexis Chappell	Sheffield Place Partnership (nominated by Sharon Kemp)	Director of Adult Social Services, Sheffield City Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Alliance	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Barnsley) and SYB ICS	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	SYB ICS	Voluntary Sector

		Representative
Adrian England	SYB ICS – Healthwatch	Healthwatch Representative
Andrew Cash	SYB ICS	System Lead
Will Cleary-Gray	SYB ICS	Chief Operating Officer
<b>In attendance</b>		
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	SYB ICS	Director of Communications and Engagement
Sophia Malik	-	Attain
Chris Walker	-	Attain

# **South Yorkshire and Bassetlaw Integrated Care System ICS Development – update**

## **1. Introduction**

Partners in the South Yorkshire and Bassetlaw (SYB) health and care system have been taking forward development work since November 2020. This follows the engagement exercise led by NHS England and Improvement (NHSEI) on the future of Integrated Care Systems (ICSs). The subsequent NHSEI recommendations and Department of Health and Social Care White Paper *Integration and Innovation: working together to improve health and social care for all* set out the proposed way forward with greater clarity.

Over the last four months, an overarching Steering Group, formed from members of the SYB ICS partnership, has been overseeing work that builds on the existing ways of working. Specifically, this has been looking at:

- Establishing place-based partnerships
- How provider collaboratives will operate across systems
- How the nature of commissioning will change; and
- An integrated care system operating model.

This paper provides the background to the work of the Steering Group, its progress over the last few months and seeks comments on several draft key products to shape the next phase of the ICS during transition to a statutory authority from April 2022.

## **2. Background**

On February 11<sup>th</sup> 2021, the Department for Health and Social Care (DHSC) published its White Paper *Integration and Innovation: working together to improve health and social care for all*.

The proposals follow the journey of integrating care and that which South Yorkshire and Bassetlaw, as a partnership, has been on since 2016. Its design intentions support removal of many of the obstacles and barriers which are seen to stand in the way of integration in neighbourhoods, local places and across the system.

The proposals build on the NHS Long-Term Plan, with a strong emphasis on improving population health and tackling health inequalities through a whole population approach. They are supported by a broad duty to collaborate and a triple aim on health bodies of:

- Better health and wellbeing for everyone
- Better quality of health services for individuals, and
- Sustainable use of NHS resources

The proposals also respond to the recommendation to strengthen governance, transparency and public accountability and to give the opportunity to develop an even deeper relationship with Local Authority partners in ICSs.

ICSs of the future are expressed as a NHS Statutory Body with a NHS Board and separately a statutory Health and Care Partnership, together they form ICSs.

In summary, the NHS statutory body will be responsible for:

- Developing a plan to meet the needs of the population
- Developing a capital plan for NHS providers within their geography
- Securing the provision of health services for the system population, and;
- Day to day responsibility for the new organisation and its people

The Health and Care Partnership will be responsible for:

- Developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions.

The current indicative timeline for progression of the proposals through parliamentary process sees the earliest that the Bill will become an Act of Parliament is January 2022, with the provisions of the Act brought into effect in April 2022.

### **3. ICS Steering Group progress**

In November 2020, an overarching Steering Group was formed from members of the SYB ICS partnership and includes the full range of health and care partners including senior leadership of local authorities, the voluntary sector, Healthwatch, health and care providers and commissioners and include clinical and professional leadership and representation. Hill Dickinson was commissioned to provide facilitation to the Steering Group and design groups and expert legal support in production of key documents and products. The Steering Group agreed to meet three times over February, March and April to oversee the initial phase of this work and to then review its role.

It has been overseeing work that builds on the existing four areas of working. Specifically, these are:

- Establishing place-based partnerships
- How provider collaboratives will operate across systems
- How the nature of commissioning will change; and
- An integrated care system operating model.

This work has, of course, been taking place alongside the development work concurrently going on in Place partnerships, within Provider Collaboratives etc. It is envisaged that all of the above will come into operation in shadow form from 1 October 2022 (Quarter 3).

The Steering Group also set up a design sub-group, established from its membership to co-design several key products to shape the next phase of the ICS during transition to a statutory authority from April 2022. The first of these products would come into operation from July 2021 (Quarter 2) in the transition year and include:

- Health and Care Compact

- Health and Care Partnership Terms of Reference
- Place Development Matrix
- A Route Map for 2021/22

The Compact and Terms of Reference aim to enshrine the collaboration and principles of working together during the transition year of 2021-22. Whilst the Compact is not a legally binding document, it is intended to be a 'golden thread' and which, through members' engagement, partners can hold each other to account. The Place Development Matrix is a tool to support development across provider collaboratives and place-based partnerships and will continue to evolve through testing and self-assessment.

Since establishing the framework, a number of other key documents have now been published including proposals for the draft Bill, NHS England and Improvement Operational Planning Guidance, and an outline of further detail of expected guidance from the Department of Health and Social Care (DHSC) and NHS England and Improvement which will shape and inform the work. With this in mind it is recognised that whilst all partners will want and need to progress the work they have been doing as a set of partners over a number of years, they will need to review and reflect on the legislative process and guidance to establish statutory ICSs over 2021. Partners will therefore need to be pragmatic and agile in their approach.

Development work for Provider Collaboratives, Place-based Partnership and how commissioning will change is being taken forward in respective work streams. Initial work shared with the Steering Group and updated output of this work will follow in the next stage of ICS development work.

Next steps for the Steering Group include consideration of the interim governance arrangements, with a view to making as few changes to the existing arrangements (see Appendix C) as possible and finalising the Compact, Health and Care Partnership Terms of Reference and Place Development Matrix following your comments.

#### **4. Key outputs for consideration:**

##### **Appendix A - Health and Care Compact and Health and Care Partnership Terms of Reference**

###### **Health and Care Compact**

The Health and Care Compact captures the commitment of South Yorkshire and Bassetlaw's (SYB) health and care partners to focus on the shared purpose of the ICS to deliver what it sees as the **quadruple aim** of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayer and the reduction of health inequalities. The Compact is intended as a golden thread and its commitment is an underpinning principle of the system and way of working.

In co-producing the Compact, partners acknowledge the gross state of inequalities in SYB, that these have widened during Covid and as reflected in the Marmot Review. There is therefore a compelling need for partners of the ICS to come together to



better address these inequalities using a collaborative approach with their combined resources. This will be through the prevention of ill health and provision of safe and high-quality needs led/outcome-focused public services that work well together, looking after staff and managing health and ill health and to make SYB the best place to be born, live and work.

### Health and Care Partnership Terms of Reference

The Health and Care Partnership is a significant opportunity for the ICS to realise its wider ambitions to address broader health outcomes and inequalities. Health and Care Partnerships will have a key role in promoting partnership working and collaboration and developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions. A draft Terms of Reference has been co-produced with partners with the transition year in mind and to be revised following DHSC guidance due later in the year to take it into the statutory form ready for April 2022.

It is proposed that the Health and Care Partnership meets between four and six times per year to coincide with key budgetary, planning and priority setting timetables and that potentially two of these meetings are broadened out to include a wider membership and format which facilitates input to developing the wider system plan and priority setting and sharing of progress, innovation, learning and best practice. It is proposed that the development Steering Group continues to meet and serve as a sub-group of the Health and Care Partnership during transition and to support its business.

Further input is required to the membership. The approach to drafting so far has been to be more inclusive for the transition year, to then be refined following guidance from DHSC and from learning across SYB as to what works well for partners and to allow further conversation with partners.

### **Appendix B - A Place Development Matrix to support a self-assessment of the key features and design of place partnerships and provider collaboratives**

The place development matrix has been co-produced with partners to support places and provider collaboratives with development arrangements. The aim is to support the development of plans through the transition year and to build on the significant progress made in each of our places and across the system, understanding that this journey is continuous and will go beyond April 2022.

It will continue to evolve as places and collaboratives use it to develop their thinking further. As more guidance for statutory ICSs is received and elements of national frameworks set some of the parameters within which systems will work, this will become clearer and inform the Development Matrix. The current draft proposed is for local places and collaboratives for testing during April and May. There have been some requests for this to include sharing and learning approach, to both identify key enablers and share good practice to support the developmental journey.

### **Appendix C - Summary of wider ICS governance arrangements**

A range of statutory and non-statutory governance forums have been agreed with partners over time which facilitate system and collaborative working which are summarised. These groups work in conjunction with individual organisational

statutory governance. It is anticipated these will continue to operate during the transition. Respective organisations may choose to review and amend these. For those affected by the legislation these will be reviewed as national guidance to establish ICSs is published, which is signalled from Q2 onwards.


## **5. Recommendations:**

**Board/Governing Body/Committee** members are asked to:

1. Note the progress made on the ICS development work across all of the work streams
2. Comment on the outputs of the ICS design group by, specifically the:
  - a. Health and Care Compact
  - b. Health and Care Partnership Terms of Reference
  - c. Place Development Matrix
3. Provide comments back to the ICS on the above by Friday 28<sup>th</sup> May 2021

Table, 1

From NHSEI operational planning guidance 2021/22

Statutory ICS establishment planning timetable 		
Planning timetable 2021/22	National expectations / Action required	Working draft SYB actions
<b>By End Q1</b>	<ul style="list-style-type: none"> <li>Update SDPs and confirm proposed boundaries , constituent partner organisation and place-based arrangements</li> <li>Set out the delivery and governance arrangements that support delivery priorities in and MoU</li> </ul>	<ul style="list-style-type: none"> <li>Health and Care Compact</li> <li>New Health and Care Partnership</li> <li>Outputs from wider ICS development workstreams</li> <li>Development matrix</li> <li>Review of wider ICS non statutory governance HOB, HEG, IAC and any statutory governance e.g. JCCCG</li> <li>Refreshed ICS executive team</li> <li>Submit System Development Plan and agree MoU with NHSEI for NHS priorities</li> </ul>
<b>By End Q2</b>	<ul style="list-style-type: none"> <li>Confirm designate ICS appointments: chair, chief executive inline with senior appointments guidance to be issued by NHSEI</li> <li>Confirm proposed governance arrangements for health and care partnership and NHS ICS body</li> </ul>	<ul style="list-style-type: none"> <li>Appointment of designate ICS chair and CEO</li> <li>Review Health and Care Compact and HnCP terms of reference</li> <li>Begin to draft ICS body constitution and governance arrangements</li> <li>Confirm place-based governance arrangements and operating model</li> <li>Confirm provider collaborative arrangements</li> <li>Review SDP and MoU</li> </ul>
<b>By End Q3</b>	<ul style="list-style-type: none"> <li>Confirm other designate appointments to the ICS NHS Body executive leadership roles and non-executive roles</li> </ul>	<ul style="list-style-type: none"> <li>Confirm designate ICS NHS body leadership and senior teams</li> <li>Confirm designate appointment to any remaining senior ICS roles</li> <li>Review SDP and MoU</li> </ul>
<b>By End Q4</b>	<ul style="list-style-type: none"> <li>Confirm designate appointment to any remaining senior ICS roles</li> <li>Complete due diligence and preparations for staff and property ( assets and liabilities) transfer from CCGs to new ICS bodies)</li> <li>Submit ICS NHS Body Constitution for approval and agree MoU with NHSEI</li> </ul>	<ul style="list-style-type: none"> <li>Complete due diligence and preparations for staff and property ( assets and liabilities) transfer from CCGs to new ICS bodies)</li> <li>Review SDP, submit ICS NHS Body Constitution for approval and agree MoU with NHSEI</li> </ul>
<b>1 April 22</b>	<ul style="list-style-type: none"> <li>Establish new ICS NHS Body, with staff and property (assets and liabilities transferred and boards in place)</li> </ul>	<ul style="list-style-type: none"> <li>Establish new ICS NHS Body, with staff and property (assets and liabilities transferred and boards in place)</li> </ul>

## NHSE/I 2021/22 planning – provider governance

During 2021/22 we will also update guidance on provider governance (to support providers to work collaboratively), including:

- Updated FT Code of Governance
- Updated guidance on the duties of FT council of governors
- Updated memorandums for accounting officers of FTs and NHS trusts
- New guidance issued under the NHS Provider Licence that good governance for NHS providers includes a requirement to collaborate.



# South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership  
Terms of Reference



# Contents

<b>Introduction</b>	3
<b>Health and Care Compact</b>	
Background and purpose	10
The integrated care system	11
Values and principles for the ICS partnership	12
Signatories to the compact	14
<b>Health and Care Partnership Terms of Reference</b>	
Introduction	18
Roles and responsibilities	19
Health and Wellbeing Board Interface	20
Membership	21
Meetings	23
Accountability and reporting	25
Review	25



# Introduction

On February 11th 2021, the Department for Health and Social Care published its White Paper *Integration and Innovation: working together to improve health and social care for all*.

The proposals within the White Paper follow the journey of integrating care - a journey that South Yorkshire and Bassetlaw (SYB) has been on since 2016. They take account of NHS England and Improvement's recommendations to government following its engagement on Integrating Care – the Next Steps in November 2020.

The White Paper builds on the NHS Long-Term Plan with a strong emphasis on improving population health and tackling health inequalities through a whole population approach. The shared purpose of our Integrated Care System (ICS) is to deliver the quadruple aim of;

- Better health and wellbeing for the whole population
- Better quality care for all patients
- sustainable services for the taxpayer; and
- a reduction in health inequalities.

The White Paper also responds to the recommendation to strengthen governance, transparency and public accountability, to remove barriers and to give the opportunity to develop an even deeper relationship with Local Authority partners in ICSs. It includes the formal merger of NHS England and Improvement as a new statutory body, NHS England.

ICSs of the future are expressed as a NHS Statutory Body with an NHS Board and separately, a statutory Health and Care Partnership.

The Health and Care Partnership is an opportunity to address the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions.

The current indicative timeline for progression of the proposals through parliamentary process sees the earliest that the Bill will become an Act of Parliament is January 2022, with the provisions of the Act brought into effect in April 2022.



This document sets out an agreed way of working in South Yorkshire and Bassetlaw for the Health and Care Partnership during the transition year 2021-22 as partners get ready to set up a statutory organisation. Partners will continue to work within existing statutory frameworks during this time while developing future ways of working which will cover:

- Provider collaboratives
- Place-based partnerships
- How the nature of commissioning will change
- Integrated care system operating model

SYB partners formed a Steering Group to oversee the development work. The Group has been meeting regularly to co-produce the Compact and the roles and responsibilities, scope, accountability and reporting of the Health and Care Partnership for the transition year 2021/22.

The Compact captures the commitment of SYB health and care partners in focussing on the key purposes of an ICS and quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers and reduction in health inequalities.

The new Health and Care Partnership for 2021/22 has a terms of reference and membership with a golden thread from the Health and Care Compact.

The Compact and Health and Care Partnership are interim arrangements for the year 2021/22 and will be refreshed as guidance and legislation is published.

The Steering Group has agreed to continue to meet during the transition year and continue to progress the development agenda as outlined in the timetable below (taken from the NHS 2021/22 priorities and operational planning guidance implementation guidance).



## Route Map for ICS Development 2021/22

### Route Map

By end Q1 Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.

By end Q2 Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).

Confirm proposed governance arrangements for health and care partnership and NHS ICS body.

By end Q3 Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.

By end Q4 Confirm designate appointments to any remaining senior ICS roles.

Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.

Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement.

1 April - Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.





## Steering Group

Steering Group Member	Workstream	Designation
Richard Parker	Bassetlaw Place Partnership	Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Sarah Norman	Barnsley Place Partnership	Chief Executive, Barnsley Metropolitan Borough Council
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
John Somers (Deputy Ruth Brown)	System Children's and Young People Collaborative	Chief Executive, Sheffield Children's NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead, SYB ICS
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
<b>In attendance</b>		
Mike Farrar	-	Independent Consultant
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



## Design Group

Steering Group Member	Workstream	Designation
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Alexis Chappell	Sheffield Place Partnership (Nominated by Sharon Kemp)	Director of Adult Social Services Sheffield City Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
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Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS

### In attendance

Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



# Health and Care Compact



**The aim of partners in the South Yorkshire and Bassetlaw Integrated Care System is to bring about better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer.**

The Compact enshrines the collaboration and principles of working together and is intended to be a golden thread during the transitional year 2021/22.



## Health and Care Compact

# Background and Purpose

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has evolved from the establishment of a Sustainability and Transformation Partnerships in January 2016, Accountable Care Systems, April 2017, to become one of the first ICS systems in England. The ICS comprises of five places, Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS vision is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.

The partners of the ICS acknowledge the gross state of inequalities in South Yorkshire and Bassetlaw (SYB) and that these have widened during the Covid-19 pandemic. The Marmot Review highlighted that the health gap has grown between wealthy and deprived areas and that place matters in terms of deprivation and life expectancy. This is also reflected in the wider socio-economic challenges for the development of the SYB region.

There is a compelling need for the partners of the ICS to come together to better address the inequality issue using a transformational collaborative approach with their combined resources.

The shared purpose of the ICS is to deliver the quadruple aim (better health, care, value and reduced inequalities) in order to;

- Improve population health outcomes and;
- Reduce health inequalities for the population of SYB.

This will be through the prevention of ill health and provision of safe and high quality needs led/ outcome-focussed public services that work well together, looking after staff and managing health and ill health.

Data, technology and innovation will be harnessed across the ICS and at place to achieve this and enable transformational change to make SYB the best place to be born, live and work ('the Shared Purpose').



# The Integrated Care System

Partners of the ICS now (those set out as signatories to this Compact below) are wishing to develop the ICS in response to the changes to the system set out in the White Paper:

**Integration and Innovation:**  
working together to improve  
health and social care for all

(the **White Paper**) and the forthcoming legislative changes from a Health and Care Bill to better meet the Shared Purpose.

The current core ICS arrangements consist of Collaborative Partnership Board, Health Oversight Board, Health Executive Group and Integrated Assurance Committee, together with a clinical forum, citizens' forum and a number of Programme Boards working with existing statutory governance. Partners of the ICS are seeking to transition to an appropriate approach to the ICS NHS Body and the Health and Care Partnership through 2021/22 and the adoption of the new Bill and this Compact will be reviewed during the course of the year to ensure that it and its membership reflects the current position and constituency of the ICS.

The new arrangements will include the development of a statutory ICS NHS Body and an associated ICS Health and Care Partnership (the **Partnership**). The Partnership will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and the voluntary and community sector. Amongst its roles, it will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system - the ICS NHS Body and Local Authorities will have regard to the plan when making decisions.

This Compact sets out the underlying values and principles amongst the partners on matters that will guide the development of the ICS. It is not intended to be a legally binding document but rather a shared commitment. It should be used as a guide in discussions and for holding each other to account when developing the ICS and the Partnership.

The partners intend to work together in a collaborative and integrated way across system, place and neighbourhoods in SYB in line with the Values and Principles set out below, for the Shared Purpose.



# Values and Principles for the ICS Partnership

The partners recognise that achieving the Shared Purpose will depend on their ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of services across the ICS. This may include (if partners choose) combining expertise, workforce and resources and also a review of how the Health and Wellbeing Boards in each of the five Places can play a key role in the development and structure of the Partnership.

The partners also wish to support each other in the development of successful place based systems within the ICS for Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, which will each work as an effective part of the wider system and key building block. Members will also deploy appropriate resource to support the Partnership (each member retains ownership of its resources and is solely responsible for decisions about how those resources are used).

The members will embrace the following values:

- The **'quadruple aim'** of 'better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer alongside the reduction of health inequalities
- To play their part in social and economic development and environmental sustainability of the SYB region
- Committing to making decisions
- Always keeping citizens at the centre of everything the partners do
- Ensuring that the children's, young people and families agenda is a key element of this work
- Supporting each other and working collaboratively to take decisions at the most local level as close as possible to the communities that they affect whether that be system, place or neighbourhood (subsidiarity) and not to simply replicate what is at place in the ICS
- Developing collaborative leadership to deliver the Shared Purpose, and a culture and values to support transformation. All partners are respected and valued. They understand their own contribution and support the contributions of other partners to the Shared Purpose
- Strengthen the links between Place and ICS as well as other local representative structures such as Health and Wellbeing Boards and demonstrate inclusivity and shared ownership
- Making time and other resources available to develop the Partnership and deepen working relationships between partners at all levels
- Being transparent with each other and the people of SYB around decisions and appointments
- Using the best available data to inform priorities and decision-making
- Looking for simplicity and effectiveness in any Partnership structures and governance and follow the rule of form following function



- Acting with honesty and integrity and trusting that each other will do the same;  
This includes each member being open about the interests of their organisation and any disagreement they have with a proposal or analysis. Partners will assume that each acts with good intentions; and
- Working to understand the perspective and impacts of their decisions on other parts of the health and social care system
- Decisions should be taken together at the right level to deliver the Shared Purpose and benefit the population of SYB. Decisions around resource at place should be made with the relevant partners at the place level and when decisions are taken together across the SYB system they should not adversely affect the outcomes or equity for populations within SYB ICS
- Communicating openly about major concerns, issues or opportunities relating to this Compact and adopting transparency as a core value, including through open book reporting and accounting, subject always to appropriate treatment of commercially sensitive information if applicable
- Having conversations about supporting the wider health and care system, not just furthering their own organisations' interests
- Undertaking more aligned decision-making across the partners and trying to commission and deliver services in an integrated way wherever reasonably possible
- Routinely using insights from data to inform decision making
- Positive engagement with other partners in other geographies in pursuit of the quadruple aim and effective planning and delivery including Clinical and Professional Networks
- Ensure that problems are resolved where possible rather than being moved around the system
- Acting promptly. Recognising the importance of integrated working and the Partnership and responding to requests for support from other partners

### ...together these are the 'Values'.

The ways in which the members will put the Values into practice include:

- Promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership) including:
- Specifically being accountable to each other for performance of respective roles and responsibilities for the Partnership and the ICS, in particular where there is an interface with other members; and

### ...together these are the 'Principles'.





# Signatories to the Compact

Organisation	Officer	Signature
Barnsley Clinical Commissioning Group		
Barnsley Hospital NHS Foundation Trust		
Barnsley Metropolitan Borough Council		
Bassetlaw Clinical Commissioning Group		
Bassetlaw District Council		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
Doncaster Clinical Commissioning Group		
Doncaster Metropolitan Borough Council		
Healthwatch (signed on behalf of Healthwatch partners in SYB)		
Nottinghamshire Healthcare NHS Foundation Trust		
Nottinghamshire County Council		



# Signatories to the Compact

Organisation	Officer	Signature
Rotherham Clinical Commissioning Group		
Rotherham Metropolitan Borough Council		
The Rotherham NHS Foundation Trust		
Rotherham, Doncaster and South Humber NHS Foundation Trust		
Sheffield Children's NHS Foundation Trust		
Sheffield City Council		
Sheffield Clinical Commissioning Group		
Sheffield Health and Social Care NHS Foundation Trust		
Sheffield Teaching Hospitals NHS Foundation Trust		
South West Yorkshire Partnership NHS Foundation Trust		
Voluntary, Community and Social Enterprise (VCSE) (signed on behalf of the VCSE partners in SYB)		



# Health and Care Partnership Terms of Reference



**The Health and Care Partnership is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.**



## Health and Care Partnership

# Introduction

### Transitional Phase to April 2022:

The South Yorkshire and Bassetlaw ICS Health and Care Partnership (H&CP) will replace the Collaborative Partnership Board. It will have a transitional role until the adoption of the statutory ICS in April 2022 (the Transitional Phase) and will be reviewed during this phase in the light of emerging legislation and guidance.

### New statutory role post - April 2022:

As set out in the White Paper, ICSs will be established to include an NHS body and a Health and Care Partnership (H&CP).

The SYB H&CP has been co-produced and will be established in the transition year with the new structure in mind. Further guidance is expected from the Department of Health and Social Care which will inform its role.

Its role for this later period is expected to include promoting SYB partnership arrangements, and developing a plan to address the health, social care and public health needs of the SYB system. It is intended that (from April 2022) the ICS NHS Body and each local authority in SYB will have regard to this plan.

The role for the ICS H&CP post April 2022 will be developed by the members with reference to appropriate legislation and guidance during the Transitional Phase and the H&CP will support this process.



# Roles and responsibilities

The H&CP is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.

In the Transitional Phase the H&CP's role and responsibilities will be to:

- a) **support delivery of the Shared Purpose (as set out in the Compact agreed between the ICS members)** working in partnership across the SYB ICS membership in particular around population health and the need for transformational changes to address health inequalities
- b) **engage with the Health and Wellbeing Boards at place** and have regard to their plans for their place as well as the plans from the place based partnerships in SYB in developing an ICS Health and Care Plan to address the systems' health, public health, and social care needs. (See Health and Wellbeing Board Interface section below)
- c) to set the framework within which the transitional ICS Executive and Health Executive Group (HEG) will operate in the Transitional Phase and to prepare for the transition to the new statutory structure for the ICS
- d) to involve, inform and engage patients, the public, staff and their representatives in the work of the partners of the ICS
- e) be responsible for the agreement and oversee the delivery of the SYB ICS Five Year Plan (and an annual refresh of this plan) as well as a finance plan and such other plans for SYB as may be agreed
- f) receive regular update reports from the transitional ICS Executive and Health Executive Group (HEG) on the ongoing progress of the transition to the new statutory form for the ICS on 1 April 2022
- g) provide a mutual assurance function and holding each other to account as outlined in the Compact
- h) support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector
- i) promote collaboration and the Values and Principles set out in the Compact across SYB through its constituent parts (organisational, provider collaboratives, place and neighbourhood)
- j) provide leadership across the SYB health economy to ensure that the values and principles for the SYB health and care system as set out in the Compact are followed

These roles and responsibilities will be reviewed during the Transitional Phase and will be periodically updated to reflect any agreed or required changes following legislation and guidance.



# Health and Wellbeing Board Interface

We recognise the importance of bringing together ICSs and Health and Wellbeing Boards (HWB) as complementary bodies at system and place level. ICS NHS Bodies and Health and Care Partnerships will have formal duties to have regard to HWB plans.

The Health and Wellbeing Board Chairs (HWBC) for each of the constituent five places in SYB will be asked to meet to assure and agree the process and common format for the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the timing for these to be presented to the H&CP in order to inform the H&CP planning process on the SYB plans for the forthcoming financial year.

In preparing the H&CP plan for SYB the H&CP will submit its draft plan to the HWBC at an agreed time in the planning process together with a summary of how the local HWB plans have been reflected in the SYB plan for review and comment.

The HWBC will have the option to either support the SYB plan or to make comments for consideration by the H&CP within an agreed timeframe.

The H&CP will also be required to inform the HWBC of how any of their documented concerns have been reflected in subsequent drafts or why they have not been included and provide the HWBC with a copy of the proposed final form of the H&CP plan when this is sent to the H&CP members for approval.

If the final form H&CP plan is not supported by the HWBC or they have specific concerns then they will have the option to attend and make representations at (or to table a document at the meeting reflecting their concerns) the H&CP Meeting where the H&CP plan is to be discussed or approved directly.

The intention of the members is to review this joint planning process over the Transitional Period and to consider prior to April 2022 whether the H&CP will require either the overview and review of the SYB plan by the HWB as set out above or alternatively the direct membership of the HWBC on the H&CP.



# Membership

The H&CP will exercise its role in relation to the SYB ICS region.

## Geographical scope

In the Transitional Phase it is acknowledged there will initially be a wider membership of the Health and Care Partnership (H&CP) building on places and recognising the current statutory framework including and up to April 2022. In the Transitional Phase the H&CP will facilitate the development of the H&CP to take on its statutory form and a refresh of the membership will take place following Department of Health and Social Care (DHSC) guidance expected in June/July. Membership will be reviewed in the light of this guidance and other local discussions in SYB, for example any other emerging provider collaboratives. At the same time, a small steering group will work to the Partnership in the transition year. In addition, the H&CP will engage Health and Wellbeing Boards to seek their views on how they wish to work with the H&CP in their respective statutory roles. We would seek to rotate the meeting in Local Authority premises where live streaming would be available and local people could attend. Meetings will be expertly facilitated, well-organised and with the opportunity for places to exchange ideas and all partners to agree on major system priority programmes. The H&CP will hold four meetings per year, with the possibility of two of the meetings having extended membership and

the format adapted to facilitate 1) input to the SYB strategic plan and priorities and 2) reviewing delivery against the plan and priorities.

The initial membership of the H&CP in the Transitional Phase will comprise of:

- a) Six nominations from each place, representing the views of commissioners and providers in each of our five places (30)

Nominations must include:

- Two nominations from the Local Authorities; Chief Executive and Director of Public Health
- Two nominations from CCGs, recognising the clinical leadership of these organisations; Clinical Chair and Accountable Officer
- GP Primary Care Collaborative representative for place (may take a few months to get in place)\*
- One nomination from other Providers

- b) Provider collaboratives (6)

A Chair and Chief Executive from each provider collaborative:

- SYB Primary Care Programme Director and Community Pharmacy Representative\*
- Mental Health Collaborative
- Acute Provider Collaborative

\*NB primary care structures are still emerging.





- Health Education England for SYB
- c) Yorkshire Ambulance Service and East Midlands Ambulance Service (2)  
A Chair or Chief Executive nomination
  - d) South Yorkshire Housing Association (1)  
A Chair or Chief Executive nomination
  - e) Voluntary, Community, Faith and Social Enterprise Sector (1)
    - One nomination representing voluntary, community, faith and social enterprise sector for SYB
  - f) Clinical and professional representation (4)
    - One nomination representing adult social care for SYB
    - One nomination representing children, young people and families
    - One nomination representing Nursing and Midwifery for SYB
    - One nomination representing Allied Health Professionals for SYB
  - g) Health Education England
    - One nomination representing
  - h) Healthwatch (1)
    - One nomination representing Healthwatch for SYB
  - i) Strategic commissioning (2)
    - Clinical Chair Joint Committee of Clinical Commissioning Groups  
NB Will also be a current CCG Clinical Chair
    - One nomination representing NHS England specialised commissioning
  - j) South Yorkshire Combined Authority (1)
    - One nomination representing Sheffield City Region Combined Authority
  - k) ICS system – seven nominations from SYB system to be determined by the ICS lead. (7)
- Nominations must include:
- ICS chair designate
  - ICS chief executive designate
  - ICS chief operating officer
  - ICS medical director
  - ICS digital lead (SRO)
  - ICS finance director

Lay member/Non Executive representatives of ICS programme priorities to include (for example) Equality, Diversity and Inclusion and public and patient involvement leads.



# Meetings

## The H&CP will operate in accordance with the SYB ICS Standing Orders.

The Chair may agree that members may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities provided every member is able to be heard by every other member. Participation in a meeting in this manner shall constitute presence in person at such meeting.

The Chair may determine that the H&CP needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair acting reasonably. Urgent meetings may be held virtually, using any of the means specified above.

Secretariat support for the H&CP will be provided by the SYB ICS Programme Office hosted by NHS Sheffield CCG.

### Quorum

The H&CP is considered quorate if there are representatives from each Place and the ICS Chair or lead are present along with at least two other system leadership members.

### ICS Assembly Forum

The H&CP may opt to form an additional Assembly Forum sub-group of the H&CP which will have wider membership of organisations involved in health and care across SYB in order to allow them to participate in, influence and inform the work of the H&CP. The H&CP may decide on the terms of reference as well as how it will report to and receive input from the Assembly Forum.

### Conflicts of interest

Members will ensure that they comply with the SYB ICS conflicts of interest policy and with their own host organisational requirements. Members will be transparent about any interest their organisation has in matters being discussed by the H&CP.

Registers of interest will be maintained for the H&CP and members are required to declare any interests annually, as well as on an ad-hoc basis as any should arise or become relevant in the context of their role on the H&CP.

### Decision-Making

For the Transitional Phase the decision making is based on the consensus of the H&CP group and each member agrees to work together to seek to find agreement in accordance with the Values and Principles set out in the Compact.



It is acknowledged that the members will in many instances be the representatives for a wider group of organisations and will need to obtain approval from their appointing group on decisions in the H&CP. To assist in this members will be expected to communicate with their appointing groups prior to meetings and decisions of the H&CP in order to ensure that they are able to facilitate representation of their group in any discussions and decision making.

In the event that the members are unable to reach a consensus decision on a matter then they may refer this to dispute resolution whereby the matter will be discussed in a specific meeting of the H&CP to try to reach resolution working under the Values and Principles of the Compact. [If consensus has not been reached following this meeting then the consent of not less than [90]% of the eligible representative members will be taken as the decision of the H&CP.]

From April 2022 together with the ICS NHS Body the H&CP will constitute the ICS. It is intended that from April 2022 that the H&CP will be able to take its own decisions regarding matters within its remit such as the setting of the H&CP Plan for the SYB ICS.

The ICS NHS Body may also then delegate parts of its role to the H&CP. This will be done in accordance with the ICS NHS Body governance rules and these Terms of Reference will be updated accordingly prior to April 2022.

### **Frequency**

It is proposed that the H&CP meets between four and six times per year to coincide with key budgetary, planning and priority setting timetables and that two of these meetings are broadened out to include a wider membership and format which facilitates input to developing the wider system plan and priority setting and sharing of progress, innovation, learning and best practice.

### **Deputies**

Members will nominate deputies to attend on their behalf when they are unable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

### **Public meetings**

The members intend that the formal meetings of the H&CP from the end of the Transitional Phase shall be open to members of the public and that notice of these meetings will be provided via the ICS website. Members of the public may be excluded from a meeting for special reasons.

Where providing a record of a public meeting the H&CP minutes shall be made available to the public.



## Accountability and reporting

**In the Transitional Phase** the H&CP will report on its work and the delivery of the H&CP plan into the Health Executive Group and transitional ICS Executive and members will be expected to ensure that the work of the H&CP is reported back into its member organisations directly.

From April 2022 the H&CP will form part of the statutory NHS South Yorkshire and Bassetlaw Integrated Care System.

The H&CP will then report on its work and the delivery of the H&CP plan into the SYB ICS NHS Body and members will be expected to ensure that the work of the H&CP is reported into member organisations.

The H&CP will also publish its plan to address the systems' health, public health, and social care needs and make this available to the public by such routes as the H&CP shall determine.

## Review

These Terms of Reference will be reviewed after the draft Health and Care Bill is issued and following guidance on the structures for the ICS and thereafter on an annual basis from April 2022.

Reviewer

Date of review





# South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership

Terms of Reference

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# South Yorkshire and Bassetlaw Integrated Care System



**SYB ICS Development  
Development Matrix**  
**v1-4 08/04/21**



The South Yorkshire and Bassetlaw journey to becoming one of the first integrated care systems in the country has been one built on the foundations of strong partnerships formed over the last 5 years in each of our 5 Places, and across SYB, focusing together on delivering our ambitions for the population we serve.

The partnership has been co-created throughout this time and our vision has remained consistent: *For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.*

*Integrated Care: Next steps to building strong and effective Integrated Care Systems* and the White Paper, extended the requirements to develop Place models that build on the progress to date and support the journey across local systems. Importantly, the progress in the Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield Places has meant that the Places are already on this journey and have been for a number of years. The five Places are the cornerstone of the ICS and progressing jointly over the coming months, and throughout 21/22, is key to the success of the system and each of the Places.

Partners across SYB are working together to progress the transitional arrangements for 21/22 as per the guidance issued by NHS England and Improvement and ahead of legislative change for 2022. We have co-produced the Development Matrix to support partners on this journey and to help identify key requirements to evolve local models. The principle of subsidiarity has been agreed as fundamental to the model across SYB. However, to explore local decision making and delegated authority from the ICS NHS Board, there are likely to be key enablers that need to be implemented in each of the Places.

As part of the work to develop the ICS Operating Model, illustrative views of a potential form and approach have been developed. The following slides provide an overview of this. There is a shared understanding that this may evolve but importantly the slides set out some of the key areas in further developing Place Partnerships and Provider Collaboratives.

## SYB System Priorities – Quadruple Aim

1. Better health and wellbeing for the whole population
2. Better quality care for all patients
3. Sustainable services for the taxpayer
4. Reduction of health inequalities

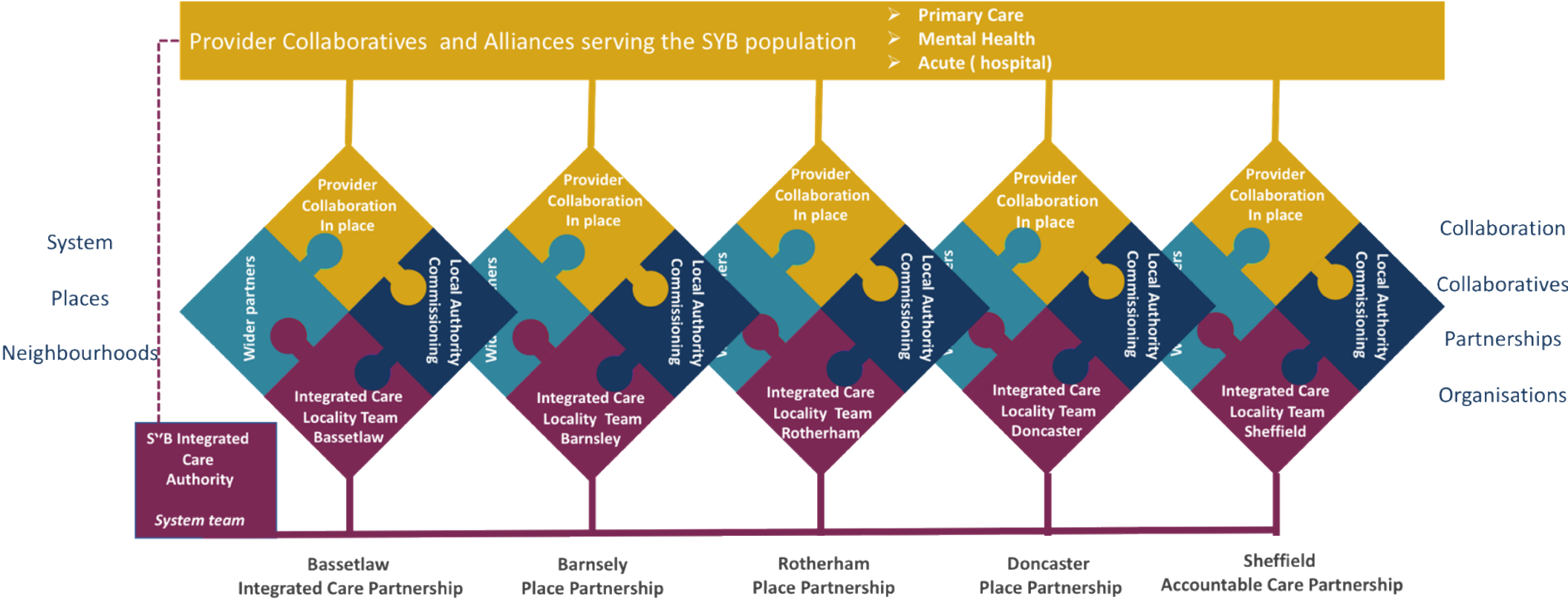
## Place Developments

1. Joint Commissioning
2. Vertical Provider Collaborative
3. Place Partnership

# High level illustration – Operating Model key components



A high level illustration of place partnerships and their key components in context of a future SYB NHS Integrated Care Authority



*The ICS will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and sometimes undertake functions wider than place where that is appropriate. Staff will take leadership and direction from place.*

*Providers of health care working in collaboration and collaboratives both in place and across the system to ensure the local place and total ICS population health and care needs are met.*

*NHS and Local Authorities working jointly and with other partners in place on population health, public involvement and coproduction supporting local integration, provider collaboration and service transformation*





## An illustration which helps us explore some of the key features of the emerging operating model

**Providers of health and care are working together in Place:**

- in collaboration,
- Collaboratives, and;
- As part of a wider strategic partnership

**Local Authorities and the NHS are working Together in Place:**

- Joint commissioning in place

**How a wider strategic partnership in Place is bringing a wider set of partners together to:**

- meet the needs of the place population



**Delegation from the NHS Integrated Care Authority**

- **Leadership, People capacity and skills to co-produce:**
  - Improving population health and reduce health inequalities
  - Development of primary care networks
  - Local integration, provider collaboration and services transformation
  - Coordinate local contribution to health, social and economic development
- **Financial resources, autonomy and decision-making capability including:**
  - Delegated budget to effectively discharge roles for the place population
- **Clear but flexible accountability framework including:**
  - Commissioning and risk management

SYB  
Integrated  
Care  
Authority  
  
And  
system team

*The Integrated Care NHS Authority will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and they will take leadership and direction from place*

# South Yorkshire and Bassetlaw Integrated Care System



## Development Matrix

This is a live document and will be updated periodically as and when further detail becomes available.

# Development Matrix- principles and purpose



The Development Matrix has been designed to support Places and Provider Collaboratives on their journey to achieve their ambition and place-based priorities. Its aim is to support the development of plans through the transition year. The key principles referenced below have been central to its development.

## Key Principles

- 1. To enable flexibility, where this is required, to support Place Models and Provider Collaborative Models to deliver their ambitions for the local Place population**
- 2. To be reflective of the principle of subsidiarity**
- 3. To reflect the journey to date of the 5 Places in developing Partnerships**
- 4. To enable focus on the quadruple aim; supporting better health and well being, improving outcomes for the local population, focussing on the wider determinants of health and reducing health inequalities**
- 5. To further build the approach to the Matrix, understanding that the journey for Place and Provider Collaborative development will go beyond April 22**

The purpose of this document is to support development across Provider Collaboratives and Place Partnerships, and therefore a process for testing and using the tool to self-assess has been discussed. Throughout April and into early May, partners are encouraged to share their experiences of the tool and use this as a way to share good practice across the five Places and identify any areas where they may require further clarity and support as we further develop on this journey together.

Some of the areas included are applicable to both Place development and Provider Collaborative (vertical and horizontal) development; in time it may be that we start to split these out further to demonstrate the differences but as an initial draft we were keen to include all applicable areas to start to test our approach.

# Development Matrix - approach

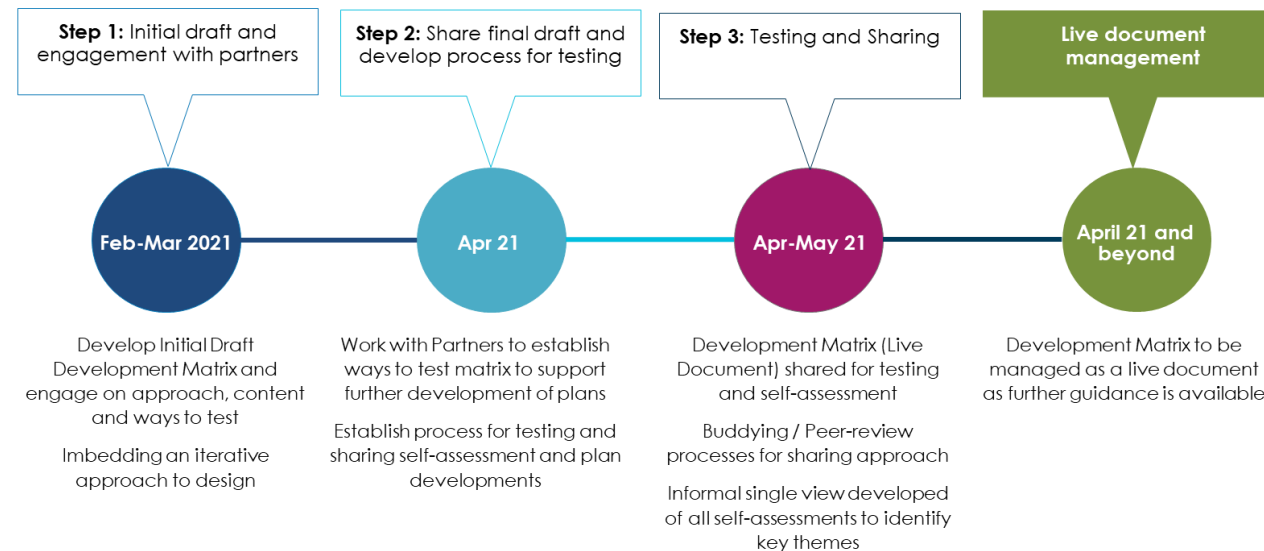


Central to the approach of the Development Matrix has been to engage with partners to establish an approach which is helpful to the development of Place and Provider Collaborative Plans, by taking an iterative approach and ahead of the testing phase in April/May 21.

This has included the following steps outlined in our approach.

## Approach:

1. To work together across partners to co-produce a Matrix which supports the five Places and Provider Collaboratives in developing their plans for September 2021 and throughout 2021/22
2. To identify key enablers and support from across the system to build on the successes to date
3. To utilise the Matrix as a live document and update and evolve the approach as further clarity is provided nationally to best support local developments
4. To develop a process for testing the Matrix in each of the five Places from April 21 and beyond, including a sharing and learning approach



# Development Matrix – key areas (contents)



1. Purpose and Vision

2. Leadership

3. Governance

4. Co-ordinated decision making and service design

5. Financial framework

6. Workforce and culture

7. Values and Behaviours

8. Integration of Services

9. Reporting, Quality and outcomes (contracting)

10. Population health management

11. BI and Digital Infrastructure

12. Defined population that is within scope of the Place

13. Public and patient engagement

# 1. Purpose and vision



Purpose and Vision									
Thriving				The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are further developed.	All Partners have a shared vision and purpose that is agreed, documented and embedded throughout their organisations.	Alignment of the Place vision and purpose with the ICS vision and purpose, including as set out in any plans produced by the Place with the ICS (such as HWB and the ICS Health & Care Partnership). ICS Plans would reference Place developments	The strategy to achieve the shared vision and purpose is informed by PHM insights and the Place can demonstrate how it will use PHM techniques to help the place deliver improved outcomes	Partners are clear and can express the benefit the partnership work brings to the population at place and this is reflected in interactions and behaviours across the place and also between the place and the ICS.	Partners are developing relationships or working with wider partners (e.g. police, housing associations) to seek to address the wider determinants of health
Developing		All Partners have a shared vision and purpose that is agreed and documented though it may not yet have been embedded throughout the organisations themselves.	The strategy/plan is clearly aligned to the place-based Health and Wellbeing Board Strategy  The strategy/ plan identifies key health inequalities and steps to tackle them.	The Place strategy/plan includes a road map for implementing population health management techniques across the Place.	There is an awareness at Place level of emerging plans of the ICS NHS Body and the ICS Health & Care Partnership	The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are being developed.			
Emerging	Partners have started coming together to develop a shared vision and purpose for their collaborative working. These working arrangements are informal currently and not binding.	Partners understand the need to embed tackling health inequalities and are exploring PHM approaches, strategy and objectives.	There is a clear strategy and/ or plan for the development of collaborative working and benefits of partnership working are recognised to achieve improved outcomes at Place and an ambition to share with other Partners across the ICS.						

Development (Maturity) of Place Partnership / Provider Collaborative



## 2. Leadership



Leadership							
Thriving			The Place Partnership has developed structures and processes to enable both clinical and professional leaders to support the vision, strategy, plan and service design at Place	Partner leaders can demonstrate examples where they have taken action focused on collaboration across organisations to ensure greater benefit for the population and have not prioritised organisational interest or silo working.	Leadership team representation is agreed and reflected in governance. Partners have agreed to be represented by the single leadership team in wider ICS conversations with underpinning reporting and governance.	Leadership team is agreed and documented with roles defined and agreed across all organisations and reflected in governance structures with an associated track record for delivery.	Partner leaders are coming together to identify the common challenges facing them and are demonstrating that they are developing their responses to these together.
Developing		Leaders of Partners demonstrate their agreed values and behaviours in interactions with each other and the wider ICS.	Leaders of Partners are focused on collaboration across organisations and the value of collaborating for the population in line with the vision and shared purpose	Groups of clinical and professional leaders from Partners meet to discuss common issues of concern and are able in some instances to present a unified position for the Place/collaboration.	Leadership team at place/collaborative agreed by partner organisations.		
Emerging	Leaders work together to drive collaboration across the footprint though there is little formal structure around the place leadership.	Leadership groups at have begun to develop objectives for the Partnership / Collaborative.	Looking to increase engagement across key partners and sectors both at place and with the ICS and there is alignment forming with local Health and Wellbeing Boards.	Initial discussions are being held in relation to organisations representing each other on behalf of the Place or the collaborative in wider system discussions.	The Place has mechanisms to develop both clinical and professional leadership approaches.		

Development (Maturity) of Place Partnership / Provider Collaborative



### 3. Governance



Governance							
Thriving			CEOs/AOs have delegated decision making authority from boards in agreed areas to allow common decisions to be taken by the Place Partnership Committee and/ or other groups	<p>The Place / Collaborative operating model has clear governance with lines of accountability alongside agreed terms of reference for the Partnership and associated groups. This is co-owned by the members and has reporting lines to the ICS NHS Body and constituent organisations for decision-making abilities (where appropriate). It should also have the ability to employ staff. The approach may include some of the following elements:</p> <p>Place Partnership Committee (with authority to make decisions on behalf of Partners, including if there is not consensus);</p> <ul style="list-style-type: none"> <li>• Joint Commissioning Committee;</li> <li>• Collaborative of local providers;</li> <li>• a Partner willing and able to act as host;</li> <li>• a Vertical Provider Collaborative or suitable delivery entity that has the ability to hold and deliver contracts for services.</li> </ul>		An agreed infrastructure to support Place e.g. co-ordinated input from primary care networks and multi-professional teams to support delivery of plans.	Transparent and robust governance to support working and decision making in the system, connects to the democratic process through a strong relationship with the Health and Wellbeing Board.
Developing		<p>Governance structure agreed for Place Partnership which has agreed TOR and lines of accountability to ICS NHS Body and constituent organisations for decision-making abilities.</p> <ul style="list-style-type: none"> <li>• Place Partnership Forum</li> <li>• Joint Commissioning Committee ,</li> <li>• Vertical Provider Collaborative of local providers</li> </ul>	<p>Vertical Provider Collaborative is supported by formal governance arrangements e.g. a collaboration or alliance agreement with governance structures and representation to allow decision making</p>	<p>Partners are working towards a “weight-bearing infrastructure” that will enable joint appointments/ authorisation of a single leadership team across place or the collaborative.</p>			
Emerging	Local loose arrangements for a partnership forum enabling involvement and representation of all Partners. Ad hoc meetings of Partner leaders to discuss common issues of concern.	Discussions are being held regarding the development of a model for aligned and/ or joint decision-making that will enable the delivery of the place strategy/ plan.	Some joint decision-making through existing structures e.g. commissioners through BCF and section 75 arrangements	Issues that span different Partners are beginning to be addressed by all Partners working together and there are clear governance processes in place to address any issues.			

Development (Maturity) of Place Partnership / Provider Collaborative





### 3. Co-ordinated decision making and service design



Co-ordinated decision making and service design					
Thriving		There is a shared infrastructure in development to enable the delivery of strategy and plans at place and neighbourhood.	<p>Primary Care is embedded in the working of the Place Partnership and wider system with clear alignment of plans.</p> <p>PCN leaders are participating at place and have access to required information.</p>	<p>Partners have developed structures to enable greater levels of co-ordinated decision-making with a focus on health outcomes and the wider determinants of health at Place level which could include:</p> <ul style="list-style-type: none"> <li>• Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners for place integration.</li> <li>• Providers : wider place contracts (ICP or outcomes based) developed across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee</li> <li>• Providers: Partners have formed a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate</li> <li>• Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements</li> </ul>	
Developing	Primary Care is embedded in the processes for Place, and PCN Leaders are engaged in the Place Partnership and working at neighbourhood level.	Partners have co-ordinated their delivery where appropriate to the Place footprint	<p>Partners are developing structures to enable greater levels of co-ordinated decision-making at Place which could include:</p> <ul style="list-style-type: none"> <li>• Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners.</li> <li>• Providers : wider place contracts (ICP or outcomes based) in development across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee</li> <li>• Providers: Partners are working to develop a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate</li> <li>• Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements</li> </ul>		
Emerging	<p>Developing an approach to co-ordinate decision-making and service delivery across the Place footprint by exercising functions in a co-ordinated way, which could include:</p> <ul style="list-style-type: none"> <li>• Joint commissioning between the ICS and the Local Authority: increasing the level of joint commissioning e.g. through increasing the scope of the Better Care Fund section 75 arrangements.</li> <li>• Providers: working towards developing integrated pathways and models of care.</li> <li>• Providers: assessing the appetite for the creation of new joint committees e.g. between providers</li> <li>• Place Partnership: identifying the functions that they will want to explore exercising together at Place.</li> </ul>		Primary Care is engaged in the work and processes of the Place Partnership.		

## 5. Financial framework



Financial framework				
Thriving		Resources are targeted to system priorities through application of shared financial framework across the Place / Provider collaborative.	<p>Delivery against single financial plan with delegated authority/ contract from ICS NHS Board to manage budget and act within agreed financial framework</p> <p>Development of single budget to be managed by Place or Provider collaborative (e.g. via BCF or other contractual mechanisms)</p>	
Developing		<p>Documented financial plan across the Partnership / Collaborative as to how the financial arrangements will be managed across partners.</p> <p>Aligned/Pooled budgets and risk share agreements across place / collaborative</p> <p>Financial plans determined by individual Partners</p>		
Emerging	Small pooled or aligned budgets across specific pathways (with transparency of financial arrangements) that demonstrate integrated working.			

Development (Maturity) of Place Partnership / Provider Collaborative

NB: This section will be further developed as more information becomes available through national and regional work.

## 6. Workforce and culture



Workforce and culture									
Thriving				There is an OD culture of shared learning across the Place, sharing experience, best practice to support shared decision making alongside a clear programme to develop and support future system leaders.		There is a body that is able to employ staff where appropriate arrangements are in place e.g. one of the Partners acting as a host (it is unclear whether joint committees would be able to carry out this role)		Responsibilities for managing staff working are clearly allocated and where appropriate secondment arrangements are agreed.  Joint appointments made where appropriate at all levels	There is a developed OD Plan which is supported by Leaders and socialised across the Place.
Developing		Introducing a culture and mechanisms to support shared learning across Place, sharing experience and best practice.	Investment by Partners in the development of the relationships between Partners that underpin working at Place, at all levels of seniority. This includes investment of staff time and possibly also external resource to support organizational development		Staff feel they work for their local area not organisation	Plans to improve flexibility of movement between organisations.  Joint appointments being explored to a leadership team and other posts	Workforce resource that can be utilised by Place (e.g. former CCG staff now at the ICS and or staff employed by Partners) have been identified and consideration given to the practicalities of line management/ secondments etc.	Partners have developed a skills mapping exercise and developing a plan to ensure that workforce needs are aligned to population health needs.	
Emerging	A documented shared ambition between the Partners to work towards representing each other as part of the Partnership / Collaborative.	Developing approach with ICS NHS Body and Partners to align CCG workforce and others to the Place / Collaborative.	Identifying areas where multi-professional working across organisations could be introduced or deepened	Developing an organisational development programme to deepen trust between Partner leaders	Partners are starting to build an understanding of the skills and capabilities required to deliver their aims and objectives jointly.				



## 7. Values and behaviours



Values and behaviours				
Thriving			Agreed values and behaviours are agreed and embedded across all staff working. Failure to adopt agreed values and behaviours is identified and addressed by Partners working together.	
Developing		Agreed values and behaviours are demonstrated by leaders and within their organisations and recognised by staff		
Emerging	Agreement across Partners on set of values and Behaviours			

Development (Maturity) of Place Partnership / Provider Collaborative

## 8. Integration of services



Integration of services								
Thriving						Working in integrated teams has become the norm as the experience from “early adopter” pathways is extended	Integrated / aligned teams work across primary, secondary, social care, public health and other areas connected to the wider determinants of health e.g. housing, education	There are compelling plans to integrate primary care, mental health, social care, public health and hospital services further, and collaborate vertically to develop care design.
Developing		A deeper understanding within Partners of the challenges other Partners face in relation to care pathways that are within the areas of focus for the Place	A deeper understanding of how the actions of one Partner or Partners impact on others, including through public health and prevention measures	“Proof of concept” regarding the ability to work in a more collaborative and joined up way to obtain better outcomes for local populations has been achieved, although in limited areas	Plans to extend better integrated working to new areas (widening integrated care)	Plans to deepen existing integrated working e.g. through the use of multi-professional teams, co-located teams, shared budgets etc. in areas identified by the Partners.		
Emerging	Initial plans for, or limited provision of, ways of collaborative working between Partners that smooth the transition of service users into, through, out of and between organisations.	Conversations beginning between Partners regarding the impact their actions have on one another in relation to particular care pathways						



## 9. Reporting, quality and outcomes (contracting)



Reporting, quality and outcomes (contracting)				
Thriving			Routine reporting of the performance of the Place as a whole and its elements in a range of different formats, in alignment with the priorities identified by Place (alongside the ICS NHS Body, ICS Health & Care Partnership and Health & Wellbeing Board).	Quality and outcomes-based contracts/ delegation agreements with ICS NHS Body held at Place or by Provider Collaborative.
Developing	Reporting processes that allow the Place to report as one on some aspects of work/services to place partners and the ICS.	Single agreed set of outcomes across the Partnership to tackle priorities.	Small contracts/ delegation agreements in place for some services on an outcomes-based commissioning basis with ICS NHS body held at place or by Provider Collaborative.	
Emerging	Sets of target outcomes where joint or integrated working is in place, but such arrangements are limited.	Standard 'organisation-level' reporting on regular timetable, including to ICS NHS Body with limited evidence of interest in other methods for delivery of analysis for wider influence.		

Development (Maturity) of Place Partnership / Provider Collaborative



# 10. Population health management



Population health management										
Thriving						Single view of population health and associated enabling dashboards	Health and Care outcomes feed into decisions about the allocation of resources e.g. where payment is linked to health outcomes	Commissioning/ service design, care interventions and outcomes at Place driven by population health and health inequalities considerations.	Insight derived from shared analysis is a key part of decision making by senior managers across Place.	Development of a common population health management support function that can be drawn on by Partners across the Place
Developing		Mechanism for decisions and outcomes to be driven by population health techniques and need to reduce health inequalities and focus on the wider determinants of health		Developing capacity to have a joint approach to data infrastructure, sharing and governance to enable: <ul style="list-style-type: none"> <li>the forecasting of the population risk profile for the Place footprint;</li> <li>appropriate prioritisation of resources;</li> <li>further investment in prevention.;</li> <li>the tracking of health outcomes and health inequalities; and</li> <li>a “single version of the truth” to inform discussions about the above</li> <li>care interventions e.g. in groups experiencing high levels of health inequalities</li> </ul>			There is a clear understanding across Place / Provider Collaborative of the population health needs and this is driving the delivery of strategy / plans and approach			
Emerging	Focus on population health through local JSNA and the data that is available locally	Ad hoc generation, sharing and analysis of population health data where required.	Identification of key health inequalities that will be the focus of work by the Place	Partners are developing a shared understanding of their local population health needs.						

Development (Maturity) of Place Partnership / Provider Collaborative



# 11. Business intelligence and digital infrastructure



Business intelligence and digital infrastructure								
Thriving				Data from across primary, secondary and social care is routinely linked, analysed and insights shared across Partners.	Linking with other data from other sources such as education and the police is being explored.	New ways of delivering analysis, to support decision-making, are starting to emerge, in particular using real time data and feeding straight to clinicians.	Joint approach to data infrastructure, sharing and governance  Plans for the use of real-time linked data to inform service user care	Single digital approach with IT systems integrated across Partners
Developing			Data from across primary, secondary and social care is starting to be linked and there is proof of concept and imbedded within this is a view of the wider determinants of health.	Digital schemes being explored for joint implementation across organisations. Partners are beginning to align their decisions about IT infrastructure				
Emerging	Partners' IT and data infrastructures are not currently connected but a clear plan is in development to improve connectivity.	There is an approach developed to start to link Service user level data across different organisations						



# 12. Defined population that is within the scope of the Place



Defined population that is within the scope of the Place/ Provider Collaborative					
Thriving				<p>Shared understanding of both the Place population and high risk/target groups that are clearly defined and used as a basis for action and review, with specific cohorts and priorities clearly identified.</p> <p>Preventative measures used for target groups or specific cohorts.</p>	
Developing		<p>Shared understanding of both the Place population and sub-groups.</p>	<p>Preventative measures starting to be considered for target groups or specific cohorts.</p>		
Emerging	<p>Population groups not clearly defined in terms of the whole Place, with a focus on historic organisational boundaries.</p>				

# 13. Patient and public engagement



Patient and public engagement					
Thriving			The Partnership / Provider Collaborative has a shared engagement and involvement plan which is being enacted and enables, and delivers, co-production.	Demonstrate effective service user and public engagement and involvement.  And a clear understanding by service users and public of the Partnership and its work	Shared communications and engagement support service that can be utilised
Developing		Coordinated and streamlined approach to public and service user engagement and involvement.	Engagement built in to emerging governance structures  Engagement carried out regarding the new ways of working and used to inform development	There is a clear approach to engage and involve the patients and public in developing strategy and plans.	
Emerging	Awareness of public and service user engagement and involvement legal obligations and requirements.	Evidence of working together to discharge requirements.			

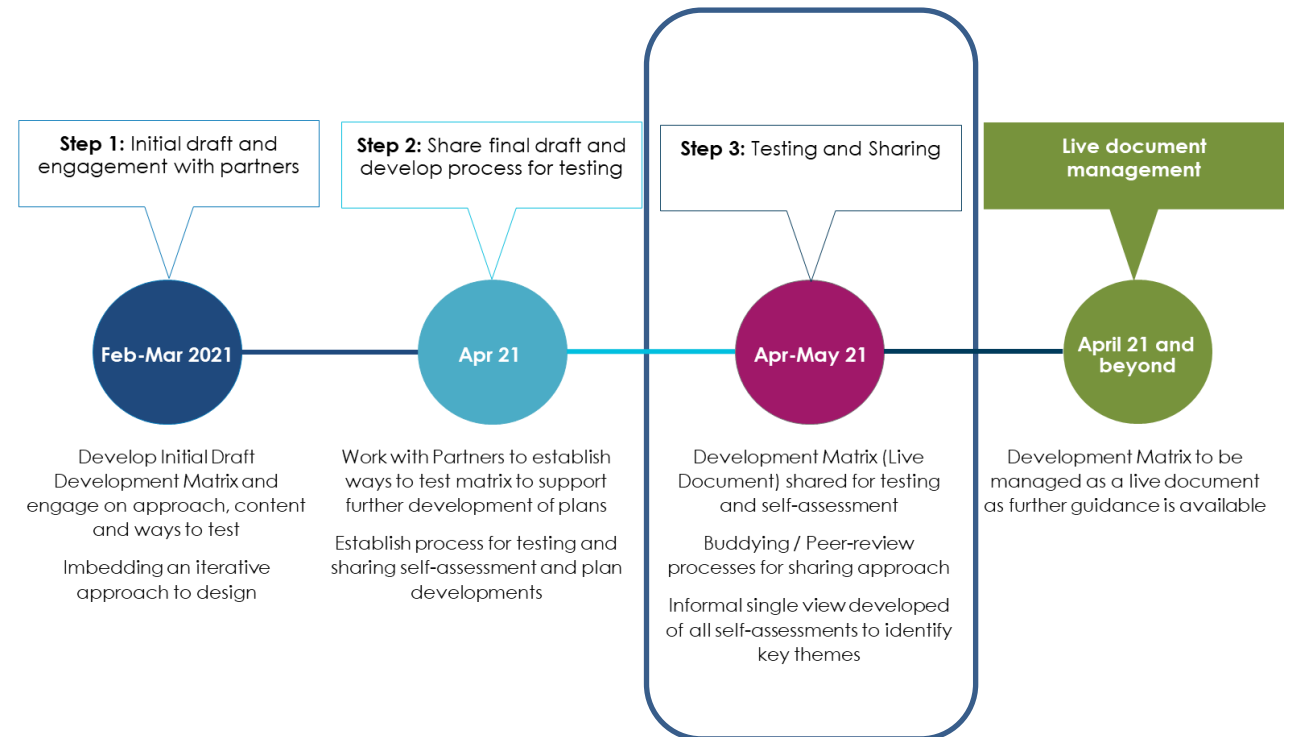


# Next steps (April 2021)



To support the testing and sharing phase for the Development Matrix, the following key next steps will be implemented during April and early May:

- To share this final draft (live document) Development Matrix for testing with partners for April and in to early May
- To support us to enhance the use of the tool, we will develop a peer review process across partners to enable sharing and learning between Places and Provider Collaboratives
- The development of a single view of the self-assessments with support from Attain and Hill Dickinson colleagues to establish key themes and develop key areas that may be helpful to support
- To identify key enablers and requests for support and further clarity from partners
- As a separate piece of work, to develop an outline of potential processes around assessment and assurance in the development of a 'weight bearing Place Partnership' separate to this development tool

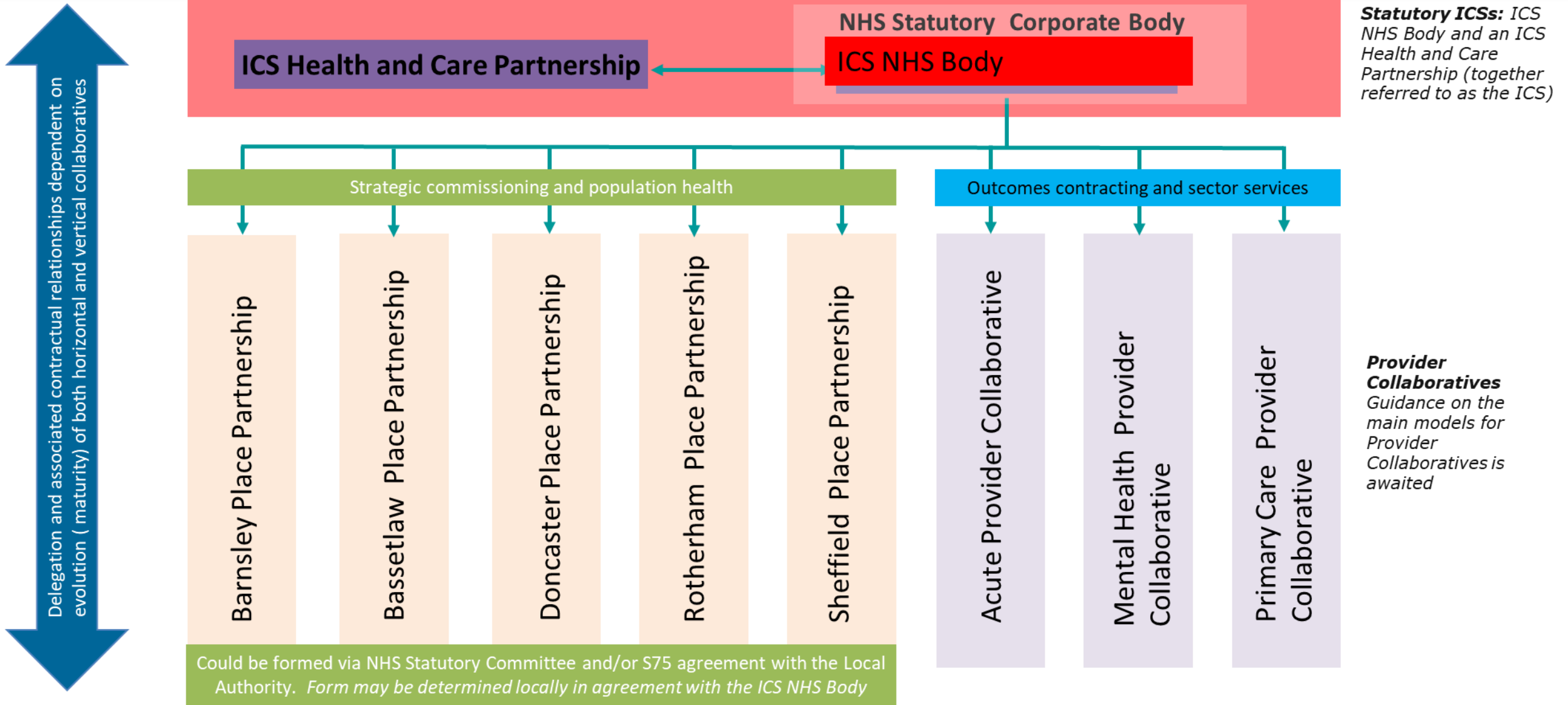


# South Yorkshire and Bassetlaw Integrated Care System



## Appendix 1- Background

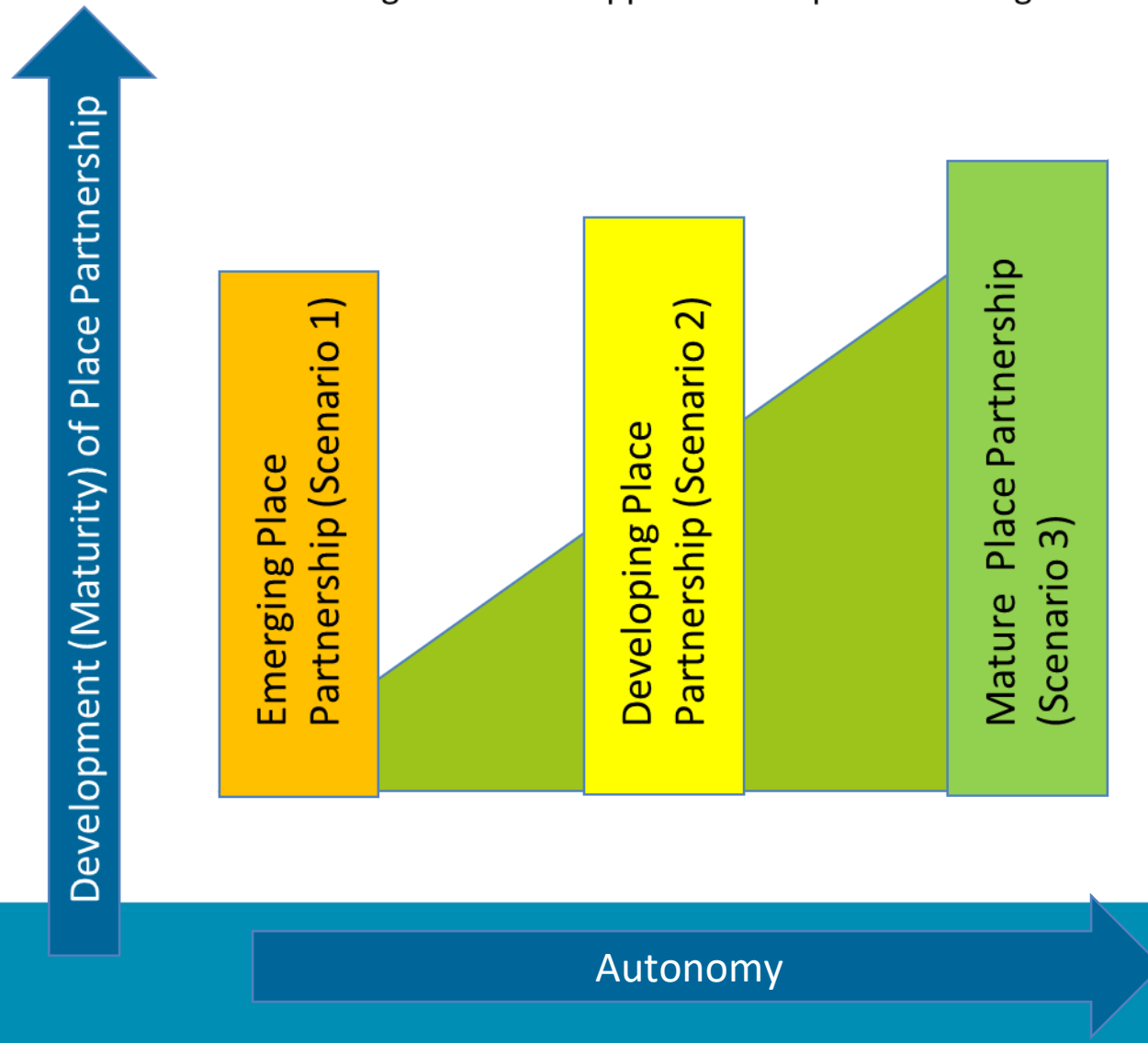
# ICS flow diagram - Illustrative example



# ICS and Place relationship – illustrative examples

Places have a number of key building blocks:

- Joint working with local authorities
- A provider partnership or collaborative
- Arrangements to support whole place working and integration



Assessment would be dependent on local position and development at place to manage delivery and accountability. Elements indicating the position of the place could include:

## **Place Partnership (Scenario 1) Emerging**

- Informal arrangements in Place

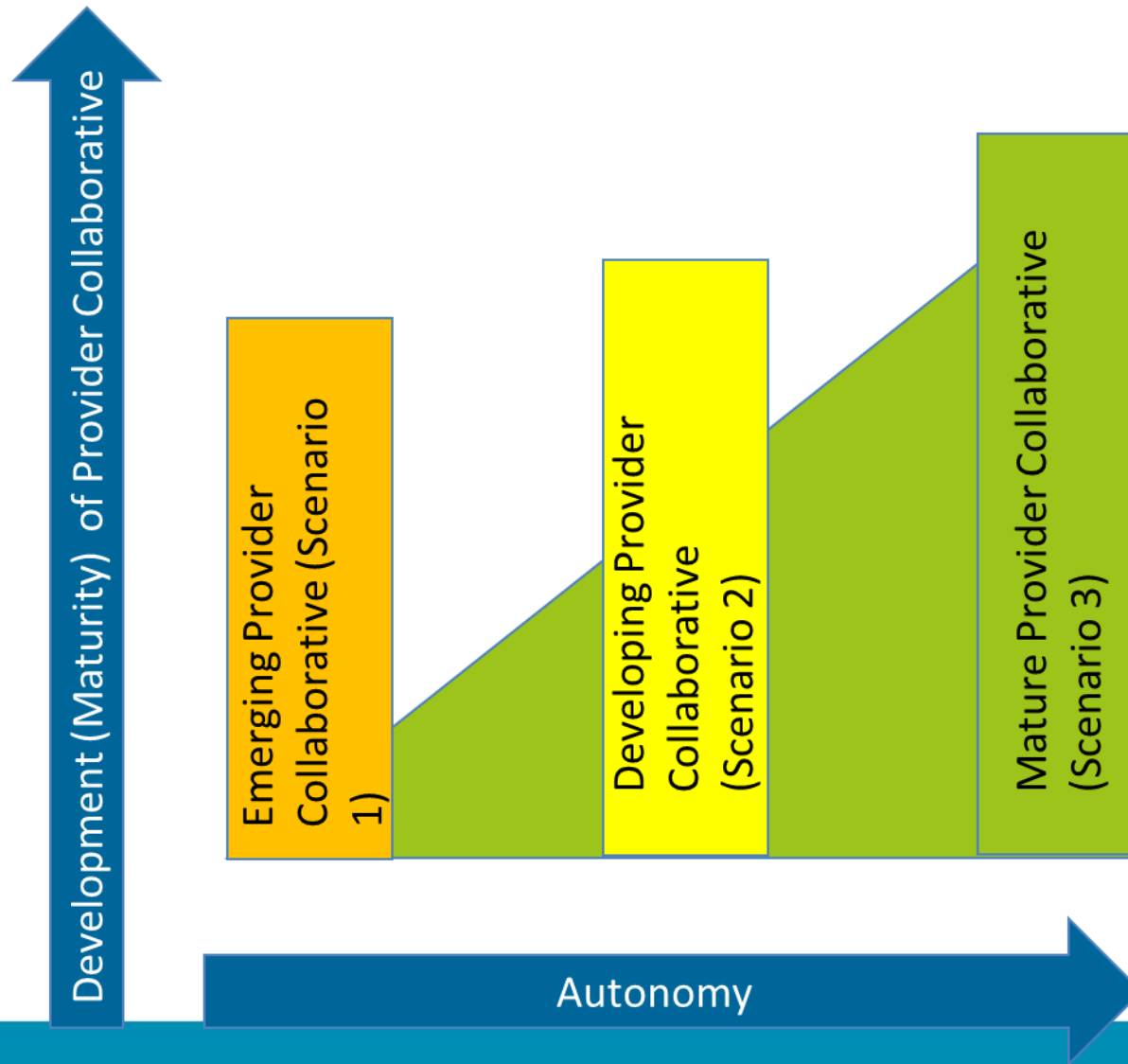
## **Place Partnership (Scenario 2) Developing**

- More formal Provider Collaborative (vertical)
- Health and Social Care pooled budget with formal agreement

## **Place Partnership (Scenario 3) Mature**

- Single voice or entity for place
- High level of delegation and autonomy to act

# ICS and Provider Collaborative relationship - illustrative examples



Assessment would be dependent on local position and development of the collaborative to manage delivery and accountability. Elements indicating the position of the collaborative could include:

## **Emerging Provider Collaborative (Scenario 1)**

- Provider Leadership Board
- Less formal arrangements

## **Developing Provider Collaborative (Scenario 2)**

- Alliance agreement across organisations
- Lead Provider agreed

## **Mature Provider Collaborative (Scenario 3)**

- Single Leadership across all organisations within collaborative
- Single organisation full merger

# South Yorkshire and Bassetlaw Integrated Care System





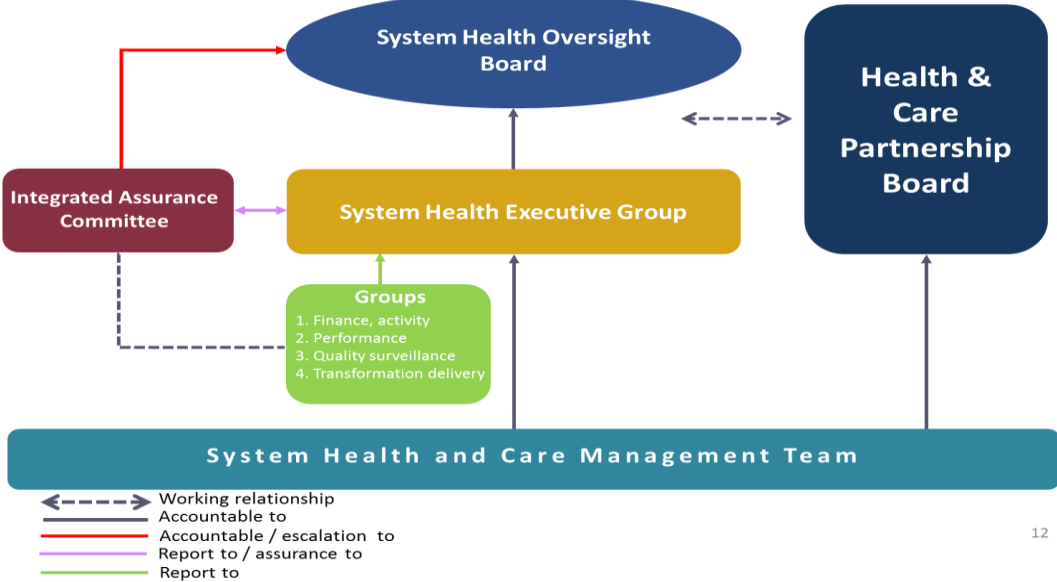
## Appendix C – Summary of wider ICS governance

- i. **A Collaborative Partnership Board (CPB)** which is a guiding coalition, shaping strategy for health and care across SYB (covers the strategy of ICS members). Not decision making and wider than NHS partners.

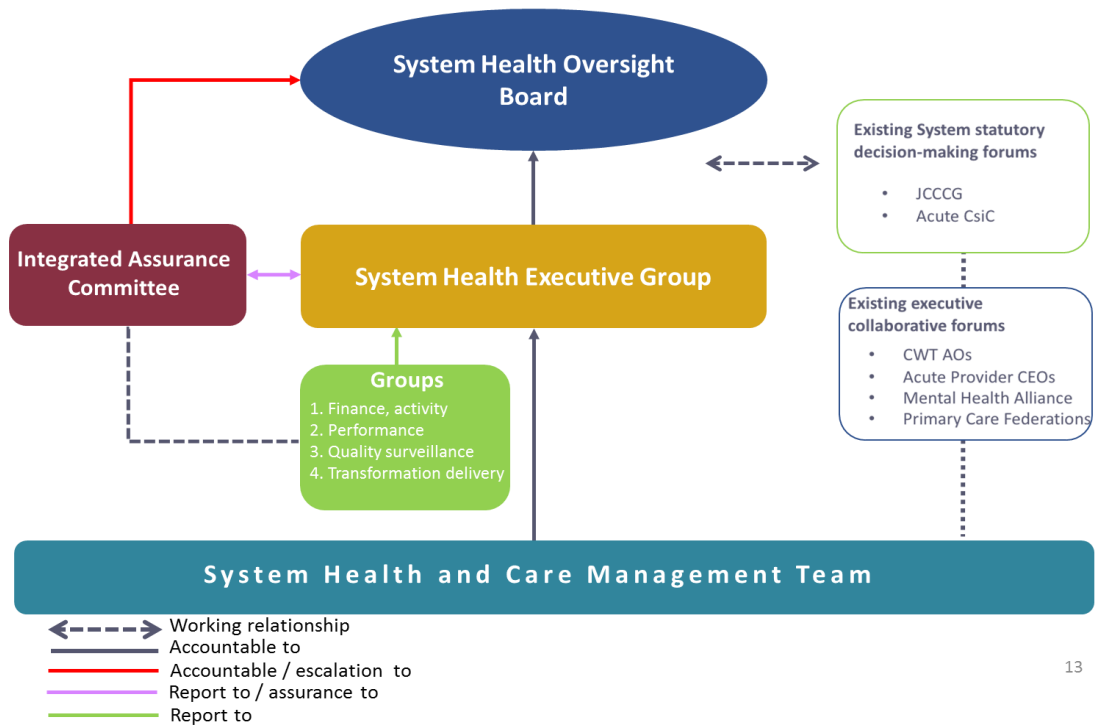
This forum will be replaced by the new Health and Care Partnership and its last meeting took place in May 2021.

- ii. **A Health Oversight Board (HOB)** and an **Integrated Assurance Committee (IAC)** which provide assurance on the collective performance of the system back to NHS England and Improvement (NHS E/I) and to member organisations predominantly NHS focused.
- iii. **A Health Executive Group (HEG)** which is the executive group which oversees collective performance, agrees the application of transformation funding in line with strategic direction and monitors system wide transformation programmes.
- iv. **Health and Care Management Team (HnCMT)**. Its role adapted during Covid-19, meeting weekly and serving as the regular touch point for system leaders in the strategic coordination of the Covid response and recovery.
- v. **An ICS Senior Management Team (SMT)** which is the core leadership team dedicated to system working, coordination and delivery of current ICS functions, responsibilities and transformation priorities.
- vi. **Joint Committee of Clinical Commissioning Groups (JCCCG)** which is a key component of ICS governance and the decision-making committee on service change and transformation covering the total allocation for SYB. It meets in public with oversight from the Joint Overview and Scrutiny Committee.
- vii. **Acute Federation and Acute Providers Committees in Common (CiC)** which is another key component of ICS governance, providing decision making on service change and transformation across SYB as delegated to it by Foundation Trusts.
- viii. **Governing bodies** and **FT Boards** for all joint developments and business cases which they have initiated, sponsored or funded or have been pump-primed by transformation funds, but not delegated to the JCCCG or CiC.

**1. Summary schematic: SYB –ICS Interim governance arrangements for 2019/20**



## 1a. Summary schematic: SYB –ICS Interim governance arrangements for 2019/20



## GOVERNING BODY

13 May 2021

### Covid-19 Response and Recovery update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input checked="" type="checkbox"/>	<i>Information</i> <input type="checkbox"/>								
<b>2.</b>	<b>PURPOSE</b>											
	<p>To provide Governing Body with an update in relation to the current situation and the CCG response to the Coronavirus Disease (COVID19) pandemic.</p> <p>At the Governing Body meeting on 11 March, information was provided on the COVID-19 Vaccination Programme in Primary Care. This paper provides a further update on plans and delivery to date.</p> <p>This paper also sets out the expectations of the 2021/22 Planning Guidance in relation to the recovery of services and delivery of the priorities for the NHS.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Designation</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Clinical Lead</td> <td>Nick Balac</td> <td>Chair</td> </tr> <tr> <td style="text-align: left;">Executive Lead &amp; Author</td> <td>Jamie Wike</td> <td>Chief Operating Officer</td> </tr> </tbody> </table>				Name	Designation	Clinical Lead	Nick Balac	Chair	Executive Lead & Author	Jamie Wike	Chief Operating Officer
	Name	Designation										
Clinical Lead	Nick Balac	Chair										
Executive Lead & Author	Jamie Wike	Chief Operating Officer										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Group / Committee</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Management Team</td> <td>Weekly MT Call</td> <td>Updates and COVID related decisions</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Management Team	Weekly MT Call	Updates and COVID related decisions			
Group / Committee	Date	Outcome										
Management Team	Weekly MT Call	Updates and COVID related decisions										
<b>5.</b>	<b>UPDATE REPORT</b>											
<b>5.1</b>	<b>Introduction</b>											
	<p>Following the declaration by the World Health Organisation (WHO) on 11 March that</p>											

the COVID19 outbreak be classified as a pandemic and the introduction of 'lock down' restrictions on 23 March, the situation has been managed in line with the NHS Emergency Planning, Resilience and Response Framework with national and regional command and control structures in place. Throughout most of this period the NHS EPRR COVID alert level as been at level 4 (national) with NHS England retaining control over commissioning functions.

On the back of reducing COVID case rates and hospitalisations, on 22 February 2021 a 4 step 'Road map out of lockdown' was published setting out the pathway to removing all restrictions. From 8 March, restrictions began to be lifted as the first step of the road map was introduced.

The roadmap is set around 4 key steps with indicative dates for moving through these steps however all the dates are indicative and subject to change if there are any factors that could put recovery at risk. These are:

- Step 1 8<sup>th</sup> and 29<sup>th</sup> March – School and meet outdoors
- Step 2 12 April – Non essential retail, outdoor venues, beauty and gyms
- Step 3 17 May – More indoor venues, meet in larger groups outdoors, attendance at large events
- Step 4 21 June - All remaining rules that are stopping people from getting together to be removed.

The decision on whether to move to the next step is based on four tests:

1. the vaccine deployment programme continues successfully;
2. evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated;
3. infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS;
4. assessment of the risks is not fundamentally changed by new variants of concern.

The latest position against these key tests, as at the end of April, are set out in the table below:

TEST	MEASURE	VALUE	DIRECTION
<b>VACCINE PROGRESS</b>	Number with at least one dose Proportion of pop vaccinated Comparable progress	Around 128,000 Above 61% Ahead of national	NO CONCERNS. APRIL / MAY WILL FEATURE SLOW SUPPLY & SECOND DOSES.
<b>VACCINE IMPACT</b>	Number of people in hospital Number of people in ITU CEV people in hospital	6 0 1	REDUCING
<b>SEVERE INFECTIONS SURGE</b>	Seven day case rate Positivity rate Seven day rate in over 60s	59.1 2.4 18.9	REDUCING. TOP 10 ALL AGE. NOT IN TOP 20 FOR OVER 60s.
<b>DISRUPTION FROM VARIANTS</b>	Proportion UK variant Other variants of concern	99% Nil local	STEADY

The next key date is 17 May 2021 when many indoor hospitality venues will begin to reopen and outdoor restrictions are lifted, the would be followed by the final step on

	<p>21 June 2021 when the government hopes to be in a position to remove all legal limits on social contact.</p> <p>As we move towards the final step of the road map, the CCG will continue to work with local partners in Barnsley and across the South Yorkshire and Bassetlaw Integrated Care System to deliver against our local priorities and plans as described in the Barnsley COVID19 Reset Plan as well as deliver the requirements of the 2021/22 NHS Operational Planning Guidance. Plans will be reviewed and refined on an ongoing basis to ensure that agreed actions are having the positive desired impact upon healthcare and health outcomes for Barnsley people.</p>
5.2	<p><b>NHS Priorities and Operational Planning Guidance</b></p> <p>The NHS Priorities and Operational Planning Guidance was published on 25 March 2021 setting out the priorities for the coming year and the requirement for Integrated Care Systems to develop and set out plans to achieve these objectives and the expectations for the stabilisation and recovery of services. Final plans are to be produced by 3 June 2021 and will consist of a system narrative plan along with operational activity and workforce and finance plans to support delivery.</p> <p>The priorities for 2021/22 are:</p> <ol style="list-style-type: none"> <li>Support the health and wellbeing of staff</li> <li>Deliver the COVID Vaccination Programme</li> <li>Build on what we have learned to transform delivery, accelerate restoration and manage increasing demand</li> <li>Expand primary care capacity to improve access, improve outcomes and reduce inequalities</li> <li>Transform community and urgent and emergency care services to prevent inappropriate attendance at A&amp;E</li> <li>Work collaboratively across systems to deliver these priorities</li> </ol> <p>Whilst all of these priorities have a focus on supporting the recover and reset of services over the coming year, there are some specific expectations on the levels of activity expected to be delivered and milestones to be achieved which are set out in summary below:</p> <ul style="list-style-type: none"> <li>1<sup>st</sup> dose COVID vaccinations to be provided to all adults by the end of July 2021</li> <li>Preparation for revaccination from Autumn 2021</li> <li>Elective care activity to be delivered to at least 85% of 2019/20 levels by July 2021 with the aim of significantly reducing the number of people waiting over 52 weeks to be treated.</li> <li>The number of people waiting longer than 62 days for cancer treatment to return to the level seen in February 2020</li> <li>75% of people to be diagnosed within 28 days of referral for suspected cancer</li> <li>Continue to deliver the mental health ambitions of the Long Term Plan, expanding and transforming core mental health services and meeting the mental health investment standard.</li> <li>Improve delivery of annual health checks for people with Learning disabilities</li> <li>Ensure LeDeR reviews are completed within 6 months of notification</li> <li>Support Primary Care Networks to achieve their share of the 15,500 FTE additional roles in 2021/22</li> </ul>

	<ul style="list-style-type: none"> <li>Continue to make progress in delivering 50 million more appointments in general practice by 2024</li> <li>Ensure the delivery of 2 hour crisis community health response (8-8, 7 days) by April 2022</li> </ul> <p>Systems are also required to agree priorities and plans for addressing health inequalities with a focus upon:</p> <ul style="list-style-type: none"> <li>Restoring NHS Services inclusively</li> <li>Mitigating digital exclusion</li> <li>Ensuring datasets are complete and timely</li> <li>Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes</li> <li>Strengthening leadership and accountability</li> <li>Addressing local health and care priorities to improve outcomes in population health and tackle inequalities in outcomes, experience and access.</li> </ul>
<b>5.3</b>	<p><b>COVID-19 Vaccination Programme</b></p> <p>The COVID vaccination programme, the biggest and most ambitious in NHS history began on 8 December 2020 and will continue to be a priority for the NHS during 2021/22 as described in section 5.2.</p> <p>The vaccination programme in Barnsley continues to make good progress. All patients in Cohorts 1-9 (Aged 50+ or with specific clinical conditions or risk factors) by mid-April. Over 90% of those in these cohorts have received their first vaccine and second doses are being delivered at around 11-12 weeks following the first dose.</p> <p>Vaccination has commenced for cohorts 10-12 (under 50's) and around 30% of this group have received their first dose.</p> <p>The next milestone is for all eligible people to be offered and have the opportunity to receive the vaccine by the end of July 2021.</p> <p>A key area of focus for the programme locally is to ensure equitable access and uptake to the vaccination and make sure that no one is left behind. Specific work is therefore being undertaken to engage with all communities, utilising community champions and other teams to make every contact count and considering vaccination models to target groups of the population who may be hesitant in coming forward or who may not feel able to access the vaccination through the current vaccination clinics.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the update provided in this paper including the priorities for the NHS and the progress in implementing the vaccination programme.</li> </ul>

<b>Agenda time allocation for report:</b>	<i>10 minutes</i>
-------------------------------------------	-------------------

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>																									
	<p>This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):</p> <table border="1"> <tr> <td>1.1 Urgent &amp; Emergency Care</td> <td>✓</td> <td>6.1 Efficiency Plans</td> <td></td> </tr> <tr> <td>2.1 Primary Care</td> <td>✓</td> <td>7.1 Transforming Care for people with LD</td> <td></td> </tr> <tr> <td>3.1 Cancer</td> <td>✓</td> <td>8.1 Maternity</td> <td>✓</td> </tr> <tr> <td>4.1 Mental Health</td> <td>✓</td> <td>9.1 Digital and Technology</td> <td></td> </tr> <tr> <td>5.1 Integrated Care @ System</td> <td>✓</td> <td>10.1 Compliance with statutory duties</td> <td>✓</td> </tr> <tr> <td>5.2 Integrated Care @ Place</td> <td>✓</td> <td>11.1 Delivery of Enhanced Health in Care Homes</td> <td>✓</td> </tr> </table>		1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans		2.1 Primary Care	✓	7.1 Transforming Care for people with LD		3.1 Cancer	✓	8.1 Maternity	✓	4.1 Mental Health	✓	9.1 Digital and Technology		5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓	5.2 Integrated Care @ Place	✓	11.1 Delivery of Enhanced Health in Care Homes	✓
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5.2 Integrated Care @ Place	✓	11.1 Delivery of Enhanced Health in Care Homes	✓																							
	<p>The report also provides assurance against the following red or amber risks on the Corporate Risk Register:</p>	N/A																								
<b>2.</b>	<b>Links to statutory duties</b>																									
	<p>This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):</p> <table border="1"> <tr> <td>Management of conflicts of interest (s14O)</td> <td></td> <td>Duties as to reducing inequalities (s14T)</td> <td></td> </tr> <tr> <td>Duty to promote the NHS Constitution (s14P)</td> <td>✓</td> <td>Duty to promote the involvement of each patient (s14U)</td> <td></td> </tr> <tr> <td>Duty to exercise its functions effectively, efficiently and economically (s14Q)</td> <td></td> <td>Duty as to patient choice (s14V)</td> <td></td> </tr> <tr> <td>Duty as to improvement in quality of services (s14R)</td> <td></td> <td>Duty as to promoting integration (s14Z1)</td> <td></td> </tr> <tr> <td>Duty in relation to quality of primary medical services (s14S)</td> <td></td> <td>Public involvement and consultation (s14Z2)</td> <td></td> </tr> </table>		Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)		Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)		Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)		Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)		Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)					
Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)																								
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Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)																								
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )																									
<b>3.1</b>	<b>Clinical Leadership</b>																									
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	<b>Y</b>																								
	Proposals to be signed off by virtual Governing Body meeting																									
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>																									
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>NA</b>																								
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>																									
	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>																								
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>																								



3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>Y</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

## GOVERNING BODY

13 May 2021

### Urgent and Emergency Care Assurance Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input checked="" type="checkbox"/>	<i>Information</i> <input checked="" type="checkbox"/>								
<b>2.</b>	<b>PURPOSE</b>											
2.1	The purpose of this report is to provide an update to Governing Body regarding the priorities that are stated within the Urgent Care Priority of the Governing Body Assurance Framework (GBAF).											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #b8cce4;"> <th></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Designation</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Clinical Lead</td> <td>Dr J Harban and Dr M Smith</td> <td>Governing Body UEC Clinical Leads</td> </tr> <tr> <td style="text-align: left;">Executive / Author</td> <td>Jamie Wike</td> <td>Chief Operating Officer</td> </tr> </tbody> </table>				Name	Designation	Clinical Lead	Dr J Harban and Dr M Smith	Governing Body UEC Clinical Leads	Executive / Author	Jamie Wike	Chief Operating Officer
	Name	Designation										
Clinical Lead	Dr J Harban and Dr M Smith	Governing Body UEC Clinical Leads										
Executive / Author	Jamie Wike	Chief Operating Officer										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	The matters raised in this paper have been subject to prior consideration in the following forums: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #b8cce4;"> <th style="text-align: left;">Group / Committee</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Barnsley Urgent and Emergency Care Delivery Board</td> <td>Monthly</td> <td>Oversight of developments and planning.</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Barnsley Urgent and Emergency Care Delivery Board	Monthly	Oversight of developments and planning.			
Group / Committee	Date	Outcome										
Barnsley Urgent and Emergency Care Delivery Board	Monthly	Oversight of developments and planning.										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>This paper is presented to provide the Governing Body with an update on the urgent care priorities that are set out in the Governing Body assurance framework and provide assurance of actions being taken and developments underway to mitigate risks and improve urgent care services for Barnsley patients.</p> <p>The CCG priorities for Urgent and Emergency Care are:</p> <ul style="list-style-type: none"> <li>Increasing clinical assessment of calls to NHS 111</li> </ul>											

	<ul style="list-style-type: none"> <li>• Implementation of the 111 First approach to reduce attendances to ED where suitable alternative services exist</li> <li>• Delivery of ambulance response targets and reducing conveyance</li> <li>• Delivery of the 4 hour waiting time standard</li> <li>• Improving patient flow and reducing length of stay</li> <li>• Freeing up hospital beds by reducing non-elective activity</li> <li>• Enhancing Same Day Emergency Care</li> <li>• Reducing A&amp;E by default selections on the DoS</li> </ul> <p>Over the last year the impact of Covid on Urgent Care Services has been significant with changes to activity patterns including reductions in A&amp;E attendances, reduction in non-Covid related admissions but significant pressures in Critical Care as a result of patients needing support to recover from Covid.</p> <p>In response the Barnsley Urgent and Emergency Care Delivery Board are developing a revised plan which focusses upon the delivery of the priorities above but will also support the reset and recovery of services and the continuation of the transformation of urgent and emergency care in line with NHS ambitions as set out in the 2021/22 Planning Guidance.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the update on the current position and plans on Urgent and Emergency Care and</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix 1 - Assessment of current services against key recommendations of the report on the review of clinical standards for Urgent and Emergency Care.</li> </ul>

<b>Agenda time allocation for report:</b>	10 minutes.
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

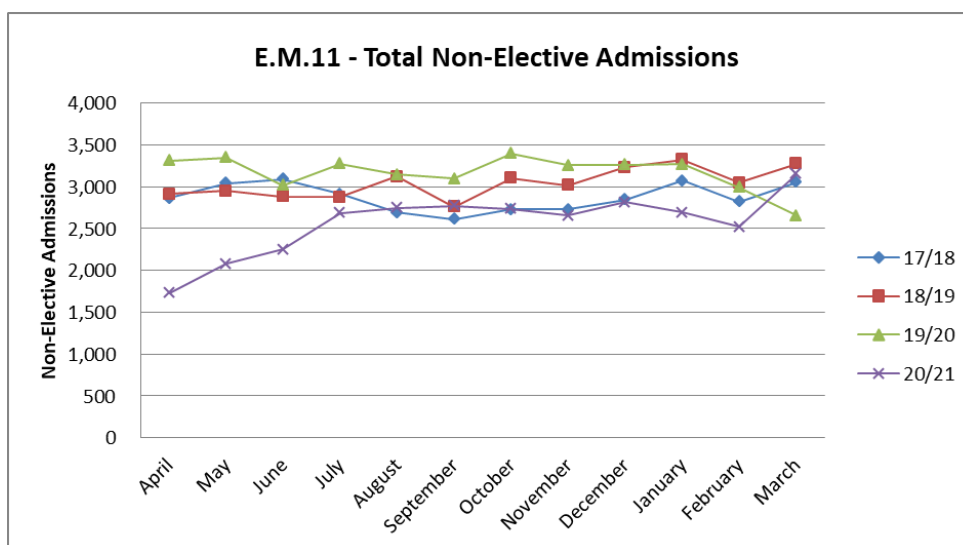
<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place		11.1 Delivery of Enhanced Health in Care Homes	
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			CCG 18/04 CCG 13/3
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
	<i>Governing Body GP members are representatives of the UEC Delivery Board alongside clinicians and other clinical staff from partner organisations providing acute, community, ambulance and primary care services.</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
	<i>Where any specific service transformation, changes or developments are proposed, EIA's will be completed in line with the CCG policy</i>	
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	Where any specific service transformation, changes or developments are proposed, public involvement and consultation will be completed in line with the CCG policy. The CCG Head of Communications and Engagement also acts as the place Communications lead and is involved in the development of communications campaigns and plans on behalf of the Board.	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**PART 2 – DETAILED REPORT**

1.	<h2>INTRODUCTION/ BACKGROUND INFORMATION</h2> <p>The CCG priorities for Urgent and Emergency Care are:</p> <ul style="list-style-type: none"><li>• Increasing clinical assessment of calls to NHS 111</li><li>• Implementation of the 111 First approach to reduce attendances to ED where suitable alternative services exist</li><li>• Delivery of ambulance response targets and reducing conveyance</li><li>• Delivery of the 4 hour waiting time standard</li><li>• Improving patient flow and reducing length of stay</li><li>• Freeing up hospital beds by reducing non-elective activity</li><li>• Enhancing Same Day Emergency Care</li><li>• Reducing A%E by default selections on the DoS</li></ul> <p>Over the last year the impact of Covid on Urgent Care Services has been significant with changes to activity patterns including reductions in A&amp;E attendances, reduction in non-Covid related admissions but significant pressures in Critical Care as a result of patients needing support to recover from Covid.</p> <p>In response the Barnsley Urgent and Emergency Care Delivery Board are developing a revised plan which focusses upon the delivery of the priorities above but will also support the reset and recovery of services and the continuation of the transformation of urgent and emergency care in line with NHS ambitions as set out in the 2021/22 Planning Guidance.</p> <p>Section 2 provides an update on recent activity trends and further details on the key areas of the Barnsley UEC Delivery Board Plan.</p>																																																																	
2.	<h2>DISCUSSION / ISSUES</h2>																																																																	
2.1	<h3>Activity Levels</h3> <p>During 2020/21 activity has been impacted as a result of the Covid pandemic. The graph below illustrates the impact upon A&amp;E Attendances, showing the overall reduced level of activity when compared to recent years.</p> <div><p><b>Total A&amp;E Attendances excluding Planned Follow Ups</b></p><table><thead><tr><th>Month</th><th>17/18</th><th>18/19</th><th>19/20</th><th>20/21</th></tr></thead><tbody><tr><td>April</td><td>7,500</td><td>8,500</td><td>9,500</td><td>4,500</td></tr><tr><td>May</td><td>8,000</td><td>9,000</td><td>9,500</td><td>6,500</td></tr><tr><td>June</td><td>7,800</td><td>8,800</td><td>9,000</td><td>7,000</td></tr><tr><td>July</td><td>8,200</td><td>9,200</td><td>9,800</td><td>7,800</td></tr><tr><td>August</td><td>7,500</td><td>8,500</td><td>9,500</td><td>7,500</td></tr><tr><td>September</td><td>7,800</td><td>8,200</td><td>9,000</td><td>7,800</td></tr><tr><td>October</td><td>8,200</td><td>8,800</td><td>9,500</td><td>7,500</td></tr><tr><td>November</td><td>7,800</td><td>8,500</td><td>9,500</td><td>6,800</td></tr><tr><td>December</td><td>8,200</td><td>8,800</td><td>9,800</td><td>7,000</td></tr><tr><td>January</td><td>7,800</td><td>9,500</td><td>9,500</td><td>6,200</td></tr><tr><td>February</td><td>7,500</td><td>8,500</td><td>8,500</td><td>6,500</td></tr><tr><td>March</td><td>8,500</td><td>9,500</td><td>7,000</td><td>8,000</td></tr></tbody></table></div>	Month	17/18	18/19	19/20	20/21	April	7,500	8,500	9,500	4,500	May	8,000	9,000	9,500	6,500	June	7,800	8,800	9,000	7,000	July	8,200	9,200	9,800	7,800	August	7,500	8,500	9,500	7,500	September	7,800	8,200	9,000	7,800	October	8,200	8,800	9,500	7,500	November	7,800	8,500	9,500	6,800	December	8,200	8,800	9,800	7,000	January	7,800	9,500	9,500	6,200	February	7,500	8,500	8,500	6,500	March	8,500	9,500	7,000	8,000
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This pattern can also be seen in the level of non-elective admissions to hospital as illustrated in the graph below:



In the case of both A&E attendances and non-elective admissions the level of activity followed similar patterns, reflecting the initial lockdown in March 2020 (significant reduction in activity) followed by an increase through the summer, another downward trend at the back end of summer until February and then an increase as the roadmap out of lockdown was announced and began to be implemented.

## 2.2 **Urgent and Emergency Care Plan**

In December 2020 the NHS published the recommendations of the clinical review of Urgent and Emergency Care Standards - 'Transformation of urgent and emergency care: models of care and measurement'. At the same time the Barnsley Urgent and Emergency Care Delivery Board commenced a review of its improvement plan to ensure that it was aligned to the local priorities for reset and recovery and would deliver the transformation and improvement required to meet the expectations of NHS England.

The Plan is currently being finalised however work is ongoing in some of the key areas. The final plan is to be signed off at the UEC Board in May 2021.

Four principles underpin the draft plan and are intended to inform any service design or redesign. There are:

1. People with urgent care needs should get the right advice in the right place, first time.
2. We must provide highly responsive, bookable, urgent care services that support reduced avoidable attendance at, or time in an ED, and resultant admissions.
3. We must ensure that those people with more serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise to maximise chances of survival and a good recovery.
4. We must ensure that no patient stays in the emergency department or in hospital longer than is clinically necessary and that hospital capacity is only used by patients who need it.

The final plan covers a wide range of areas across three key themes;

- Access
- Assessment Care and Treatment
- Patient flow through health and care services.

Five key priorities have currently been identified by the Barnsley UEC Delivery Board. These are described further below:

### **1. Front door streaming/navigation**

- Utilise expertise from the NHSE/I Emergency Care Improvement Support Team (ECIST) Regional Improvement Managers regarding primary care streaming, an alternative provision is required to the A&E front door model.
- This will be designed with the aim of reducing avoidable attendances into the A&E department at BHNFT and ensuring that a suitable alternative provision is available to this patient group.
- This alternative provision will be developed at place level to ensure it meets the need of the Barnsley population.

### **2. Turning the Admissions/Readmissions audit observations into actions**

- An admissions and readmissions audit has taken place to help understand how an earlier or alternative intervention may have avoided hospital attendance and/or admission.
- Collaborative work between the CCG and providers is underway to establish and trial potential solutions to the observations via task and finish processes

### **3. 111 First Comms**

- Encouraging the use of NHS111 as the primary route to access urgent care.
- Getting the message to the public right through clear comms. Ensuring that the public are aware of any changes to services and processes.

### **4. Same day emergency care (SDEC)**

- Ensure clear criteria in place for SDEC services.
- Pathways will be designed to support direct access to SDEC or access through Right Care Barnsley for 111, Primary Care, Ambulance Services and other health care professional.
- SDEC areas to be fully functional by June 2021.

### **5. Directory of Services (DoS)**

- Ensuring all services are accurately profiled on the DoS.
- Learning from 111 about gaps identified in the DoS and in local services to inform further improvement work.

The UEC Delivery Board have agreed that addressing these issues will support improvement of services for Barnsley people and address the key areas for improvement. Other actions will also be taken forward to ensure that each of the key recommendations of the review of clinical standards for Urgent and



	Emergency Care are considered and addressed. An assessment of current services and developments against each of these is included at Appendix 1.
<b>3.</b>	<b>DELIVERY OF STATUTORY AND GOOD GOVERNANCE REQUIREMENTS</b>
<b>3.1</b>	<b>Clinical Leadership</b>  Governing Body GP members are representatives of the UEC Delivery Board alongside clinicians and other clinical staff from partner organisations providing acute, community, ambulance and primary care services.
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>  Not relevant for this paper
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>  There are no specific financial implications associated with this report however the delivery of effective urgent and emergency care services in the right place and at the right time to meet the needs of patients will result in improved efficiency and effectiveness of the system
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>  All areas of the UEC Delivery Board Plan will have an impact upon quality of services and where specific changes are planned, appropriate quality impact assessments will be undertaken.
<b>3.5</b>	<b>Reducing inequalities (s14T)</b>  Improving access to urgent and emergency care services for will have a positive impact upon inequalities and where specific changes are planned, appropriate equality impact assessments will be undertaken.
<b>3.6</b>	<b>Public Involvement &amp; Consultation (s14Z2)</b>  Where any specific service transformation, changes or developments are proposed, public involvement and consultation will be completed in line with the CCG policy. The CCG Head of Communications and Engagement also acts as the place Communications lead and is involved in the development of communications campaigns and plans on behalf of the Board.
<b>3.7</b>	<b>Data Protection and Data Security (GDPR, DPA 2018)</b>  Not relevant for this paper
<b>3.8</b>	<b>Procurement considerations</b>  Not relevant for this paper
<b>3.9</b>	<b>Human Resources</b>  Not relevant for this paper

3.10	<b>Environmental Sustainability</b>  Not relevant for this paper
<b>4.</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>
	There are no new or increasing risks to the CCG as a result of the contents of this paper. The plans for Urgent and Emergency Care will however contribute to the mitigation of risks on the CCG Corporate Risk Register in relation to A&E attendances and levels of non-elective hospital activity.
<b>5.</b>	<b>CONCLUSIONS &amp; RECOMMENDATIONS</b>
	The information provided in this report aims to provide the Governing Body with assurance that appropriate plans and actions are in place to address the priorities and risks identified in the Governing Body Assurance Framework relating to Urgent and Emergency Care.  The Governing Body are asked to note the contents of the report.
<b>6.</b>	<b>APPENDICES TO THE REPORT</b>
	<ul style="list-style-type: none"> <li>Appendix 1 - Assessment of current services against key recommendations of the report on the review of clinical standards for Urgent and Emergency Care.</li> </ul>

## Appendix 1

### Assessment of current services against key recommendations of the report on the review of clinical standards for Urgent and Emergency Care.

Headline Action/ Outcome	Detailed actions/ milestones	In place/ in development
<b>A. Increase NHS 111 capacity</b>	1) Investment in NHS 111 call handling - Increase the number of NHS Pathways trained call handlers - Enhance productivity through deployment of new technologies and working practices	<ul style="list-style-type: none"> <li>Both call handling and clinical staff were recruited to add capacity ahead of the launch of 111 First. While recruitment is usually ongoing, there are no plans to further increase establishment within IUC at present.</li> </ul>
	2) Continued development of the NHS clinical decision support system 'NHS Pathways'	<ul style="list-style-type: none"> <li>N/A for Barnsley at place level.</li> </ul>
<b>B. Ensure availability of alternative secondary care dispositions to users of NHS 111 services</b>	1) Increase clinical capacity within Core and local Clinical Assessment Services	<ul style="list-style-type: none"> <li>Increase in Core CAS took place as part of the 111 First roll out.</li> <li>Work to improve links between 111 and RightCare, as well as access for 999 colleagues, is beginning.</li> </ul>
	2) Improved profiling of all local services on the national Directory of Service  Accurate Directory of Services - consistent patient offer	<ul style="list-style-type: none"> <li>Work ongoing - extensive work on DoS completed previously.</li> <li>Length of info on DoS has been reduced and all services are now well described.</li> <li>Despite this services are not getting the right referrals, e.g. missing referrals and inappropriate referrals.</li> <li>Meeting across SYB system arranged to share DOS learning.</li> </ul>
	3) Single point of access, for an urgent response from community health services	<ul style="list-style-type: none"> <li>RightCare for community services.</li> <li>Moving towards a Neighbourhood Team approach/ model of care which will: Introduce a single point of access and clinical triage for community services.</li> <li>Mental Health SPA</li> </ul>
	4) Enable face-to-face interaction where clinically necessary and enabling booked appointments for those patients with urgent care needs that do not need to be seen in an ED	<ul style="list-style-type: none"> <li>Face to Face appointments available through primary care during the day (GP slots provided to 111) and through iHeart during evening and weekends.</li> <li>Out of hours GP service.</li> <li>Intensive home based treatment immediate response in 1 hour face to face within 4 hours - direct from 111.</li> </ul>
<b>C. Implement an ED referral and booking system for users of NHS 111 services</b>	1) NHS 111 direct booking of time slots in urgent healthcare services, throughout the week, across primary, secondary, community and mental health services	<ul style="list-style-type: none"> <li>EDDI - Electronic message from 111 to ED.</li> <li>I-heart (bookable GP appointments during evenings), considering booking from 111.</li> <li>111 can access urgent GP treatment centre (For covid only).</li> <li>Access to SDEC.</li> </ul>
	2) Establishing NHS 111 to ED referral processes	<ul style="list-style-type: none"> <li>ED notification process being led by the UEC Hosted Clinical Network.</li> </ul>
<b>D. Develop and deliver a local communication</b>	1) Local comms to further encourage the use of NHS 111 as a remote	<ul style="list-style-type: none"> <li>If a GP is unable to see that patient, they should be directing that patient to a suitable</li> </ul>

strategy	triage service for the access of urgent care services	alternative local service rather than to 111.
<b>E. Ensure capacity identified within ambulance services to meet additional demand</b>	1) Maximise the use of these 'Hear and Treat' and 'See and Treat' Pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 Eds	• YAS wide programme
	2) Build on the Ambulance Response Programme - ensure the sickest patients get the fastest response and that all patients get the right response first time	• YAS wide programme
	3) Safe reduction (where possible) in ambulance conveyance. Safe appropriate avoidance	• Priority call backs from Barnsley GPs to YAS crews who are on site with a patient, as well as giving YAS crews appropriate access to SDEC and RightCare, will support crews to direct patients to the right services and reduce avoidable conveyances to the ED.
<b>F. Subject to piloting, implement recommendations for additional clinical validation of lower acuity 999 calls.</b>	1) Identifying ambulance codes that can safely be reviewed by a clinician before an ambulance is despatched offering a more consistent patient response	• Ongoing regional/national workstream. There is nothing within this that will be Barnsley specific.
<b>G. Finalise designation of UTCs and increase capability and capacity of UTC services to offer booked appointments</b>  (No UTC in Barnsley)	1) Increase pathways for conveyance to settings such as urgent treatment centres or same day emergency care services	<ul style="list-style-type: none"> <li>• ECIST Review to be undertaken to support with development of Primary Care streaming specifically to reduce A&amp;E attendance that could be managed effectively by a PC/community service.</li> <li>• ECIST review to help inform pathways into AMAC, MAU, SAU, CAU.</li> <li>• Reviewing current pathways to identify enhanced direct access opportunities for Primary Care and other services.</li> <li>• YAS -Conveyance to any developed UTC unlikely as any patient suitable for a UTC should be able to self-present.</li> </ul>
<b>H. Ensure acute trusts have systems in place to respond to crowding in emergency departments, eliminating ambulance handover delays and corridor care</b>	1) Acute trusts accept handover of patients within 15 of an ambulance arriving at the emergency department (ED) or other urgent admission facility	• Current issues with ambulance handovers, exacerbated by building works on site and crowding in ED due to high attendance numbers in ED. Some primary care patients, therefore local UEC board working on interim solution to manage PC patients in ED as well as longer term planning linked to ECIST work. Works on dept. due to be completed by 01/06/2021.
	2) Rapid meaningful initial clinical assessment of the needs of all patients	<ul style="list-style-type: none"> <li>• Senior mental health nurse on site with high intensity service (ED) user caseload.</li> <li>• MH A&amp;E response time = 1 hour, assessment within 4 hours.</li> </ul>
	3) Discharge or admission as soon as possible after the patient is ready to proceed from the ED	• AMU Capacity to pull patients from ED.
	4) Availability of bedspace	<ul style="list-style-type: none"> <li>• Impacted by workforce and capacity (better communication via whiteboard helping to reduce calls and prioritise staff time).</li> <li>• Safe patient flow reviews (Red2Green).</li> <li>• Rolling out electronic whiteboards (working to SAFER principles). Identification of medically stable patients and displays golden patient.</li> </ul>
	5) Ensure a steady flow of patients out of ED and into hospital inpatient beds	<ul style="list-style-type: none"> <li>• Tracking of flow and internal standards in place.</li> <li>• Collecting data, identifying problems, part of internal improvement work.</li> </ul>

		<ul style="list-style-type: none"> <li>• Dave Walker (ED Clinical Lead) running series of improvement events, clinical assessment times, improving flow and quality etc.</li> <li>• AMU Capacity to pull patients from ED.</li> <li>• Cardiology take control of their bedspaces via 'pull system' so patient pulled into bedspace as soon as another patient discharged.</li> </ul>
	6) Investment in urgent and emergency care capacity - Departments right size and configuration to treat the sickest patients who require admission to hospital	<ul style="list-style-type: none"> <li>• Paeds A&amp;E and assessment unit due to open on 22/03/2021.</li> <li>• Work ongoing to knock through into majors (30% capacity increase).</li> <li>• Internal improvement plan (benchmarking in progress).</li> </ul>
<b>I. Ensure streaming arrangements in place for patients who do not require ED care</b>	1) Development of processes and IT enablers to appropriately stream low acuity unheralded patients to alternative non-ED settings: - UTC's (Primary Care / Community Alternatives to ED in Barnsley) - general practice - pharmacy - community services	<ul style="list-style-type: none"> <li>• No UTC planned in Barnsley.</li> <li>• Work on 'front door A&amp;E model' ongoing, ECIST evaluation in progress.</li> <li>• Digital work care homes?</li> <li>• Increasing referrals from ED to right care for community services.</li> <li>• Admissions audit completed.</li> </ul>
	2) Care prioritised to those most in need - streaming to a more appropriate care setting, such as a UTC or primary care facility	<ul style="list-style-type: none"> <li>• RightCare service look for suitable alternative to admission, where clinically appropriate.</li> </ul>
	3) Ability to make booked appointments for patients, to treat ambulance patients, and make more use of video consultations so more patients can be treated at home (via primary and community alternatives to ED)	<ul style="list-style-type: none"> <li>• Review opportunities for direct access for Ambulance Services - possibly through Right Care Barnsley.</li> </ul>
	4) Patients will be able to book same day appointments at Primary Care / community streaming services through NHS 111	<ul style="list-style-type: none"> <li>• No UTC planned for Barnsley.</li> <li>• Work on 'front door A&amp;E model' with ECIST review.</li> <li>• Direct booking in place already for GP and Extended Access.</li> </ul>
	5) Increasing capacity of booked appointments and make better use of the capability of primary Care / community alternative to ED	<ul style="list-style-type: none"> <li>• ECIST work.</li> <li>• Iheart extended hours - reviewing capacity and increasing appointments temporarily.</li> </ul>
	6) Systems in place to safely stream patients who do not require ED care to an alternative service supported by robust clinical governance arrangements	<ul style="list-style-type: none"> <li>• ECIST work.</li> <li>• Mental health streaming - OOH GP's can refer to crisis service, urgent telephone triage. Development of 'crisis café' - virtual support mechanism for people OOH.</li> </ul>
	7) Explore how NHS 111 can help simplify the process for GPs, ambulance services, community teams and social care to make referrals to these services via a single point of access	<ul style="list-style-type: none"> <li>• Rightcare Barnsley is the single point of access for community services.</li> <li>• Need to get this working, GP's know to come straight to Rightcare. Still developing ambulance pathways as don't get enough referrals. Social care know to come to rightcare but more work</li> </ul>

		needed.
<b>J. Ensure consistent provision of Same Day Emergency Care</b>	1) Same Day Emergency Care (SDEC) - Non-admitted pathways	<ul style="list-style-type: none"> <li>• Some SDEC pathways already in place.</li> <li>• Further pathways in development.</li> <li>• SDEC area development, due to be fully functional May/June</li> <li>• Rightcare involved in SDEC pathways - patients referred from Rightcare, well established referral routes primary care, health and social care. Need to identify people who don't use efficiently.</li> <li>• Discussions ongoing around YAS 999 access to medical and surgical SDEC. Paramedic access to Barnsley's SDEC would make it the first across YAS.</li> </ul>
	2) Ensure sufficient capacity to manage these patients on an SDEC basis	<ul style="list-style-type: none"> <li>• Capital works to support reconfiguration of site.</li> </ul>
	3) Conditions that can be managed through SDEC will vary depending on the hospital and needs of the local population	<ul style="list-style-type: none"> <li>• Work from AMU/AMAC team</li> </ul>
	4) Close working between ED and SDEC - Ensuring care is safe and effective	<ul style="list-style-type: none"> <li>• SDEC services next to ED and close working relationships in place.</li> </ul>
	5) Acute frailty services linked to SDEC	<ul style="list-style-type: none"> <li>• Frailty pathway insitu at BHNFT.</li> <li>• Frailty service being remodelling to fit in with SDEC.</li> <li>• Monitoring in place to achieve % reduction in LOS &lt;24 hours.</li> </ul>
<b>K. Introduce a new bundle of system-wide performance measures</b>	1) Urgent Treatment Providers should record activity and patient information on the ECDS (Emergency Care Data Set), enabling improved understanding of performance and patient acuity	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
	2) Define and understand new measures	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
	3) Update IT systems for recording	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
	4) Update IT systems for reporting	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
	5) Updating ED policies/procedures	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
	6) Culture change around new measures (comms)	<ul style="list-style-type: none"> <li>• To be determined once measures confirmed.</li> </ul>
<b>L. Deliver on capital investment where available</b>	1) Development of other technologies: - video consultation - Natural Language Processing	
<b>M. Ensure robust discharge processes are in place within acute trusts and community services</b>	1) Reducing length of stay and bed occupancy	<ul style="list-style-type: none"> <li>• Low benchmarking, therefore not a priority as no significant improvement areas identified at present.</li> <li>• Safer patient flow reviews (Red2Green).</li> <li>• Tomorrows golden patient.</li> <li>• Tomorrow's TTO's today.</li> <li>• In-each matron working on this.</li> </ul>
	2) Continuation of Clinical Criteria to Reside as part of daily ward rounds	<ul style="list-style-type: none"> <li>• This is being undertaken formally once a week (Wednesdays) at BHNFT through long stay reviews.</li> <li>• Extensive work has been undertaken to embed this into processes and thinking at all stages (discharge first).</li> </ul>
	3) Ensure only those who still benefit from ongoing acute care remain in hospital	<ul style="list-style-type: none"> <li>• Criteria led discharge being implemented.</li> <li>• Nurse led discharge, within a set criteria, being trialled to support with earlier discharge and flow.</li> <li>• Rolling out electronic whiteboards (working to SAFER principles). Identification of medically</li> </ul>

		stable patients and displays golden patient. <ul style="list-style-type: none"> <li>• Intermediate care.</li> <li>• Increased numbers of community beds.</li> <li>• D2A.</li> </ul>
	4) Ensure patients have the help they need to go home, like social care or ongoing treatment outside of hospital	<ul style="list-style-type: none"> <li>• Intermediate care (Acorn Unit, Home First)</li> <li>• Breathe service</li> <li>• Good links with social care.</li> <li>• Same day discharge partnership work - patient seen by social care, reablement service or therapy service at home on day of discharge.</li> </ul>
	5) Robust discharge processes <ul style="list-style-type: none"> <li>- Appropriate end-of-life care</li> <li>- Receive care for ongoing needs</li> </ul>	<ul style="list-style-type: none"> <li>• Readmissions audit, 5 observations noted.</li> <li>• Fast track paperwork no longer completed by medical team to reduce delay, paperwork completed by EOL/Discharge Team.</li> <li>• Fast track D2A process - home quicker, needs assessment completed in own home.</li> <li>• Meetings between community, YAS and Acute services commenced regarding robust advanced care planning.</li> </ul>
	6) Community capacity <ul style="list-style-type: none"> <li>- Alternative pathways for people who cannot go straight home</li> </ul>	<ul style="list-style-type: none"> <li>• D2A process working well.</li> </ul>
<b>N. Implement the Community Urgent Response time of 2 hours, to include referrals from the Ambulance Service, 111 and Same Day Emergency Care (SDEC</b>	1) Urgent community response services and reablement	<ul style="list-style-type: none"> <li>• Community services, upskilling staff to ANP level. Wrap around patient care at home.</li> </ul>
	2) Community health services crisis responsiveness should be enhanced <ul style="list-style-type: none"> <li>- in place 7 days a week</li> </ul>	<ul style="list-style-type: none"> <li>• Rightcare crisis response pathways, average response time 45 minutes.</li> </ul>

## GOVERNING BODY

13 May 2021

### Primary Care Assurance Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>				
<b>2.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"></td> <td style="width: 35%;">Name</td> <td style="width: 30%;">Designation</td> </tr> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Author	Julie Frampton	Head of Primary Care
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Author	Julie Frampton	Head of Primary Care										
<b>3.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
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Group / Committee	Date	Outcome										
Primary Care Commissioning Committee	Bi - Monthly	Assurance										
<b>4.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p>The purpose of this report is to provide an update to Governing Body regarding the priorities that are stated within the Primary Care Governing Body Assurance Framework (GBAF).</p> <p>The CCG moved to Level 4 (Gold Command) conditions in March 2020 initiated by NHS England in response to the Covid pandemic. The risks established under these conditions were the priority to ensure that safe and appropriate services were in place to support all people.</p> <p>In September 2020 the Primary Care Commissioning Committee was reinstated and an assessment and review of the Primary Care position in relation to the GBAF took place.</p> <p>All primary care services were affected by the C-19 pandemic in 2020-21 and are now slowly starting to re-set to fully deliver the GMS/PMS/APMS contract requirements. The Primary Care team has worked with those practices affected and impacted over the last year along with support from the wider Community/Primary Care Services/Providers, Public Health England (PHE) and</p>											



	colleagues in Barnsley Metropolitan Borough Council (BMBC) to offer additional guidance, support and links to work or services developed to support the people of Barnsley.
<b>5.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the information in the report that will provide assurance regarding the delivery of the priorities in Primary Care.</li> </ul>
<b>6.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>

<b>Agenda time allocation for report:</b>	10 mins
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**PART 1B – SUPPORTING INFORMATION**

<b>1.</b>	<b>Links to the Governing Body Assurance Framework</b>	<b>Risk ref(s)</b>
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
<b>2.</b>	<b>Links to CCG's Priority Areas</b>	<b>Y/N</b>
	1 - Urgent & Emergency Care	
	2 - Primary Care	<b>Y</b>
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
<b>3.</b>	<b>Governance Arrangements Checklist</b>	
3.1	<b>Financial Implications</b>	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	<b>NA</b>
	Are any financial implications detailed in the report?	<b>NA</b>
3.2	<b>Consultation and Engagement</b>	
	Has Comms & Engagement Checklist been completed?	<b>NA</b>
	Is actual or proposed engagement activity set out in the report?	<b>NA</b>
3.3	<b>Equality and Diversity</b>	
	Has an Equality Impact Assessment been completed and appended to this report?	<b>NA</b>
3.4	<b>Information Governance</b>	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	<b>NA</b>
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	<b>NA</b>
3.5	<b>Environmental Sustainability</b>	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	<b>NA</b>
3.6	<b>Human Resources</b>	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	<b>NA</b>

**PART 2 – DETAILED REPORT**

1.	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	<p>The Long Term Plan and Network Contract DES has provided a clear direction for the future of primary care in which general practice is the foundation of a strong, joined up health and care system. This is a five year programme of work, and it remains important that we continue to learn and respond to the changing circumstances.</p> <p>The Barnsley CCG Governing Body Assurance Framework (GBAF) provides assurance for the Governing Body in the delivery of the CCG’s annual strategic objectives. The Primary Care Commissioning Committee is accountable for providing assurance for the risks regarding the delivery of primary care priorities ensuring the following are successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> <li>• Deliver investment into primary care</li> <li>• Improve infrastructure</li> <li>• Ensure recruitment/retention/development of workforce</li> <li>• Improve access</li> <li>• Deliver delegated primary care functions to be confirmed via mandated internal audit</li> </ul> <p>The Primary Care Network (PCN) and 6 Neighbourhood Networks has continued to provide an opportunity for practices to work collaboratively together for the benefit of their populations and to maintain their unique identity and relationship with their own patients. The Covid pandemic has highlighted those strengths and weaknesses and rapid use of new ways of working helped to ensure people could still access primary medical services safely and appropriately.</p> <p>The reporting arrangement for the majority of 2020-21 were set at Level 4 “Command and Response” due to the pandemic with mandates and direction set Nationally for adoption locally. The PCCC re-commenced meeting from September 2020 via Microsoft Teams with notice to members of the public asking for written questions to present to the Public Committee and a recording of the meeting available via the CCG Website.</p>
2.	<b>DISCUSSION/ISSUES</b>
	<p><b>1) Progress with Long Term Plan and Network Contract DES</b></p> <ul style="list-style-type: none"> <li>• <b>Access activity</b> – Access to primary medical services has been maintained via a mandated “Total Triage” mechanism for all people to access care via telephone or by video consultation. A “Hot” Covid clinic was established to support face to face assessments where any Covid positive or suspected Covid symptomatic people could access help. This was enhanced by a Covid Home Visiting service for those people too poorly or unable to attend the clinic.</li> <li>• <b>Practices eDeclaration (eDEC)</b> – every practice in Barnsley submitted their annual declaration confirming that they are compliant against their core contracts. The Primary Care Team will review the e-declarations to</li> </ul>

address any areas of non-compliance.

- **Primary Care Networks/Neighbourhood Networks** – one practice took the opportunity to resign from the PCN and the CCG implemented a Local Incentive Scheme (LIS) to enable those people registered with the practice to access all the elements of the Network Contract DES.
- **eConsultation** – Barnsley CCG has ensured that all practices have access to Doctorlink to support the online/video consultations required as part of the requirement to deliver care. AccuRx is a new provider and has offered practices an alternative suite of services to support delivery of care.
- **Social Prescribing** – The My Best Life service enables all GPs and other health professionals across Barnsley to have a mechanism to link patients with non-medical needs to community and self-care solutions. The type of support varies widely depending on the individual's needs to support improvements in health, wellbeing, and quality of life with a reduction in social isolation, exclusion, and loneliness. The benefit to the GP is a reduction in patient contacts.

The PCN has established a Children and Young Peoples Social Prescribing service which is building momentum. The My Best Life service and this service will become a single offer to the people of Barnsley and, in collaboration with BMBC, looking to establish links from Social Care into these services.

- **Quality Improvement Support** – The CCG produces a Quality Dashboard for each practice within Barnsley. The practices are provided with their quality dashboard which updates them with their progress against a number of key indicators. Practices are encouraged to use this tool to aid quality improvement and to use this to demonstrate to the CQC how the practice has enhanced its quality performance using a recognised Quality Improvement tool.

The CCG provides bespoke support to practices when any variation is identified within the dashboard e.g. infection control and prescribing.

- **Primary Care Workforce** – This risk has been reviewed at PCCC following concerns with the recruitment to the Addition Role Reimbursement Scheme supporting the Service Specification delivery and achievement by the PCN. The pandemic has impacted on recruitment however our peer SYB CCGs did achieve their recruitment targets.

## 2) Primary Care Networks

The CCG has a clear mandate from The Long Term Plan and Network Contract DES regarding the future of primary care in which general practice is the foundation of a strong, joined up health and social care system.

The model is patient centred, will engage local people who use services as equal partners in planning and commissioning which results in the provision of accessible high quality, safe needs based care. This is achieved through expanded but integrated primary and community health care teams, offering a wider range of services in the community with increased access to rapid

	<p>diagnostic assessment and, crucially, patients taking increased responsibility for their own health.</p> <p>The model for integrated care is based on focusing on preventative medicine and using community based services to support the patients care needs as close to home as is possible and appropriate. The integration between community services and primary care has been reflected in the progress made via the Integrated Community Service Specification that joins services and reflects the responsibility that GPs carry for oversight of the patient's care. As a result, the PCN and Neighbourhood Networks are well placed to act as vehicles for change to ensure delivery of service, which are patient focused and fit for purpose to meet the future needs of the local population they serve.</p>
<b>3.</b>	<b>OTHER IMPLICATIONS</b>
	N/A
<b>4.</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>
	N/A
<b>5.</b>	<b>APPENDICES TO THE REPORT</b>
	N/A
<b>6.</b>	<b>CONCLUSION</b>
	<p>The publication of the Long Term Plan and Network Contract DES continues to further support the delivery of Primary Care services.</p> <p>In Barnsley we continue to work collaboratively with partner providers to make the NHS Long Term Plan a reality. We wish to create an environment in which everyone can continue to thrive, and our services become even more effective and efficient. Our strategy aims to deliver community-based, person-centred care that:</p> <ul style="list-style-type: none"> <li>• Promotes health and wellbeing</li> <li>• Offers a true focus on prevention</li> <li>• Supports people to be active in managing their own health and care</li> <li>• Helps to keep people out of hospital as much as possible.</li> </ul> <p>This continues to be a transformational journey for building patient-centred, out-of-hospital care, which will be realised over a time through a focus on improving outcomes for patients and thinking beyond traditional boundaries and business models.</p>

**GOVERNING BODY  
(Public)**

**13 May 2021**

**Mental Health Update**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>														
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input type="checkbox"/> <i>Assurance</i>												
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<b>2.</b>	<b>PURPOSE</b>														
	The purpose of this report is to provide Governing Body members with an update on the mental health services being delivered within the Borough and the achievement, or otherwise, of nationally recommended targets.														
<b>3.</b>	<b>REPORT OF</b>														
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Dr. Mark Smith</td> <td>GP Mental Health Clinical Lead</td> </tr> <tr> <td>Author</td> <td>Patrick Otway</td> <td>Head of Commissioning (Mental Health, Children's and Maternity)</td> </tr> </tbody> </table>				<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Dr. Mark Smith	GP Mental Health Clinical Lead	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)			
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Governing Body	March 2020	Noted													
Governing Body	Sep 2019	Noted													
Governing Body	May 2019	Noted													
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>														
	The four guiding principles / priorities set out for mental health in the NHS Long Term Plan are: <ul style="list-style-type: none"> <li>Preventing people from developing mental health problems where possible</li> </ul>														

- Improving access to support for everyone who needs it
- Supporting people to recover and live well in the community
- Tackling inequality

To support delivery of these priorities, NHS E/I have provided clear expectations within the recently published Mental Health Delivery Plan 2021-22 (accessible via the NHS Futures Platform)

To deliver these expectations requires the collaboration of local systems and to enable this to happen and provide oversight / steer, a Mental Health Partnership Board has been established, reporting directly to the Barnsley Health and Wellbeing Board, with an independent chair, who is also Chair of the Healthwatch Barnsley Strategic Advisory Group. A Mental Health Delivery Group reports into the Mental Health Partnership Board and strong networks and relationships are developing as a result.

The mental health related intelligence reported through the Mental Health Delivery Group has identified the following as key challenges within Barnsley:

- Depression
- Suicide and crisis care
- Self-harm (especially within the 10 – 24 year old age range)
- Premature mortality of those with a Serious Mental Illness
- Quality of life for Older People (Social Isolation a key factor)
- The gap in employment rate between those with a mental health problem and the overall rate
- Perinatal mental health
- Eating Disorders

A lead from within the Mental Health Delivery Group has been allocated to each of the areas identified above and the lead will undertake a 'deep dive', in collaboration with appropriate partners and service users, and report back to the Delivery group with a detailed report highlighting any key recommendations. Updates on each of the areas identified above will be provided in future reports to Governing Body.

Transformation of Mental Health Services is a key priority of both local and national plans and South Yorkshire and Bassetlaw ICS are providing a greater steer as we move towards a changing landscape. Local Mental Health service updates are outlined below:

### **Specialist Perinatal Mental Health**

A Specialist Perinatal Mental Health team, provided by SWYPFT on a hub and spoke model, is fully established.

Expansion of this service is required in order to achieve the LTP ambitions which includes:

- Build a workforce that will enable an access target of 8.6% of the 2016 ONS birth rate to be achieved in 2022, as required within the LTP
- Extend the service to mothers up to 24 months after birth (currently the service is for mothers up to 12 months after birth)
- Ensure partners of the women accessing the service receive evidence-

based assessments of their mental health and are signposted to appropriate support when required.

Barnsley CCG have agreed to invest sufficiently to enable the service to achieve all of the above.

In addition, Barnsley CCG continue to fund a Specialist Mental Health Midwife, a key enabler in achieving positive mental wellbeing of users of the Barnsley Maternity Services. During the coronavirus pandemic referrals to the Specialist Mental Health Midwife have increased by 80%, the majority of this support currently being provided virtually.

From a regional perspective, South Yorkshire and Bassetlaw are early implementers of 'Maternity Outreach Clinics', which enhances the psychiatric support to women within the maternity department.

### **Adult Common Mental Health Illnesses (IAPT)**

Achieving national access targets continues to be a challenge for Barnsley IAPT, a picture that is reflected nationally. However, once accepted in to the service, outcomes are extremely positive, with nearly 60% of service users 'moving to recovery'.

For 2020/21 the access target (i.e. the number of people entering treatment) for Barnsley, was set at 6,033. There had been reduced referrals into the service prior to the onset of the coronavirus pandemic and the service were working with partners to consider how best to promote the IAPT service. The initial lockdown resulted in a significant reduction in referrals into the service but referrals in recent months have begun to increase steadily. However, at March 2021, the number of people entering treatment was 4,473, a shortfall of 1,560.

The access targets for Barnsley (which now includes weighting in terms of deprivation and the number of older people in the population) over the next three years are as shown in the table below:

	2021/22	2022/23	2023/24
Number of people entering treatment	<b>7,594</b>	<b>8,445</b>	<b>9,179</b>

NHS E/I have indicated within the LTP Analytical Tool the level of investment that has / will be within the CCG's baseline allocations over a five year period (ending in 2023/24). This indicative level of investment is to enable the access targets outlined above to be achieved but, as Governing Body members are aware, this level of investment is not possible within the actual funding available. It is therefore likely that a local access target will need to be agreed between the CCG and SWYPFT which is reflective of the actual level of investment available.

The Barnsley IAPT service have been successful in bidding for a small amount of non-recurrent funding which is being used to promote the IAPT service. For example, the service will be advertised in each of Barnsley Football Club's match day programme's next season; the IAPT service is to be promoted more frequently on social media platforms such as Facebook, Twitter and Instagram –



local evidence suggests that advertising the service on Facebook correlates to a significant increase in referrals the month after the advertisement has been shown; the service are working with Age UK to look at how older people could be encouraged to utilise the service.

### **Adult Severe Mental Illnesses (SMI) Community Care**

Barnsley's Early Intervention Psychosis (EIP) service continues to be one of the top performing EIP services in the country.

### **IPS (Individual Placement Support)**

Barnsley CCG are partners within the South Yorkshire and Bassetlaw Integrated Care System Individual Placement and Support workstream who have commissioned an IPS service from South Yorkshire Housing Association. This service is performing well in Barnsley and the current contract, due to expire at the end of August 2021 has been extended to March 2022. As the provision of IPS is a 'must do' of the Long Term Plan, provision has already been made for an IPS service to continue beyond March 2022.

### **Community Mental Health Transformation**

Governing Body members are fully aware of the recent Community Mental Health Transformation bid that was submitted in January 2021. The bid was assured by NHS E/I resulting in the CCG being able to access the transformational funding allocated to them.

The transformational funding must be utilised to develop /enhance specific services / pathways, including:

- Adult Eating Disorder Pathways
- Personality Disorder Services
- Community Rehabilitation Services
- 18 – 25 year olds
- Physical Health Checks for people on the SMI register
- Older Peoples Mental Health

The bid provides a high level plan of the intended objectives and has recently been taken to the Mental Health Partnership Delivery Group for the system to consider how the plan is best implemented to deliver maximum benefit to the local population. A mobilisation meeting is to be established, with oversight of the Mental Health Partnership Delivery Group, to begin to shape the transformation of services. This transformation will be enabled by stronger collaboration between existing services, development of new roles, such as the Primary Care Mental Health Practitioner and Peer Support workers and significant investment into local voluntary organisations.

### **Crisis Alternative**

In November 2020, the CCG, together with SWYPFT, submitted a bid to NHS E/I for funding to develop a crisis alternative service (i.e. an alternative to the Emergency Department). This bid was successful, and progress has been made towards implementing the service.

The service model submitted as part of the bid was based upon the successful crisis alternative model delivered in other parts of Yorkshire by the mental health and wellbeing charity, Touchstone. As part of the implementation process Touchstone have been invited to attend the June Mental Health Partnership Delivery Group meeting to discuss with system partners a number of options to pursue, in terms of how the service should be delivered.

### **Mental Health Liaison and Crisis Care**

The mental health liaison service based at Barnsley Hospital is now fully funded to deliver an all-age service and has achieved CORE 24 status. The service generally meets the national access and waiting time standards, as stipulated by the Royal Collage of Psychiatrists, but the focus moving forward will be on earlier intervention and prevention services to prevent escalation to mental health crisis.

The Mental Health Partnership Board (and Delivery Group) is enabling more robust oversight of the services being delivered within Barnsley to better support the local populations mental wellbeing and stronger collaborations and partnerships are developing as a result

### **Children and Young People's Mental Health**

#### **CYPMHS Steering Group**

As members are aware, the Children and Young People's Mental Health Services Steering Group has been established to enable the system to move towards fully implementing, over the next two years, the newly co-produced CAMHS service specification.

Priorities of the Steering Group include maintaining the positive reduction in both access and waiting times delivered within the last 18 months; development of a more robust and system-wide Single Point of Contact (SPoC); enhancing the Children in Care pathway; enhancing the children and young people's Eating Disorder pathway and better wrap around support for young people on the ADHD pathway.

The CAMHS service will move towards delivering a 0 – 25 years service, a key focus of the current service specification and also a recommendation of the Long Term Plan.

#### **CYP EWB / Best Start Partnership**

Two key, system-wide groups have now been established in Barnsley focusing on improving outcomes for children and young people. The Children and Young People's Emotional and Wellbeing Group are overseeing progress towards implementing the recommendations outlined within the Report of the CYP Transformation Lead, which was presented at the March 2021 Governing Body meeting and supported by members. A separate Task and Finish Group has recently been formed to focus specifically on Eating Disorders, an issue which is seeing a significant increase in demand.

The Best Start Partnership brings the system together to focus particularly on the

	first 5 years of life, including pre-conception. This group are also overseeing the local aspects of the SYB ICS CYP Transformation programme and will help in developing the local element of the SYB ICS Transformation plan, due to be submitted to NHS E/I later in the year.
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Governing Body is asked to note the report.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None

<b>Agenda time allocation for report:</b>	10 Mins
-------------------------------------------	---------

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health	<b>x</b>	9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	<b>x</b>
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			17/05 & 17/06
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	<b>See 3.2</b>	Duties as to reducing inequalities (s14T)	<b>See 3.5</b>
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	<b>See 3.3</b>	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	<b>See 3.4</b>	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	<b>See 3.4</b>	Public involvement and consultation (s14Z2)	<b>See 3.6</b>
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>/NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>/NA</b>

3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="282 210 1406 322"> <tr> <td data-bbox="282 210 1262 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1262 210 1406 241"><b>NA</b></td> </tr> <tr> <td data-bbox="282 241 1262 304">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1262 241 1406 304"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 304 1406 322"></td> </tr> </table>		Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>				
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## GOVERNING BODY

13 May 2021

### Digital & Technology Assurance Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><i>Decision</i></td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;"><i>Approval</i></td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;"><i>Assurance</i></td> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;"><i>Information</i></td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>								
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<b>2.</b>	<b>PURPOSE</b>																
	<p>To provide Governing Body with an update on the IT/Digital projects and schemes currently being delivered across the CCG area. Some of these schemes have been in the delivery stage for a while, others are ending and some are in the early stages of implementation.</p> <p>The report provides Governing Body with information and assurance with respect to Priority Area 9 – Digital &amp; Technology on the CCG's GBAF, specifically:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #b8cce4;"> <th style="text-align: left; padding: 5px;">Key deliverable per GBAF</th> <th style="text-align: left; padding: 5px;">Assurance provided</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. Development of a system wide shared care record</td> <td style="padding: 5px;">Covered in detailed report</td> </tr> <tr> <td style="padding: 5px;">2. Ensure the delivery of the GP IT Operating Model to:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Comply with mandatory core standards re: interoperability and cyber security</td> <td style="padding: 5px;">Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2020/21.</td> </tr> <tr> <td style="padding: 5px;">Support the transition to HSCN from N3</td> <td style="padding: 5px;">Completed</td> </tr> <tr> <td style="padding: 5px;">Support the roll out of Windows10 to secure system security from cyber attack</td> <td style="padding: 5px;">Completed</td> </tr> <tr> <td style="padding: 5px;">Support the implementation and roll out of the NHS App, eConsultaion, APEX, GPIT refresh of IT equipment, Govroam</td> <td style="padding: 5px;">Completed. GP IT refresh completed for 2020-21 and plans in place for 2021-22.</td> </tr> <tr> <td style="padding: 5px;">Support the wider use of digital technology as described within the Long Term Plan</td> <td style="padding: 5px;">Continues. Work to look at Digital inclusion and literacy commencing to support the rapid move to digital</td> </tr> </tbody> </table>	Key deliverable per GBAF	Assurance provided	1. Development of a system wide shared care record	Covered in detailed report	2. Ensure the delivery of the GP IT Operating Model to:		Comply with mandatory core standards re: interoperability and cyber security	Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2020/21.	Support the transition to HSCN from N3	Completed	Support the roll out of Windows10 to secure system security from cyber attack	Completed	Support the implementation and roll out of the NHS App, eConsultaion, APEX, GPIT refresh of IT equipment, Govroam	Completed. GP IT refresh completed for 2020-21 and plans in place for 2021-22.	Support the wider use of digital technology as described within the Long Term Plan	Continues. Work to look at Digital inclusion and literacy commencing to support the rapid move to digital
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Support the wider use of digital technology as described within the Long Term Plan	Continues. Work to look at Digital inclusion and literacy commencing to support the rapid move to digital																

		access. The ICS and BBS IT teams are working closely to review the digital roadmap and look to secure new digital and IT opportunities to support primary and community teams.									
	Comply with the transition from GPSoC to GP IT Futures	Transition to GP IT Futures still in progress, impacted by C-19.									
	Working closely with the SY&B ICS digital and IT workstream. BBS IT monthly meetings monitor and map workstreams locally	The Head of Primary Care attends the workstream meetings and ensures matters are taken forward in Barnsley place as appropriate.									
	Delivery of O365 across Barnsley	In progress – transition to individual NHS.NET email accounts underway to enhance IT security as a first step and in preparation for the full delivery of the O365 suite of services.									
	Support the catchup of Windows 10 upgrade in primary care	In progress									
	Ensure full delivery of online consultation systems to general practices where these are not already in place	Doctorlink was procured for all GP practices to support online consultation and has been supplemented by the AccuRx platform.									
	Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements	In progress.									
<b>3.</b>	<b>REPORT OF</b>										
	<table border="1"> <thead> <tr> <th></th><th>Name</th><th>Designation</th></tr> </thead> <tbody> <tr> <td>Executive Lead &amp; Author Shared Care</td><td>Jeremy Budd</td><td>Director of Strategic Commissioning and Partnerships</td></tr> <tr> <td>Author – GP IT</td><td>Julie Frampton</td><td>Head of Primary Care (GPIT Lead)</td></tr> </tbody> </table>			Name	Designation	Executive Lead & Author Shared Care	Jeremy Budd	Director of Strategic Commissioning and Partnerships	Author – GP IT	Julie Frampton	Head of Primary Care (GPIT Lead)
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Executive Lead & Author Shared Care	Jeremy Budd	Director of Strategic Commissioning and Partnerships									
Author – GP IT	Julie Frampton	Head of Primary Care (GPIT Lead)									
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>										
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th><th>Date</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>BBS IT Group</td><td>Various</td><td>Progress monitored via IT work plan</td></tr> <tr> <td>Barnsley Strategic Digital Group</td><td>Various</td><td>Progress monitored via Integrated Care Delivery Group</td></tr> </tbody> </table>		Group / Committee	Date	Outcome	BBS IT Group	Various	Progress monitored via IT work plan	Barnsley Strategic Digital Group	Various	Progress monitored via Integrated Care Delivery Group
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BBS IT Group	Various	Progress monitored via IT work plan									
Barnsley Strategic Digital Group	Various	Progress monitored via Integrated Care Delivery Group									
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>										
	<p>NHS England has mandated that a minimum viable solution for a summary care record should be delivered in all areas across England by September 2021. The Barnsley Strategic Digital Group is currently undertaking a rapid piece of work, together with SYB ICS Digital Programme colleagues, to identify potential options by the end of May 2021.</p> <p>GP IT has moved rapidly to adopt a number of devices, services, and platforms</p>										

	<p>to support total triage, online and virtual consultations to ensure care could be accessed safely without the need for face-to-face appointments, where appropriate, during the C-19 pandemic. Revision of data sharing and IG requirements as a direct response to support people to deliver care in this way has enabled a rapid transition to alternative methods of access.</p> <p>The Long Term Plan requirements have moved forward at pace. The rapid expansion has highlighted the need to look to support those in digital poverty, literacy and inclusion and projects are underway to support those people both professionally and, with the public, to use these tools.</p> <p>Locally the BBS IT team are working to support the roll out of the GP IT refresh programme, support the transition to O365, support the vaccination clinics IT needs, support Care Homes with their digital needs, and begin to review the lessons from the C-19 pandemic to further embed digital change.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note - for information</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>None</li> </ul>

<b>Agenda time allocation for report:</b>	<b>10 mins</b>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
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	4.1 Mental Health		9.1 Digital and Technology	✓
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
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<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	<b>I</b>	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>Y</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**PART 2 – DETAILED REPORT**

<b>1.</b>	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	NHS England has mandated that a minimum viable solution for a summary care record should be delivered in all areas across England by September 2021. The Barnsley Strategic Digital Group is currently undertaking a rapid piece of work, together with SYB ICS Digital Programme colleagues, to identify potential options by the end of May 2021.
<b>2.</b>	<b>DISCUSSION / ISSUES</b>
	<p><b>Shared Care Record</b></p> <p>The drive to integrate health and social care, reduce costs and improve services to patients means that hospitals, GPs, mental health trusts, community trusts, councils and other providers all need to work together effectively on joined up care pathways. Integrated record systems are key tools in facilitating these new ways of delivering care and in driving and managing the process of change.</p> <p>What is a Digital Shared Care Record?</p> <p>Proven systems and technical advances have shown that it is much better to share records between organisations delivering care in a particular geographic area with one organisation hosting a shared care record, which will collect data from the care records systems used by all of the care providers in that area, including GPs, hospitals, community and mental health trusts, and providers of social care.</p> <p>Information streams will include the following:</p> <ul style="list-style-type: none"> <li>• Acute Hospitals: patient demographics, referrals, attendance (inpatient/outpatient, A&amp;E), waiting list, medications, alerts, allergies, pathology results and radiology reports</li> <li>• GP Practices: patient demographics, diagnoses, treatments, medications, allergies, results, disease register, co-morbidities and family history</li> <li>• Community and Mental Health: patient demographics, care plans, problems, interventions, medical and social alerts, medications, referrals and clinical summaries</li> <li>• Social Care: care teams, keyworkers, contacts and other involvements, assessments, needs and care provision details</li> </ul> <p>The result is a full multi-agency record of key data covering the provision of care from primary to secondary and community care. It supports assessments, care plans and pathways which are multi-agency and multidisciplinary.</p> <p>The digital shared care record is available to clinicians and care professionals across a health community, whenever and wherever they need it. It should be accessible not only in care provider facilities, but also in patient homes, nursing and care homes, ambulances, treatment centres and hospices. Mobile technologies ensure that the shared record can be accessed anywhere care or treatment is provided.</p> <p>Shared care records have processes in place to ensure the correct records are</p>

matched, that patient consent is addressed, that records can only be viewed by clinicians and care professionals with the right authority to view and that data is secure and safe.

NHS England has now mandated that a minimum viable solution for a summary care record should be delivered in all areas across England by September 2021. The Barnsley Strategic Digital Group is currently undertaking a rapid piece of work, together with SYB ICS Digital Programme colleagues, to identify potential options by the end of May 2021.

At the point of writing this paper, the Barnsley Strategic Digital Group, and SYB ICS, are working to understand the current state of interconnectivity between health and care partners across Barnsley and to explore in more detail what appear to be two main options to progress as shared care record to meet the minimum viable solution. These will be shared with all partners at the end of May 2021.

Beyond the minimum viable solutions, SYB ICS is committed to working with the Yorkshire & Humber Shared Care Record programme and this is likely to be the focus of further work to fully deploy and embed a shared care record (including population health management tools) in Barnsley. At this point the rollout of the Yorkshire & Humber programme is not likely to reach Barnsley until 2022/23.

## GOVERNING BODY

13 May 2021

### Local Plastic and Reconstructive Surgery Service

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>																
	The purpose of this paper is seek approval for the local plastics and reconstructive surgery service specification and to provide an update on service mobilisation.																
<b>3.</b>	<b>REPORT OF</b>																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Jamie Wike</td> <td>Chief Operating Officer</td> </tr> <tr> <td>Author</td> <td>David Lautman</td> <td>Lead CaT manager</td> </tr> </tbody> </table>									Name	Designation	Executive Lead	Jamie Wike	Chief Operating Officer	Author	David Lautman	Lead CaT manager
	Name	Designation															
Executive Lead	Jamie Wike	Chief Operating Officer															
Author	David Lautman	Lead CaT manager															
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>																
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 35%;">Group / Committee</th> <th style="width: 25%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Management Team</td> <td>15 July 2020</td> <td>Noted the development of BHNFT proposal to provide a local plastics service and requested an update from the provider about its plans to undertake patient engagement and develop a service specification.</td> </tr> <tr> <td>Clinical Forum</td> <td>3 September 2020</td> <td>Clinical vision and overview of scope of service shared at Clinical Forum.</td> </tr> </tbody> </table>								Group / Committee	Date	Outcome	Management Team	15 July 2020	Noted the development of BHNFT proposal to provide a local plastics service and requested an update from the provider about its plans to undertake patient engagement and develop a service specification.	Clinical Forum	3 September 2020	Clinical vision and overview of scope of service shared at Clinical Forum.
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																

Since July 2020 the CCG has been in discussions with Barnsley Hospital NHS Foundation Trust (BHNFT) regarding its plans to offer a local plastics service to patients. The CCG has not led the development of this service, the main purpose of the CCGs involvement has been to ensure that the service's pathways are defined, document and aligned to the CCGs commissioning policies. These have now been captured in a service specification which is presented for approval. The paper also provides an update on clinical and public engagement and financial and contracting implications.

### 5.1 The Service Offer

The main focus of the service is to provide an outpatient and day case 'form and function' plastic and reconstructive surgery service in Barnsley. The scope of the service includes:

- General plastic and reconstructive surgery
- Breast reconstructive surgery
- Craniofacial - Head and neck reconstruction surgery (in conjunction with ENT colleagues)
- Upper Limb - Hand and wrist surgery
- Paediatric plastic surgery
- Burns treatment and surgery

Around 10% of patients will not be clinically suitable to be seen locally e.g. patients requiring overnight stays or requiring neurology input as there is not a full neurology service at BHNFT. These more complex cases will continue to be treated at specialist providers e.g. Pinderfields Hospital (MYHT) or Sheffield Teaching Hospitals Trust (STHT)

Full details of the clinics and procedures and approach are included with the service specification available at **appendix 1**.

Offering a local service fits with the CCGs priorities to provide care close to home but does not alter what plastic services the CCG commissions; just the location of delivery. **All conditions / procedures within the Plastics clinic continue to require Individual Funding Request (IFR) approval in place prior to listing / surgery as they are not routinely commissioned as outlined in the Commissioning Guidelines for Specialist Plastic Surgery Procedures policy.** The IFR process does not prohibit patients from receiving healthcare interventions but is there to provide a robust and transparent decision making framework. This approach supports requests from clinicians who consider their patient to be exceptional to standard policies. There are also exceptions if the surgery is to restore normal or near normal appearance or function following cancer treatment.

### 5.2 Referrals and Patient Choice

Historically Barnsley patients requiring Plastic Surgery services have been referred and treated at tertiary providers; Pinderfields Hospital (MYHT) or Sheffield Teaching Hospitals Trust (STHT). The addition of a local service adds a third option for new referrals and enhances choice.

Patients will maintain choice of provider at the point of referral, with the added option of being seen at the local trust. Patients who have previously chosen to be seen at STHT or MYHT (either those waiting to be seen or are currently being seen) will continue to be seen at those locations for the remainder of those treatments. Service

lists will not be transferred or repatriated.

### 5.3 Consultant Input

Barnsley Hospital is working in collaboration with Mid Yorkshire Hospitals NHS Trust (MYHT) to deliver the service via a jointly appointed consultant. The locally based consultant will also be able to provide input, teaching and advice to BHNFT clinical colleagues e.g. supporting interdependencies with dermatology.

Working with Mid Yorkshire Hospitals will provide the plastic surgeon with peer support and competency development. However on a day to day basis the service will operate as a wholly separate BHNFT service. Barnsley hospital will be solely responsible for treatment and delivery of service e.g. it will have its own listing on the Directory of Service (DoS), its own Referral Assessment Service to (RAS), advice and guidance and clinics.

### 5.4 Service Development and Phasing

The commencement of the service (RAS, A&G, clinics) began on 1 February 2021 with a soft launch. Although available on the DoS, the service has not yet been widely advertised to referrers reflecting the current commissioning status.

In the initial phase the new service will be restricted to Barnsley registered patients and activity will take place at BHNFT. In future years the service will develop community clinics and open to non-Barnsley registered patients and also paediatrics.

<b>Year 1</b>	Service open Barnsley patients only delivering out-patients and day case surgery at acute hospital setting. Internal onward referral accepted.
<b>Year 2</b>	Expand to Community based Out-patient clinics and minor procedures
<b>Year 3</b>	Open to non-Barnsley patients and Paediatrics

The phasing of future developments may alter in Year 1 depending on the nature of conditions which GPs refer in the first year.

### 5.4 Patient Engagement

BHNFT undertook Public Engagement ran between 8 and 24 September 2020 to seek patient views on the development of the service i.e. on the basis of offering patient's a choice rather engaging on changes to services. Due to the COVID-19 pandemic this took the form of an online survey advertised on the Trust's website and advertised via social media channels (Facebook and Twitter). Barnsley patients who had previously accessed plastics services from other neighbouring providers were also identified and invited to participate in the survey via a letter (this cohort were largely patients who had been initially seen in Barnsley and then transferred for further treatment at Sheffield or Wakefield e.g. onward dermatology referrals).

The survey asked 14 questions, 5 of the questions related to plastics services with the remainder collecting patient demographics.

- 36 patients responded to the survey with 25% of these (9) indicating they had previously had plastic surgery.
- 35 out of 36 patients indicated they thought it would be beneficial to have a local plastic surgery service in Barnsley.
- When asked to provide free-text comments about their support for the service, the common themes were that it would 'benefit the area and the hospital to have a plastics service on offer', the need to provide 'a high standard of surgery', and that respondents would like 'input to ongoing proposals'.

- Patients were also asked how far they were willing to travel to access services:
  - 12 people or one third (33%) indicated up to 30 minutes,
  - 13 people (36%) indicated up to an hour, and,
  - 9 people (25%) indicated they were willing to travel over an hour.
- As context 83% of respondents normally travelled by car to appointments, 14% by public transport and 3% walked.

Overall the results from the survey indicate support for a local high quality service with a request for patients to help shape the development of the service moving forward. The questions asked in the survey were not detailed or granular enough to draw any further detailed conclusions at this stage or at this point shape the service delivery. Patient experience surveys and review of service level comments, feedback and complaints are expected to support the development of the service moving forward.

### **5.5. Clinical Engagement**

Clinical Engagement took place at Clinical Forum on 3 September 2020 with the Plastic Surgery Clinical Lead from the Mid Yorkshire Hospitals Trust, Dr Stephen Southern attended to share the vision, introduce the pathways and service scope and, speak about options for GP engagement and education. Clinical Forum was supportive of the development of a local service and fed into the prioritisation of clinic activity and phasing of future developments. It was also noted that the proposal would increase patient access and support related urgent two-week wait pathways.

### **5.6 Finance and Contractual Arrangements**

At the time of writing there is no contract documentation in 2021/22 and no formal contract management for this period. Contractual arrangements are therefore still to be agreed. Once formal arrangements recommence the CCG anticipates in having block contracts with BHNFT, STHT and MYHT for plastics services.

Outpatient services are expected to be offered on a block basis for the second half of 21/22 but it is not possible to speculate how current contracts and levels of activity will be rebased. It is therefore not possible to give a detailed update on the contractual implication of the shift in plastics activity. The Finance and Contracting Team will work through the implications when more guidance is available. Levels of activity will be adjusted between providers to outline where the share of activity will sit moving forward. This will ensure that activity levels and costs do not increase.

The existing and new providers BHNFT, STHT and MYHT are supportive of the changes in activity this local service will create. The shift in activity will allow MYHT and STHT to focus on more complex cases. It will also relieve pressure on the existing services (waiting times). The proposal has been developed in conjunction with MYHT and under the pre-COVID arrangements STHT has been working with MYHT to relieve service pressures by sending patients to Pinderfields Hospital for treatment.

In terms of activity implications the following is noted:

- *Existing Patients* - The BHNFT service will not repatriate patients that have been referred previously or are under the care of STHT or MYHT services. Service lists will not be transferred as part of the service mobilisation. As a result existing providers are expected to work through any existing waiting



	<p>lists.</p> <ul style="list-style-type: none"> <li>• <i>New Patients</i> - For new referrals the implications of a third provider offering plastics service is that they will take a share of the existing number of referrals. As an estimate it is envisaged that circa 90% of patients will be eligible to be referred to the Barnsley service, with the remaining 10% being sent to STHT or MYHT for complex conditions / overnight stays. The provider's business case estimates that around 35-40% of referrals (410 – 460 patients) will be seen by the local service and that a conversion rate of 70% to surgery has been assumed.</li> </ul> <p><b>Next Steps</b> Pending approval of the service specification the CCG will notify contract associates of the position and timelines for out of area referrals. Once approval has been given the CCG will also communicate to local referrers (primary care) about the availability of the service.</p>
<b>6.</b>	<b>GOVERNING BODY IS ASKED TO:</b>
	Governing Body is asked to note the service update and approve the plastics and reconstructive surgery specification.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix 1 – Service Specification

<b>Agenda time allocation for report:</b>	<i>10 minutes</i>
-------------------------------------------	-------------------

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place	✓		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		n/a	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
	<i>Clinical Engagement took place at Clinical Forum on 3 September 2020 with the Plastic Surgery Clinical Lead from the Mid Yorkshire Hospitals Trust, attending to give a presentation on the service vision and scope ad to introduce the pathway. Clinical Forum was supportive of the development of a local service.</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>N</b>
	N/A			
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>
	<i>Advice taken from Finance Team on activity impact and changes.</i>			

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
	A QIA has been requested from BHNFT.	
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
	An EIA has been completed by BHNFT as part of service development.	
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	<i>See Section 5.4 for engagement process undertaken by provider. Advice was provided by the CCGs Engagement Team.</i>	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

<b>Service Specification No.</b>	V7 April 2021
<b>Service</b>	Plastic and Reconstructive Surgery Service
<b>Commissioner Lead</b>	Barnsley CCG
<b>Provider Lead</b>	Barnsley Hospital NHS Foundation Trust (BHNFT)
<b>Period</b>	February 2021
<b>Date of Review</b>	February 2023

## **1. Population Needs**

### **1.1 National/local context and evidence base**

Plastic surgery is often believed to be the same as cosmetic surgery. The underlying principles and skills are the same, but the work undertaken in the NHS by plastic and reconstructive surgeons differs from that undertaken in the private sector, where many of the cases are for cosmetic reasons to enhance outward appearance.

Plastic and Reconstructive Surgery is a surgical specialty which deals with the management, manipulation and reconstruction of soft tissues which includes skin, muscle and nerves. This is sometimes referred to as a 'form and function' service. There are sub-specialisms within plastic surgery including burns, hand surgery, breast surgery and skin cancer surgery. The need for reconstructive surgery can be due to a range of clinical conditions which has been present from birth, or acquired as a result of trauma, disease, degeneration, obesity or ageing.

Currently there is no local Plastic and Reconstructive Surgery service within the Barnsley borough. All General Practitioner (GP) referrals are signposted to neighbouring organisations that are outside the borough. Historically Barnsley patients requiring Plastic Surgery services have been referred and treated at Pinderfields Hospital (Mid Yorkshire Hospitals NHS Trust) which is 12 to 18 miles away or Sheffield Teaching Hospitals Trust (STHT) which is 12 to 15 miles away.

Providing a local service 'closer to home' in both hospital and community premises will allow Barnsley people to access healthcare without the need to travel as far. Public engagement highlights that there is an appetite for a high quality local service. It also presents an opportunity for service development to better meet the needs of Barnsley people. Development of the service and this supporting specification has been progressed in partnership between BHNFT and Barnsley CCG to meet this need. There is an over-reliance on other trusts for the acute service provision, for services that could be provided closer to home. It is the ambition of both the provider (BHNFT) and the CCG to develop the service significantly and enhance the level of care that can be provided locally.

This service specification describes how Barnsley Hospital NHS Foundation Trust (BHNFT) will work in collaboration with Mid Yorkshire Hospitals NHS Trust (MYHT) to provide a local Plastic and Reconstructive Surgery Service at BHNFT. This would facilitate the acceptance of new plastic surgery referrals from STH and MYHT.

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>x</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>x</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

### **2.2 Local defined outcomes**

- To deliver care closer to home in an appropriate setting

## **3. Scope**

### **3.1 Aims and objectives of service**

The aim of the service is to deliver a truly accessible Plastic Surgery service across Barnsley, providing personalised, consistent care. The provider will have or develop strong connections to the wider health economy, and use its knowledge and expertise to support integration, and ongoing collaboration, with key stakeholders involved in care of patients.

The service will meet these aims by delivering the following objectives;

- Transforming Plastic Surgery Services to offer enhanced provision through care closer to home.
- Improve the Quality of Care through integrated acute and community pathways of care and improved referral processes.
- Improving patient experience through care closer to home
- Provide an Advice and Guidance service to referring clinicians
- Expand existing services and introducing new services, allowing us to reinvest in patient care

### **3.2 Service description/care pathway**

Plastic and Reconstructive Surgery is a surgical specialty which deals with the management, manipulation and reconstruction of soft tissues (including skins, muscles and nerves) that requires reshaping or remolding. This is sometimes referred to as a 'form and function' service. The need for reconstructive surgery can be due to a condition which has been present from birth, or acquired as a result of trauma, disease, degeneration or ageing.

The Plastic and Reconstructive Surgery Service will be initially based in acute

hospital premises with the proposal in Year 2 to expand to community premises (see section 2.3). It will be a Consultant led service. The provider will combine medical expertise with an innovative approach to new treatment techniques and clinical care.

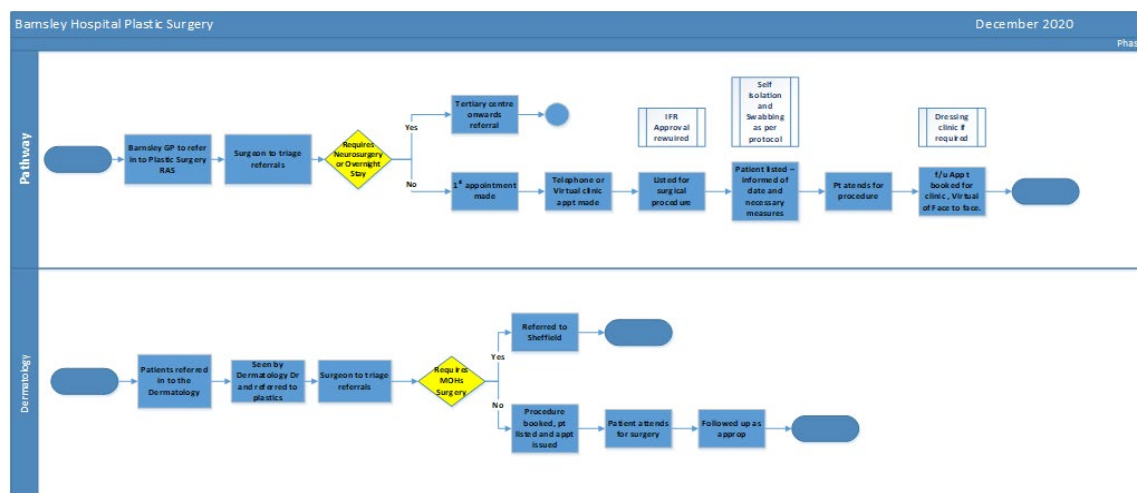
The service will operate Monday to Friday, alternate weeks 9am – 5pm for non-urgent cases but with links to the Skin MDT and facility to onward refer from Emergency Department and other specialties.

The service will deliver;

- Fortnightly clinics across Outpatients Department with the facility for injections and dressing clinics.
- Patient advice and guidance with clinical oversight to ensure appropriateness of content/ Signposting.
- Fortnightly minor operations sessions in outpatient setting with the option of a monthly Day Unit General Anaesthetic session to accommodate day cases referred from the Skin MDT.
- Paediatric plastic surgery service.

Treatment will be offered to patients, based on triage and assessment, and dependent on the severity of the presenting condition before being discharged.

The service pathway can be found below (see appendix 1);



The service will utilise leading clinical practice for the medical and surgical treatment of a wide range of conditions, and will include:

- General plastic and reconstructive surgery
- Breast reconstructive surgery
- Craniofacial - Head and neck reconstruction surgery (in conjunction with ENT colleagues)
- Upper Limb - Hand and wrist surgery
- Paediatric plastic surgery
- Burns treatment and surgery

The service will treat patients for the conditions and procedures treated in the clinics

detailed below.

### **3.2.1 Breast Reconstruction Clinic**

<b>The clinic will treat the following conditions:</b>	<b>The clinic will perform the following procedures:</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• asymmetry,</li> <li>• hypoplasia,</li> <li>• gross hyperplasia,</li> <li>• congenital breast deformities,</li> <li>• inverted nipples,</li> <li>• general breast deformities,</li> <li>• post-surgical breast deformity</li> <li>• gynaecomastia</li> </ul>	<ul style="list-style-type: none"> <li>• Microsurgical reconstruction,</li> <li>• flap reconstruction,</li> <li>• expander/implant reconstruction,</li> <li>• nipple reconstruction,</li> </ul>	<p>All conditions / procedures in this clinic need IFR approval unless breast surgery is undertaken post-cancer.</p> <p>See section 3.6 for further information.</p>

### **3.2.2 Craniofacial**

<b>The clinic will treat the following conditions:</b>	<b>The clinic will perform the following procedures:</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• Bell's palsy</li> <li>• blepharochalasis</li> <li>• blepharoptosis</li> <li>• cryptotia</li> <li>• eyelid reconstruction</li> <li>• facial asymmetry</li> <li>• facial palsy</li> <li>• facial reconstruction</li> <li>• microtia</li> <li>• prominent ears</li> <li>• rhinoplasty</li> <li>• scalp reconstruction</li> <li>• septoplasty</li> <li>• small ears</li> <li>• tissue expansion</li> </ul>	<ul style="list-style-type: none"> <li>• botox injections,</li> <li>• prominent ear correction,</li> <li>• eyelid reconstruction,</li> <li>• facial and scalp reconstruction,</li> <li>• rhinoplasty,</li> <li>• general craniofacial reconstruction.</li> </ul>	<p>Prominent ear correction, rhinoplasty, blepharochalasis and blepharoptosis need IFR approval.</p> <p>Note there is an evidence based intervention checklist for Blepharoplasty and Meibomian cyst (Chalazion)</p> <p>Some treatments for Bell's/facial palsy need prior approval.</p> <p>The procedures listed to correct congenital abnormalities do not require IFR.</p>

### **3.2.3 Upper Limb**

<b>The clinic will treat the following conditions:</b>	<b>Comments</b>
All hand and upper limb conditions excluding dermatological; conditions and carpal tunnel procedures <ul style="list-style-type: none"><li>• Arthritis</li><li>• Benign but functionally significant tumours of the hand e.g. giant cell tumours, vascular tumours,</li><li>• Common hand conditions – dupytren's, ganglion, trigger finger.</li><li>• Post traumatic complications</li></ul>	Note there are evidence based intervention checklists for Carpal tunnel release , Dupuytren's surgery, Ganglion surgery, Trigger finger release

### **3.2.4 Paediatric**

<b>The clinic will treat the following conditions:</b>	<b>Comments</b>
<ul style="list-style-type: none"><li>• Hand Surgery</li><li>• Congenital lesions and deformities</li><li>• Vascular lesions</li><li>• Prominent ears</li><li>• Deformed ears</li><li>• Congenital eyelid ptosis.</li></ul>	<p>The SYB CFO policy is an all-age policy (see above re: Common Hand conditions surgical checklists).</p> <p>Prominent and deformed ears need IFR approval.</p> <p>Results of trauma/treatment for cancer never need prior approval</p>

The service will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services. These models will support health development by providing holistic care across local authority and NHS services.

### **3.3 Service Developments / Phasing**

<b>Year 1</b>	Service open Barnsley patients only delivering out-patients and day case surgery at acute hospital setting. Internal onward referral accepted.
<b>Year 2</b>	Expand to Community based Out-patient clinics and minor procedures
<b>Year 3</b>	Open to non-Barnsley patients and Paediatrics

The phasing timescale is open to review during the first year. The service will also undertake regular patient experience monitoring in order to evaluate and support the development of the service.

### **3.4 Referral Sources**

The Provider will receive referrals the following settings:



- Primary Care,
- Secondary Care

### **3.5 Population covered**

The provider will offer a service to all people registered with a Barnsley GP where they have met the referral criteria. The service will not be open on e-Referral System to non-Barnsley patients.

### **3.6 Any acceptance and exclusion criteria and thresholds**

The provider should only accept referrals via the Electronic Referral System (ERS). The provider will co-ordinate and assess all referrals to ensure they are in line with acceptance and exclusion criteria to ensure appropriateness.

All conditions / procedures within the Plastics clinic require IFR approval in place prior to listing / surgery as they are not routinely commissioned (see Commissioning Guidelines for Specialist Plastic Surgery Procedures policy). There are exceptions if the surgery is to restore normal or near normal appearance or function following cancer treatment.

There are also a number of procedures that have their own checklist which needs to be completed in lieu of IFR approval and included within the patient notes / filed for future compliance audit.

- 1F - Removal of Benign Skin Lesions
- 1K - Meibomian cyst (Chalazion)
- 1M - Carpal tunnel release
- 1N - Dupuytren's surgery
- 1O - Ganglion surgery
- 1P - Trigger finger release
- LEBI - Blepharoplasty

The Provider will to develop and disseminate clear local clinical guidelines for the service.

#### Exclusions

- Patients not registered with a Barnsley GP
- Urgent referrals
- Any procedures which do not have prior Individual Funding Request approval in line with the CCG's Commissioning Guidelines for Specialist Plastic Surgery Procedures policy or a completed checklist in line with the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy
- Referrals within the NHS for the revision of treatments originally performed outside the NHS will not normally be permitted. (These referrals should where possible be made to the practitioner who carried out the original procedure).
- MoHs micrographic surgery, Neurology or patients requiring overnight stays
- All patients with a condition offered within the Directory of Service (DoS) for a different service, please see alternative services on eRS for referral advice.

### **3.7 Interdependence with other services/providers**

#### *Other Specialties*

The service has interdependencies with the following specialties Dermatology

(including teledermatology), Orthopedics and Skin Cancer.

#### *Other providers*

The provider will work in collaboration with MYFT in the delivery of the Plastic Surgery service, and have key roles in facilitating equitable and consistent access to services for patients across Barnsley.

The provider will be solely responsible for treatment and delivery of service but may have to refer on to other specialist areas for specialised treatment. The provider will offer patient choice for onward referral.

MYFT will be the lead unit for the contract and competencies of the plastic surgeon but BHNFT will have direct access to the clinician on his contractual days at Barnsley Hospital.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

All services and advice provided should comply with the following key legislation and guidance:

- Relevant Oncoplastic breast reconstruction
- Relevant UK standards for the management of patients with Microtia and Atresia
- National institute for health and clinical excellence – Improving outcomes for people with Skin tumours including Melanoma
- Health lives/Brighter Future
- The NMC (Nursing and Midwifery Council) Standards and Codes of Practice
- Any relevant internal policies, procedures, guidance or pathways

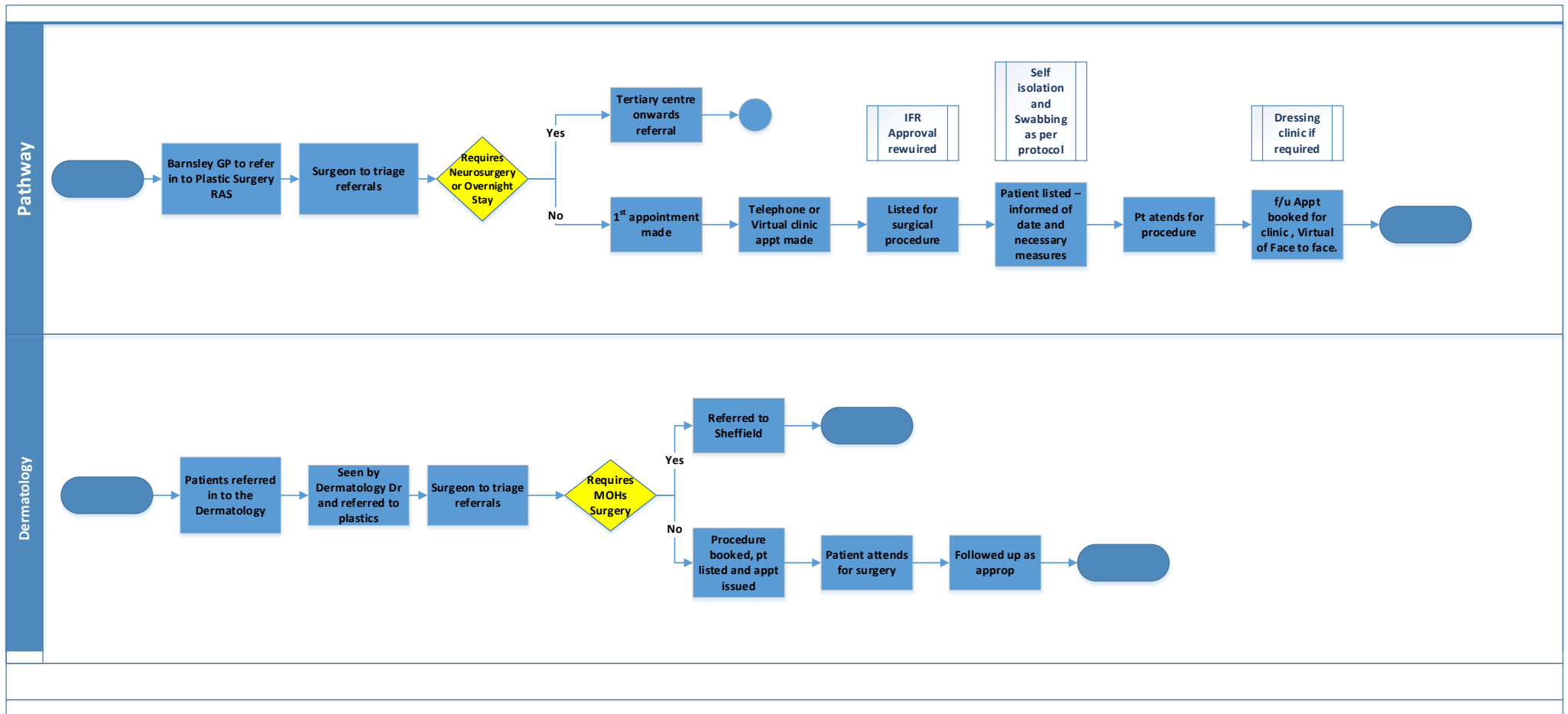
### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

### **4.3 Applicable local standards**

- **Appendix 3 – Commissioning Guidelines for Specialist Plastic Surgery Procedures**  
(<https://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Plans%20and%20strategies/SYB%20evidence%20based%20interventions/SYB%20CFO%20Policy%20Appendix%203%20Commissioning%20Guidelines%20for%20Specialist%20Plastic%20surgery%20procedures.pdf>)  
*See the SY&B Commissioning for Outcome Policy*
- **Individual Funding Requests (IFR) Policy**  
(<https://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Policies/IFR%20Policy%20Update%20generic%20-%20March%202018.pdf>)

<b>5.</b>	<b>Applicable quality requirements and CQUIN goals</b>
<b>5.1</b>	<b>Applicable Quality Requirements (See Schedule 4A-C)</b> <p style="text-align: center;">TBD – Awaiting Publication of 2021/22 OPS &amp; NQR</p>
<b>5.2</b>	<b>Applicable CQUIN goals (See Schedule 4D)</b> <p style="text-align: center;">Not Applicable</p>
<b>6.</b>	<b>Location of Provider Premises</b>
<b>6.1</b>	<b>The Provider's Premises are located at:</b> <p>Barnsley Hospital NHS Foundation Trust  Gawber Road  Barnsley  South Yorkshire,  S75 2EP</p> <p>The Plastic and Reconstructive Surgery Service will operate from both Day Surgery and Main Theatres at BHNFT and from an OPD room within the OPD area for clinics.</p> <p>Services will also be available in LIFT buildings as per the Service Development / Phasing Section.</p> <p><b>Website:</b> <a href="http://www.barnsleyhospital.nhs.uk">http://www.barnsleyhospital.nhs.uk</a></p>
<b>7.</b>	<b>Individual Service User Placement</b>
	<b>Not Applicable</b>
<b>8.</b>	<b>Applicable Personalised Care Requirements</b>
<b>8.1</b>	<b>Applicable requirements, by reference to Schedule 2M where appropriate</b> <p style="text-align: center;"><b>Not Applicable</b></p>

## Appendix 1 Service Pathway



**GOVERNING BODY****13<sup>th</sup> May 2021****2020/21 Practice Delivery Agreement****Medicines Optimisation Section(s)****PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision	<input type="checkbox"/>	Approval									
	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>									
	Information	<input type="checkbox"/>										
<b>2.</b>	<b>PURPOSE</b>											
	<p>The purpose of this report is to present the final draft of the Practice Delivery Agreement for 2021/22 Medicines Optimisation Section for Governing Body Members approval.</p> <p>The remaining section(s) of the PDA will be brought for GB approval in July 2021</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Dr Madhavi Guntamukkala</td> <td>GP Governing Body Lead</td> </tr> <tr> <td>Author</td> <td>Chris Lawson</td> <td>Head of Medicines Optimisation</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Dr Madhavi Guntamukkala	GP Governing Body Lead	Author	Chris Lawson	Head of Medicines Optimisation
	Name	Designation										
Executive / Clinical Lead	Dr Madhavi Guntamukkala	GP Governing Body Lead										
Author	Chris Lawson	Head of Medicines Optimisation										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<p>The matters raised in this paper have been subject to discussion with primary care clinicians throughout the last year.</p> <p>The Barnsley Area Prescribing Committee has endorsed all of the supporting guidance and first line evidence based formulary choices included within this scheme.</p>											
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
	<p><b><u>Introduction</u></b></p> <p>The PDA is commissioned via an NHS Standard Contract.</p> <p>The 2021/22 Barnsley Practice Delivery Agreement (PDA) is being reviewed and refreshed to align to the aims and investment in the COVID Recovery, the NHS</p>											

Long Term Plan and the changing landscape of the NHS in addition to delivering on the integration agenda.

The Medicines Optimisation section of this plan has completed its review and is fully “worked up” and a delay in its agreement may compromise delivery against the Medicines Optimisation 21/22 QIPP Plan, which is detailed down to delivery at GP practice level with preparatory work commencing in June 2021.

The aim(s) of the scheme is to promote medicines optimisation Quality , Innovation, Productivity and Prevention (QIPP) work :-

- improving the quality, evidence based usage of medicines which improves outcomes for patients: reduces morbidity and mortality and non-elective admissions.
- to support the COVID pandemic response and recovery.
- supporting primary care clinicians to manage specialist medicines in primary care and reducing interface medicines related issues: COVID 19 has significantly increased the numbers of patients being managed/ a movement (left shift) of activity from secondary to primary care
- maximising any financial prescribing efficiency opportunities which improve or maintain patient care.

Between 2012 and 2017 Barnsley CCG has annually developed and implemented a Medicines Management/ Optimisation QIPP/Quality Scheme. In 2017/18 this was incorporated into a Medicines Optimisation section of the Practice Delivery Agreement (PDA) between the CCG and its Member GP Practices. Also incorporated within this medicines optimisation section were three primary care medicine services; Anticoagulation, Eclipse Live RADAR Reviews and Shared Care (Specialist) Medicines.

Where there is an advantage to any work being delivered at Locality Network or Integrated Care Network ( Barnsley ) level, then GP practices will be encouraged to undertake work across these networks towards a placed based care approach as referenced within the NHS Long Term Plan.

The concept of the Practice Delivery Agreement (PDA), whilst supporting practices to invest in the infrastructure to deliver services to their practice population, also supports the CCG to deliver its general duties as outlined within the Health and Social Care Act Part 1 Section 26.

### **Principles and Methodology**

The principle of the PDA is that practices sign up to deliver all schemes written into the contract. All schemes have been developed based on current national and local priority work programmes and are focussed on the health needs of the Barnsley population.

The Medicines Optimisation (MO) section has been developed with input from individual primary care clinicians at practice level. There was an opportunity for Practice engagement during the early stages of development section to ensure

that areas are achievable and supported in Primary Care. Included are a number of areas from the 2020/21 scheme which were delayed due to the COVID pandemic. The scheme also provides an opportunity for Primary Care to propose their own Medicines Optimisation scheme ideas based on population health need and responding to current priorities.

The scheme engages with and integrates with all other service provision through the Barnsley Area Prescribing Committee as a medicines provider interface.

The CCG Medicines Management Team work on a wider collaborative footprint to ensure that GP Practices are provided with an set of targets for delivery and reporting timeframes and reporting templates are clear and well understood by GP practices and allow practices to demonstrate that targets have been safely achieved over monthly submission periods. This process is facilitated through the production of standard codes, work protocols templates and searches.

### **Progress**

The CCG has developed the draft 2021/22 Medicines Optimisation Practice Delivery Agreement section based on priorities and the challenges facing the health of the population and the health service in general.

The Medicine Optimisation section of the PDA has 4 core schemes:

1. Medicines Optimisation Scheme
2. Shared Care ( Specialist ) Drugs Management
3. Anticoagulation Management
4. Eclipse Live ( RADAR ) reviews

A summary of each of these sections are included below and the 2020/21 Medicines Optimisation Scheme has additionally been appended to this paper.

#### **Medicines Optimisation Scheme**

The draft 2021/22 Medicines Optimisation Scheme has been appended to this paper. The work against this plan is directly linked with the CCG Medicines Optimisation QIPP plan, which is planned to deliver £3.5 million QIPP in 21/22.

There is an integrated team approach to undertaking work which is complex and varies across practices. Each practice "owns" it's Practice Medicines QIPP Delivery Plan and reports against it each month.

#### **Shared Care ( Specialist ) Drugs Management**

This service enables patients receiving specialist medicines to be safely managed in primary care by GP practices and it reduces pressure on specialist services (hospital, community and integrated); inpatient and outpatient activity and costs. It enables patients to transfer faster over to primary care management and reduces hospital length of stay. It reduces number of patients travelling to specialist centres for treatment and improves convenience for them being managed locally by their GP practice.

	<p><b><u>Anticoagulation Management</u></b> This is specialist primary care service. Clinics run several times each week across every GP practice and about one third of practices also initiate patient on Warfarin. Clinics are run by practice nurses with specialist training and clinics are overseen by an autonomous (GP or ANP) prescribing clinician.</p> <p><b><u>Eclipse Live RADAR Reviews</u></b> Red and Amber RADAR alerts are reviewed by GP's (autonomous clinicians specialised in diagnosis and referral) The Eclipse Live software identifies patients at high risk of hospital admission due to medicines related risk.</p> <p><b><u>Approval</u></b> The budgets and financial schedules for the Medicines Optimisation section of the PDA have been drafted and will be discussed and agreed at the Primary Care Commissioning Committee to manage any conflicts of interests.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Review and comment on the 2021/22 Draft Medicines Optimisation section of the Practice Delivery Agreement.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>Appendix A – 2021/22 Draft Primary Care Practice Level Medicines Optimisation Scheme</li> </ul>

<b>Agenda time allocation for report:</b>	10 minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	✓	Duties as to reducing inequalities (s14T)	✓
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	✓	Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)	✓	Duty as to promoting integration (s14Z1)	✓
	Duty in relation to quality of primary medical services (s14S)	✓	Public involvement and consultation (s14Z2)	✓
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA

3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="282 210 1406 322"> <tr> <td data-bbox="282 210 1262 241">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1262 210 1406 241"><b>NA</b></td> </tr> <tr> <td data-bbox="282 241 1262 304">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1262 241 1406 304"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 304 1406 322"></td> </tr> </table>		Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>				
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3.5	<b>Reducing inequalities (s14T)</b> <table border="1" data-bbox="282 412 1406 524"> <tr> <td data-bbox="282 412 1262 443">Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td data-bbox="1262 412 1406 443"><b>NA</b></td> </tr> <tr> <td data-bbox="282 443 1262 506">Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity &amp; Inclusion Lead if appropriate?</td> <td data-bbox="1262 443 1406 506"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 506 1406 524"></td> </tr> </table>		Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>				
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3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="282 613 1406 725"> <tr> <td data-bbox="282 613 1262 645">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1262 613 1406 645"><b>NA</b></td> </tr> <tr> <td data-bbox="282 645 1262 707">Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms &amp; Engagement if appropriate?</td> <td data-bbox="1262 645 1406 707"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 707 1406 725"></td> </tr> </table>		Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>				
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3.7	<b>Data Protection and Data Security</b> <table border="1" data-bbox="282 815 1406 927"> <tr> <td data-bbox="282 815 1262 846">Has a Data Protection Impact Assessment (DPIA) been completed if relevant?</td> <td data-bbox="1262 815 1406 846"><b>NA</b></td> </tr> <tr> <td data-bbox="282 846 1262 909">Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?</td> <td data-bbox="1262 846 1406 909"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 909 1406 927"></td> </tr> </table>		Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>				
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3.8	<b>Procurement considerations</b> <table border="1" data-bbox="282 1016 1406 1196"> <tr> <td data-bbox="282 1016 1262 1079">Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td data-bbox="1262 1016 1406 1079"><b>NA</b></td> </tr> <tr> <td data-bbox="282 1079 1262 1111">Has a Single Tender Waiver form been completed if appropriate?</td> <td data-bbox="1262 1079 1406 1111"><b>NA</b></td> </tr> <tr> <td data-bbox="282 1111 1262 1173">Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td data-bbox="1262 1111 1406 1173"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1173 1406 1196"></td> </tr> </table>		Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>		
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3.9	<b>Human Resources</b> <table border="1" data-bbox="282 1285 1406 1375"> <tr> <td data-bbox="282 1285 1262 1348">Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td> <td data-bbox="1262 1285 1406 1348"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1348 1406 1375"></td> </tr> </table>		Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>						
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3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="282 1464 1406 1532"> <tr> <td data-bbox="282 1464 1262 1527">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td data-bbox="1262 1464 1406 1527"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="282 1527 1406 1550"></td> </tr> </table>		Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>						
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## Barnsley Clinical Commissioning Group

# PRIMARY CARE PRACTICE LEVEL MEDICINES OPTIMISATION SCHEME 2021-22 (Scheme live from 1<sup>st</sup> July 2021)

### Background

The purpose of this scheme is to encourage the high quality, safe and cost-effective use of medicines across the patient pathway.

### Principles

- A Medicines Optimisation does not simply reward low cost prescribing, but should include criteria relating to the quality of prescribing.
- To maximise financial opportunities (best use of the Barnsley £) and ensure financial stability within the Clinical Commissioning Group (CCG), it's vital that the CCG and its constituent practices maintain oversight and control of prescribing costs. Any reduction of prescribing costs at the expense of compromising patient health is not acceptable.
- An incentive scheme should encourage practices to consider both cost and also quality, and hence the cost-effectiveness of their prescribing, and reward practices appropriately.
- There is recognition that where practices are already achieving the targets specified in the scheme practices should be rewarded in the same way as those practices meeting the targets for the first time, however that all practices should work to meet a minimum target and therefore will be required to undertake some work against each of the schemes criteria.

### Details of the Scheme

- Completing ALL of the work within the scheme would reward practices **£TBC** per weighted patient on the 1 January 2021.
- The work will be completed by 28<sup>th</sup> February 2022 unless otherwise stated in the scheme. Payments to practices will be 100% awarded to practices who meet ALL of the target and completion deadlines. A reporting template will be provided to practices with dates for return (attached Appendix A).
- Any practice failing to meet any of the scheme criteria targets will forfeit their right to any payment under the scheme. It's expected that practices will actively undertake work to achieve against all work areas.
- Practices who have missed a deadline for not completing work due to exceptional circumstances may submit an appeal for consideration by CCG's Quality and Cost Effective Prescribing Group (QCEPG)
- Calculated rewards will be endorsed by the QCEPG in March 2022 and payments will

be made to practices on or before the 30th April 2022:-

- The QCEPG will review 2021/22 EPACT and Eclipse Live prescribing data against the same Medicines Optimisation Scheme criteria to validate /verify changes. They may request that searches are run again by practices to validate reporting.
  - Where there has found to be an error in practice reporting or reversal of any scheme implemented changes then the CCG retains the right to request proportional reimbursement for practice payments which have been made under this scheme.
  - Where there has been a significant reduction in the quality of prescribing e.g. excessive waste identified as occurring which has been reported to the practice. Then the CCG retains the right to request proportional reimbursement for practice payments which have been made under this scheme.
  - Any offer of practice support made, particularly if not taken up, would be taken into consideration by the QCEPG when making a decision to forfeit, suspend or reduce a practice payment.
- Any practice list size changes greater than +/- 1% 1 January 2022 compared with 1 January 2021 will be taken into consideration when calculating end of year outturn.
  - To ensure financial stability of the CCG, there will be a maximum total payment under the Medicines Optimisation Scheme of £TBC.
  - Areas of this scheme which are impacted by (included within) any national prescribing incentive scheme introduced for 2021/2022 will be subject to review and may be amended by the CCG Quality & Cost Effective Prescribing Group.

#### Finance Issues

- National guidelines govern the types of expenditure that are permitted using these payments. Payments should be used for the benefit of the patients of the practice, having regard to the need to ensure value for money
- It should be noted that these payments cannot be used for the purchase of health care (hospital or community services), or for drugs.

#### Support

- Practices will be provided with a summary of their prescribing position against the criteria within this scheme and their practice target for each of the criteria.
- The CCG Medicines Management Team is happy to support practices to review prescribing in the areas within the scheme and this should be discussed and agreed with the medicines management team member(s) supporting your practice. **The overall responsibility for completion of work within the scheme and reporting lies entirely with the practice.**

### Medicines Optimisation Scheme Criteria

Indicator	Measure
<b>1. QIPP changes</b>	<p>The reviews will be carried out in line with the 2021/22 CCG QIPP resource pack/SOP:</p> <p>100% of appropriate patients to be offered a change in therapy.</p> <p><b>By 16<sup>th</sup> July 2021:</b></p> <ul style="list-style-type: none"> <li>• Fluticasone 50microgram/Salmeterol 25microgram MDI (Seretide® 50) to Combisal® 50 MDI</li> <li>• Fluoxetine 10mg capsules/tablets to fluoxetine oral solution or half a 20mg dispersible tablet.</li> <li>• Buprenorphine 7 day patch to Sevodyne®</li> <li>• Co-careldopa tablets to Sinemet® tablets</li> <li>• Cyanocobalamin tablets to CyanocoMinn® or CyanocoB12® tablets</li> <li>• Estriol 0.01% cream to Ovestin® cream</li> <li>• Formula B® phosphate enema to Cleen® ready to use enema</li> <li>• Venlafaxine XL 225mg tablets and capsules to Vencarm® XL 225mg capsules</li> </ul> <p><b>By 13<sup>th</sup> August 2021:</b></p> <ul style="list-style-type: none"> <li>• Metformin MR to Yaltormin®</li> <li>• Alogliptin or linagliptin and metformin dual treatment prescribed as two separate drugs to be prescribed generically as the respective combination product</li> <li>• SGLT2 inhibitors (canagliflozin, dapagliflozin or empagliflozin) and metformin dual treatment prescribed as two separate drugs to be prescribed generically as the respective combination product</li> </ul> <p><b>By 17<sup>th</sup> September 2021:</b></p> <ul style="list-style-type: none"> <li>• QVAR® MDI to Kelhale®</li> <li>• Gaviscon® Advance to Acidex® Advance (where a prescription remains appropriate in line with local and national guidance)</li> </ul> <p>Please note that this is not an exhaustive list and any additional areas agreed by the QCEPG/APC before December 2021 may also be incorporated.</p>
<b>2. Items which should no longer be routinely prescribed</b>	<p><b>a) Over the counter (OTC) items which should no longer routinely be prescribed in primary care</b></p>

in primary care	<p>The practice will review patients prescribed the medicines included within <a href="#">local self care guidance</a> and/or <a href="#">NHS England guidance</a> and make changes in line with the recommendations in the guidance.</p> <p>Supporting resources will be made available.</p> <p><b>AND</b></p> <p>Prescribing expenditure on OTC items (NIC/ASTRO PU) is equal to or less than the target set by the CCG (July 2021 to December 2021) OR the practice has demonstrated a 5% reduction (NIC/ASTRO PU July to December 2021 compared with July to December 2020)</p> <p><b>b) Items which should no longer be routinely prescribed in primary care</b></p> <p>The practice will continue to review patients prescribed the medications included and make changes in line with the recommendations in the <a href="#">NHS England guidance</a> and corresponding local guidance (including APC position statements).</p> <p>A CCG supporting resource pack will be made available. <b>100% of appropriate patients to be offered a change in therapy.</b></p> <p><b>To be completed by timeframes set by the Medicines Management Team.</b></p>
3. Endocrinology: Blood Glucose & Ketone Monitoring	<p><b>Blood Glucose &amp; Ketone Monitoring</b></p> <p>The practice will continue to review choice and frequency of use and continue to offer a formulary choice of blood glucose and blood ketone test strips to appropriate diabetic patients in line with <a href="#">local guidance</a>.</p> <p><u>Additional Information</u></p> <p>a. A meeting <u>(which can be held remotely via Microsoft Teams or similar)</u> will take place between the practice nurse(s) and the MMT members supporting the practice to discuss this workstream. An action plan will be agreed and submitted before the 13<sup>th</sup> August 2021 setting out how the practice will achieve this element of the scheme.</p> <p>b. The Medicines Management Team will monitor progress with the reviews. An audit will be completed by the Medicines Management Team for a random sample of 10* diabetes patients who have been prescribed a glucose test strip and 10* patients prescribed a ketone test strip and who have had an annual review between</p>

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	<p>September 2021 and November 2021. The findings from this audit will be discussed with the practice nurses by the 10<sup>th</sup> December 2021 and the key discussion points documented on the practice action plan. The audit will need to demonstrate that the usage and choice of test strips/meter is in line with local guidance for at least 75% of patients.</p> <p>If the 75% standard is not met in the December audit, a second audit will be completed by the 28<sup>th</sup> February 2022 for a further 10* to 20 patients [in line with the CCG SOP(s)] who have had an annual review between December 2021 and 28<sup>th</sup> February 2022 and the practice will need to demonstrate that the 75% standard has been met.</p> <p><i>*For practices with less than 10 eligible patients, all eligible patients should be included in the audit.</i></p>
<b>4. Respiratory</b> <ul style="list-style-type: none"> <li>• Triple inhalers</li> <li>• High dose ICS in asthma</li> <li>• SABAs</li> <li>• Home oxygen</li> <li>• Nebules</li> </ul>	<p><b>a) Triple Inhalers in COPD</b></p> <p>The practice will review patients in line with the <a href="#">COPD algorithm</a> and offer suitable patients a change to a triple therapy inhaler at their annual review.</p> <p><u>Additional information</u></p> <p>i) A meeting (<a href="#">which can be held remotely via Microsoft Teams or similar</a>) will take place between the practice nurse(s) and the MMT members supporting the practice to discuss this workstream. <b>An action plan will be agreed and submitted before the 13<sup>th</sup> August 2021</b> setting out how the practice will achieve this element of the scheme.</p> <p>ii) On the 1<sup>st</sup> July 2021, the MMT member will run a search to identify patients with COPD prescribed the following three inhaled drugs as two or three separate inhalers: LABA, LAMA and ICS. Each month (from September 2021) the MMT will re-run the search to identify patients who have had a COPD review and complete an audit of these patients. <b>Practices will need to demonstrate that a change to a triple therapy inhaler has been considered and discussed for at least 75% of patients who meet the criteria.</b></p> <p>iii) The MMT will provide feedback to the practices on progress with this area of the scheme throughout the year including whether or not the 75% target is or is not being met to help support the clinicians completing the COPD annual reviews.</p> <p><b>To be completed by 28<sup>th</sup> February 2022</b></p> <p><b>b) High dose inhaled corticosteroids (ICS) in</b></p>

### **Asthma**

The practice will continue to offer step down of inhaled corticosteroids in patients with asthma who have good control.

#### Additional information

- i) A meeting (which can be held remotely via Microsoft Teams or similar) –will take place between the practice nurse(s) and the MMT members supporting the practice to discuss this workstream and agree an action plan.

**The action plan will be submitted before the 13<sup>th</sup> August 2021** setting out how the practice will achieve this element of the scheme.

- ii) The Medicines Management Team will monitor progress with the reviews. An audit will be completed by the Medicines Management Team for a random sample of 10\* asthma patients who are prescribed a high dose ICS (i.e. 800 micrograms beclomethasone per day or equivalent) and who have had an annual review between September 2021 and November 2021.

**The findings from this audit will be discussed with the practice nurses by the 10<sup>th</sup> December 2021** and the key points from the discussion documented on the practice action plan. **The audit will need to demonstrate that step down has been considered and discussed for at least 75% of patients with good control.**

If the 75% standard is not met, a second audit will be completed by the 28<sup>th</sup> February 2022 for a further 10\* patients who have had an annual review between December 2021 and 28<sup>th</sup> February 2022 and the practice will need to demonstrate that the 75% standard has been met.

*\*For practices which have less than 10 asthma patients who are prescribed a high dose ICS, and who have had an annual review between the respective dates, all patients should be included in the audit.*

### **c)Use of short acting beta 2 agonists (SABAs) in Asthma and COPD patients**

The practice will continue to review the use of salbutamol and terbutaline in all asthma and COPD patients during their annual reviews.

#### Additional information

- i) A meeting (which can be held remotely via Microsoft Teams or similar) –will take place between the



	<p>practice nurse(s) and the MMT members supporting the practice to discuss this workstream. An action plan will be agreed and <b>submitted before the 13<sup>th</sup> August 2021</b> setting out how the practice will achieve this element of the scheme.</p> <p>ii) An audit will be completed by the Medicines Management Team for a random sample of 10* patients (including at least 5 patients with asthma) who have ordered more than 12 SABA inhalers in the period 1<sup>st</sup> September 2020 to 31<sup>st</sup> August 2021 and who have had an annual review between September 2021 and November 2021. The findings will be discussed with the practice nurses by the 10<sup>th</sup> December 2021 and the key points from the discussion documented on the practice actions plan.</p> <p><b>The practice will need to demonstrate that SABA usage has been reviewed, discussed and changes made to therapy where clinically indicated and that the first line option(s) have been considered where appropriate in at least 75% of patients.</b></p> <p>If the 75% standard is not met in this audit, a second audit will be completed by the 28<sup>th</sup> February 2022 for a further 10 patients who have had an annual review between December 2021 and 28<sup>th</sup> February 2022 and the practice will need to demonstrate that the 75% standard has been met.</p> <p><i>*For practices who have less than 10 patients who have ordered more than 12 SABA inhalers in the period 1<sup>st</sup> July 2020 to 30<sup>th</sup> June 2021 and who have had an annual review between the respective dates all patients should be included in the audit.</i></p> <p><b>d) Home Oxygen Reviews</b> The practice will engage with the CCG to help facilitate the review of selected patients prescribed home oxygen between July 2021 and February 2022.</p> <p><b>e) Nebule Reviews</b> The practice will engage with the CCG to help facilitate the review of patients prescribed nebulas between July 2021 and February 2022.</p>
<b>5. Overactive bladder reviews</b>	<p>The practice will review a cohort of patients who have been prescribed medication treatment for overactive bladder to ensure:</p> <ul style="list-style-type: none"> <li>• Patients are being prescribed medication in line with local and national guidance and that a treatment break has been offered and considered where clinically appropriate.</li> <li>• Patients are prescribed the most cost effective</li> </ul>

	<p>clinically appropriate treatment in line with local guidance.</p> <p>Reviews should be completed in line with the CCG SOP and timeframes.</p>
<b>6. Antibiotic Prescribing and Antimicrobial Stewardship (AMS)</b>	<p><b>a) AMS Practice Meeting</b></p> <p>The practice will discuss and reflect on antibiotic prescribing and antimicrobial stewardship during a meeting with allocated CCG Medicines Management Team member(s). The meeting <u>(which can be held remotely via Microsoft Teams or similar)</u> –should take place by the 15th October 2021 and incorporate the following discussion points:</p> <ul style="list-style-type: none"> <li>• antibiotic prescribing patterns within the practice in reference to recent prescribing data</li> <li>• prescribing guidelines and other useful resources</li> <li>• key points within the CCG antimicrobial stewardship resource pack 2021-22</li> <li>• engaging with the European Antibiotic Awareness Day/ World Antibiotic Awareness Week (November 2021) during the Covid pandemic</li> </ul> <p><b>b) Prescribing Targets</b></p> <p>The percentage of cephalosporin, quinolone and co-amoxiclav from all antibiotics prescribed by the practice (January to December 2021) is below 8% or has reduced by 10% (January to December 2021 compared with January to December 2020).</p> <p><b>AND</b></p> <p>The number of antibiotic prescriptions (Items/STAR PU) issued by the practice (January to December 2021) is below the target set by the CCG or has reduced by 5% (January to December 2021 compared with January to December 2020).</p> <p><b>c) Audit work</b></p> <p>The practice will audit the use of prophylactic antibiotics for urinary tract infections and complete other selected audits as per the requirements and timeframes in the CCG antimicrobial stewardship resource pack 2021-22.</p> <p>The audit results will demonstrate that 80% of prescribing is in line with local guidance</p> <p>OR</p> <p>The practice will agree and implement an action plan if the 80% target has not been met. Action plan to be agreed and submitted by 28th February 2022.</p>

<b>7. Anticoagulation: INR self testing pilot</b>	The practice will engage with the Medicines Management Team to evaluate the role of INR self testing in patients receiving warfarin.
<b>8. Appliance and Wound Care Reviews and Ordering Processes</b>	<p><b>a) Appliance and Wound Care Reviews</b></p> <p>i) The practice will engage with the Medicines Management Team Specialist Nurses and other members of the team to complete a review of patients prescribed appliances and wound care products and offer patients a change to cost effective formulary alternatives where appropriate.</p> <p>ii) The practice will review patients prescribed the following products in line with CCG SOPs:</p> <ul style="list-style-type: none"> <li>• Adhesive remover sprays by 16<sup>th</sup> July 2021</li> <li>• Leg bags by 17<sup>th</sup> September 2021</li> <li>• Barrier creams for moisture associated skin damage (MASD) by 12<sup>th</sup> November 2021</li> </ul> <p>This is not an exhaustive list and additional priority areas may be incorporated.</p> <p><b>b) Stoma Appliance Centralised Ordering Process</b></p> <p>The practice will engage with the Medicines Management Team Specialist Nurse and other members of the team in reviewing the process for the ordering of stoma products by patients. The practice will work with the team to explore and implement new approaches to ordering (e.g. nurse led order line) to ensure that patients receive appropriate quantities of cost effective formulary products in a timely manner.</p> <p><b>c) ONPOS Direct Ordering of Dressings</b></p> <p>The practice will engage with the Medicines Management Team Specialist Nurse and other members of the team to support ongoing implementation and further roll out of the ONPOS project.</p>
<b>9. Nutrition</b> <ul style="list-style-type: none"> <li>• <b>ONS in adults</b></li> <li>• <b>Enteral nutrition in paediatrics</b></li> <li>• <b>Centralised ordering pilot</b></li> </ul>	<p><b>a) Oral Nutritional Supplements (ONS) in Adults</b></p> <p>i) The practice will continue to engage with the Medicines Management Dietitian and other members of the team to ensure ONS prescribing and associated processes (including the management of ONS post hospital discharge) are in line with APC guidance.</p> <p>ii) The practice will review patients prescribed compact oral nutritional supplements, milk based oral nutritional</p>

	<p>supplements and juice based oral nutritional supplements in line with the respective algorithms included in the Barnsley ONS guideline and CCG SOPs.</p> <p>iii) The practice will engage with the Medicines Management Dietitian to review the prescribing of fat emulsions in line with the Barnsley APC guideline.</p> <p><b>b) Enteral Nutrition in Paediatrics</b> The practice will continue to engage with the Medicines Management Dietitian and other members of the team to ensure prescribing is in line with local APC guidance.</p> <p><b>c) Centralised Ordering /Prescribing of Nutritional Supplements Pilot</b> The practice will engage in discussions/planning and support where required the centralised prescribing/ordering of nutritional supplements.</p>
<b>10. Targeted medication reviews</b>	<p>The practice will complete a medication review on a cohort of patients in line with local/national guidance and CCG timeframes.</p> <p>To include, but not limited to, patients prescribed:</p> <ul style="list-style-type: none"> <li>• Levothyroxine 12.5 micrograms</li> <li>• Oxybutynin liquid</li> <li>• Acamprosate and disulfiram</li> <li>• Vitamin B co preparations and thiamine</li> <li>• Melatonin</li> <li>• Nifedipine 5mg and 10mg capsules</li> <li>• Gamolenic acid</li> <li>• Haloperidol 500 microgram tablets</li> <li>• Meptazinol</li> <li>• Patients prescribed 25 or more medicines</li> </ul> <p>Any additional priority areas agreed during the year.</p>
<b>11. ScriptSwitch</b>	<p>a. ScriptSwitch is activated for <b><u>ALL</u></b> practice prescribers (including locums) for 100% of the time for the period 1st July 2021 to 28th February 2022.</p> <p>b. ScriptSwitch is installed on the laptops of clinicians who are working remotely (liaise with the Medicines Management Team for support with this).</p> <p>c. A quarterly ScriptSwitch report is reviewed and discussed in every medicines optimisation practice meeting between July 2021 and February 2022. The key points and actions will be summarised within the</p>

	<p>practice action plan following each meeting.</p> <p>d. Prompts for areas included within this scheme are not rejected without exceptional reason and prescribers will use the feedback prompt to advise of the reason.</p> <p>e. An acceptance rate or percentage of the potential cost benefit (July 2021 to February 2022) is equal to or greater than the CCG average for the 20/21 year OR, if below the 20/21 averages, an increase of 20% in the acceptance rate OR the potential cost benefit is achieved compared to the individual practice data for 20/21.</p> <p><i>If there are technical difficulties due to ScriptSwitch suppliers and not the practice then this will be taken into account. Practice level ScriptSwitch activity will be monitored and points will not be awarded to practices who are deemed to be deliberately changing their prescribing behaviour in order to achieve part e.</i></p>
<b>12. Eclipse Live: RADAR Reviews &amp; High Cost Drug Report</b>	<p>a. The practice will be signed up to Eclipse Live software; run RADAR reports a minimum of once a week and prioritise for review the patients identified to be at the highest clinical risk</p> <ul style="list-style-type: none"> <li>• 100% of Barnsley red admission avoidance and monitoring high priority alerts to be reviewed at least once every 1 to 2 weeks</li> <li>• A minimum of 75% of purple alerts every 1 to 2 weeks, in practices where PINCER reporting reviews are not undertaken.</li> <li>• A minimum of 50% of Barnsley admission avoidance and monitoring amber alerts and 25% of blue alerts to be reviewed every 1 to 2 weeks.</li> </ul> <p><b>To be completed every 1-2 weeks up to 28<sup>th</sup> February 2022.</b></p> <p>b. The practice has completed a review of high cost drug data available via the Eclipse Solutions website for their practice over a recent 6 month period. Patients will be reviewed to ensure prescribing is appropriate and in line with local guidance.</p> <p><b>To be completed by 17<sup>th</sup> September 2021.</b></p>
<b>13. Practice meetings to discuss medicines optimisation issues</b>	<p>At least two meetings* have been held and attended by 50% or more of relevant practice clinicians and allocated CCG Medicines Management team members</p> <p>The meeting agenda and updated practice medicines</p>

	<p>optimisation action plan (template available) will be submitted by the following dates:</p> <p>1<sup>st</sup> Meeting: 13<sup>th</sup> August 2021 2<sup>nd</sup> Meeting: 28<sup>th</sup> February 2022</p> <p><i>*Meetings can be held remotely via Microsoft Teams or similar and should include the following discussion points:</i></p> <ul style="list-style-type: none"> <li>- topical prescribing issues linking with local/national prescribing guidelines</li> <li>- reflection of practice prescribing patterns with reference to recent practice level prescribing data (prescribing data including CCG prescribing charts/data and Open Prescribing data will be reviewed by the MMT and selected data will be shared and discussed in at least one meeting)</li> <li>- progress with medicines optimisation workstreams.</li> </ul> <p><i>Where meetings have not taken place due to CCG staff being unavailable this will be taken into account.</i></p>
<p><b>14. Controlled Drugs</b></p> <ul style="list-style-type: none"> <li>• Opioid prescribing in chronic pain</li> <li>• Practice SOP</li> <li>• Targeted reviews</li> </ul>	<p><b>a) Opioid Prescribing in Chronic Pain</b></p> <p>i) The practice will continue to undertake a pain management review at least once every 6 months for patients who are prescribed 120mg/day of oral morphine or equivalent, in line with the CCG resource pack.</p> <p>ii) The practice will engage with the South Yorkshire and Bassetlaw Campaign to Reduce Opioid Prescribing (CROP) project.</p> <p><b>b) Practice Controlled Drug SOP</b></p> <p>The practice will ensure that they have an up-to-date SOP in place for the prescribing and management of controlled drugs within the practice. Template SOP will be made available.</p> <p><b>To be completed by 28<sup>th</sup> February 2022.</b></p> <p><b>c) Targeted Reviews</b></p> <p>The practice will complete a review on a cohort of patients identified by the Scheduled Drug Monitoring Group.</p> <p><b>To be completed by 28<sup>th</sup> February 2022.</b></p>
<b>15. Potential Generic Savings</b>	<p>The practice will complete a review of potential generic savings data provided by the CCG and patients will be offered a change to a generic product where appropriate.</p> <p>The review will take place twice during the year: the first time before 15<sup>th</sup> October 2021 and the second time before the 28<sup>th</sup> February 2022.</p>

<b>16. Unlicensed Specials</b>	<p>The practice will complete a review of unlicensed specials data provided by the CCG for their practice and patients will be offered a change to a licensed preparation where appropriate.</p> <p>The review will take place twice during the year: the first time before 15<sup>th</sup> October 2021 and the second time before the 28<sup>th</sup> February 2022.</p>
<b>17. Dose Optimisation Review</b>	<p>The practice will complete a dose optimisation review of patients prescribed medication identified in the CCG protocol.</p> <p><b>To be completed by 13th August 2021.</b></p>
<b>18. Review of Prescribing Data: Unspecified Drugs and Out of Pocket expenses</b>	<p>The practice will review patients prescribed medication, which is processed by the NHSBSA with an unspecified drug code or incurs an out of pocket expense, in line with local formulary and guidance.</p> <p>The MMT will provide data on a monthly basis and will be reviewed by the practice within 4 weeks.</p> <p><b>To be completed every month until 28<sup>h</sup> February 2022.</b></p>
<b>19. Population Health Management Reviews</b>	<p>Practices will take forward up to three population health management pieces of work on agreed cohorts of patients identified to be at risk of hospital admission using population health management tool(s), including the Eclipse Live VISTA Platform.</p>
<b>20. Additional high priority medicines optimisation workstreams</b>	<p>There may arise additional in year medicines optimisation opportunities which will benefit the healthcare economy more than work within the plan. Should this arise practices will be provided with an explicit plan of work.</p>

## Governing Body

13 May 2021

### Quality & Patient Safety Committee - Quality Highlights Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	<p>Provide the May 2021 Governing Body with the agreed highlights of the discussions at the Quality &amp; Patient Safety Committee on 15 April 2021. The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.</p>									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Jayne Sivakumar</td> <td>Chief Nurse</td> </tr> <tr> <td>Author</td> <td>Hilary Fitzgerald</td> <td>Quality Manager</td> </tr> </tbody> </table>		Name	Designation	Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse	Author	Hilary Fitzgerald	Quality Manager
	Name	Designation								
Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse								
Author	Hilary Fitzgerald	Quality Manager								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Quality and Patient Committee</td> <td>15 April 2021</td> <td>To raise as highlights to the Governing Body</td> </tr> </tbody> </table>	Group / Committee	Date	Outcome	Quality and Patient Committee	15 April 2021	To raise as highlights to the Governing Body			
Group / Committee	Date	Outcome								
Quality and Patient Committee	15 April 2021	To raise as highlights to the Governing Body								
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p>At the Quality and Patient Safety Committee meeting on 15 April 2021, it was agreed that the following six quality issues are highlighted to the Governing Body and rated:</p> <ul style="list-style-type: none"> <li>Green – Safeguarding Update</li> <li>Green – Patient Experience Qtr 3 Report</li> <li>Green – SYB QUIT PGD</li> <li>Amber – SWYPFT Waiting Lists</li> <li>Amber – Minimising Harm</li> <li>Red – Adult SALT Service</li> </ul>									



	Details of the highlights can be found in Appendix A of this report.
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Note the Quality Highlights identified for information and assurance.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – Quality Highlights Report

<b>Agenda time allocation for report:</b>	10 minutes.
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>																								
	<p>This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):</p> <table border="1"> <tr> <td>1.1 Urgent &amp; Emergency Care</td><td></td><td>6.1 Efficiency Plans</td><td></td></tr> <tr> <td>2.1 Primary Care</td><td></td><td>7.1 Transforming Care for people with LD</td><td></td></tr> <tr> <td>3.1 Cancer</td><td></td><td>8.1 Maternity</td><td></td></tr> <tr> <td>4.1 Mental Health</td><td></td><td>9.1 Digital and Technology</td><td></td></tr> <tr> <td>5.1 Integrated Care @ System</td><td></td><td>10.1 Compliance with statutory duties</td><td>✓</td></tr> <tr> <td>5.2 Integrated Care @ Place</td><td></td><td></td><td></td></tr> </table>	1.1 Urgent & Emergency Care		6.1 Efficiency Plans		2.1 Primary Care		7.1 Transforming Care for people with LD		3.1 Cancer		8.1 Maternity		4.1 Mental Health		9.1 Digital and Technology		5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓	5.2 Integrated Care @ Place			
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<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>																								
	<table border="1"> <tr> <td>Has a Quality Impact Assessment (QIA) been completed if relevant?</td><td><b>NA</b></td></tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td><td><b>NA</b></td></tr> <tr> <td><b>See Appendix A</b></td><td></td></tr> </table>	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>	<b>See Appendix A</b>																			
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<b>See Appendix A</b>																									

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**Appendix A Quality Highlights Report**

<b>Issue</b>	<b>Consideration</b>	<b>Action</b>
<b>Safeguarding</b>	QPSC were provided with a comprehensive update on safeguarding adults and children for assurance. It was highlighted that the capacity of the safeguarding team at BHNFT has more than doubled in the last 12 months, and this has generated improvements in the level of service the Team is able to provide.	QPSC was assured that safeguarding requirements continue to be met despite the ongoing impact of Covid19.
<b>Patient Experience</b>	<p>QPSC received for assurance BCCG's Quarterly Patient Experience Report for Qtr 3 of 2020/21.</p> <p>QPSC noted the significant increase in complaints and concerns compared with the previous two quarters of 2020/21. This was largely due to issues relating to Covid19 including the vaccination programme.</p>	The Committee was assured that complaints and concerns received by the Quality Team are being managed effectively and that learning from complaints has been acted upon.
<b>SYB QUIT PGD</b>	The Head of Medicines Optimisation presented for approval the Patient Group Direction for the supply of Varenicline tablets in South Yorkshire and Bassetlaw community pharmacies commissioned to provide treatment to patients being supported in the community on stop smoking QUIT Programme pathways. The QUIT programme commences on 1 May 2021.	QPSC approved and adopted the standard patient group direction for varenicline supply as part of the QUIT Programme.
<b>Emerging SWYPFT Waiting Lists</b>	<p>QPSC was briefed on emerging waiting lists in SWYFT's Community Services:</p> <ul style="list-style-type: none"> <li>• Dietetics Service for Older People</li> <li>• Adult Epilepsy Service.</li> </ul> <p>These had been discussed previously at the SWYPFT Clinical Quality Board on 1 April 2021, where reassurance had been provided by SWYPFT that actions were being taken to manage the waiting times.</p>	QPSC noted the update and agreed that the waiting lists should be monitored and further assurances sought via SWYPFT Clinical Quality Board.

Issue	Consideration	Action
<b>Minimising Harm Updates for Planned Care and Cancer Pathways</b>	The Committee was provided with comprehensive updates on the actions being taken to minimise the risk to patients on quality, clinical effectiveness and patient safety due to the impact of the coronavirus pandemic on the delivery of elective care, and planned care and cancer pathways.	QPSC noted for assurance the content and progress described within the reports.
<b>Adult SALT Service</b>	<p>QPSC was notified of the latest position with regard to SWYPFT's Adult Community Speech and Language Therapy Service waiting list. The Committee was notified that the backlog will now be managed by SWYPFT's Stroke Team.</p> <p>The Service is still not able to receive new referrals, and Primary Care will need to be notified of this. The CCG has not been able to seek support with new referrals from other Providers within SYB due to their own capacity limits.</p> <p>The CCG will be conducting a system review of both the adult and children SALT services in the near future.</p>	<p>The Committee noted the latest position and agreed that Community Services should be included in the minimising harm programme as their services impacted on patients with long term conditions.</p> <p>QPSC also agreed that further assurances are required from SWYPFT to ensure that it is managing the clinical prioritisation of patients who are on waiting lists in line with NHS 2021/22 priorities and operational planning guidance.</p>

## GOVERNING BODY

13 May 2021

## RISK AND GOVERNANCE EXCEPTION REPORT

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																	
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>										
<b>2.</b>	<b>PURPOSE</b>																	
	<ul style="list-style-type: none"> <li>To assure the Governing Body re the delivery of the CCG's annual strategic objectives</li> <li>To assure the Governing Body that the current risks to the organisation are being effectively managed and monitored appropriately</li> <li>To provide an update on the Data Security and Protection Toolkit 2020/21</li> <li>To share the Quarter 4 Workforce Report</li> <li>To provide a position statement on the Annual report and Accounts 2020/21</li> <li>To share the Committee Annual Assurance Reports 2020/21, and</li> <li>To note the results of the Committee Effectiveness Survey 2020/21</li> </ul>																	
<b>3.</b>	<b>REPORT OF</b>																	
		<b>Name</b>	<b>Designation</b>															
	Executive Lead	Richard Walker	Head of Governance & Assurance															
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator															
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>																	
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: center;">Group / Committee</th> <th style="text-align: center;">Date</th> <th style="text-align: center;">Outcome</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">All Committees</td> <td style="text-align: center;">Various</td> <td style="text-align: center;">Review extracts of the GBAF and Risk register at every meeting</td> </tr> <tr> <td style="text-align: center;">Q&amp;PSC</td> <td style="text-align: center;">17.12.2020</td> <td style="text-align: center;">Received and noted an update on the DSP Toolkit and other IG issues</td> </tr> <tr> <td style="text-align: center;">SMT</td> <td style="text-align: center;">Various</td> <td style="text-align: center;">Receives and reviews quarterly workforce reports</td> </tr> <tr> <td style="text-align: center;">Audit Committee</td> <td style="text-align: center;">22.4.2021</td> <td style="text-align: center;">Detailed pre submission review of draft Annual report &amp; Accounts</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	All Committees	Various	Review extracts of the GBAF and Risk register at every meeting	Q&PSC	17.12.2020	Received and noted an update on the DSP Toolkit and other IG issues	SMT	Various	Receives and reviews quarterly workforce reports	Audit Committee	22.4.2021	Detailed pre submission review of draft Annual report & Accounts
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>
<b>5.1</b>	<p><b>Governing Body Assurance Framework</b></p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. One of the key priority areas (3 - Cancer) is rated as red meaning that there is currently a significant risk that the deliverables in this area may not be achieved in 2020-21.</p>
<b>5.2</b>	<p><b>Corporate Risk Register</b></p> <p>The <i>Corporate Risk Register</i> is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (September and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with an exception report of the Corporate Risk Register (Appendix 2).</p> <p>There are currently 9 red (extreme) risks on the CCG's Risk Register which have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework:</p> <ul style="list-style-type: none"> <li>• Ref CCG 18/04 (rated score 20, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non-elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.</li> <li>• Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.</li> <li>• Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce.</li> <li>• Ref CCG 20/03 (rated score 16 'extreme') – Potential adverse consequences if the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place</li> <li>• Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality &amp; patient safety of incomplete D1 discharge letters.</li> <li>• Ref CCG 19/05 (rated score 15 'extreme') - If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas.</li> <li>• Ref CCG 21/01 - If the CCG is does not implement robust arrangements to approve packages of Children's Continuing Health Care and associated NHS funding, there is a risk of: Challenge to decisions not to award</li> </ul>

	<p>funding in some cases – possible risk of litigation, Negative impact on patient safety due to lack of quality monitoring of placements for CCC funded children; adverse financial consequences for the CCG.</p> <ul style="list-style-type: none"> <li>• COVID 1 - Disruption to health and social care – hidden harm - During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This ‘hidden harm’ may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.</li> <li>• COVID 2 - Backlog and demand surge - A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.</li> </ul> <p>Risk owners continue to review and refresh all the risks allocated to them to ensure the risk register is complete and up to date. The CCG’s Committees continue to review and manage all the risks identified.</p>
5.3	<p><b>Data Security and Protection Toolkit 2020/21 Update</b></p> <p><i>Introduction</i></p> <p>The DSP Toolkit (DSPT) is a self-assessment tool managed by NHS Digital. It draws together the legal rules and central guidance covering the management and protection of confidential information and IT systems and presents them in one place as a set of Data Security Assertions. CCGs and other health and social care bodies are required to carry out self-assessments of their compliance against the DSPT requirements annually.</p> <p>In previous years Barnsley CCG has met or exceeded the required standards across all aspects of the Toolkit. The focus of this year’s DSPT remains information/cyber security and ensuring appropriate safeguards and testing are in place.</p> <p><i>Overall approach</i></p> <p>The 2020-21 DSPT self-assessment is currently in progress. The CCG’s IG Lead is leading the process to ensure the CCG continues to meet the requirements. Due to the covid-19 pandemic the submission deadline for the previous year’s DSPT was extended, although Barnsley CCG still submitted by the original deadline of 31 March 2020. As a result of this and the impact of COVID-19 on the validity of some requirements, this year’s DSPT was only made available at the end of November 2020. The deadline for this year’s DSPT submission has been amended to the 30th June 2021 to allow organisations sufficient time to complete it.</p> <p>The final Toolkit requirements for 2020/21 diverge from the provisional versions in a number of mandatory requirements, most notably, the removal of Cyber Essentials Plus accreditation as a mandatory requirement.</p>



	<p>A review of the provisional requirements in the summer of 2020, led to a number of significant new or enhanced requirements being flagged to IT Services, so they could evaluate and make provision for them. In particular, the following areas are subject to changes:</p> <ul style="list-style-type: none"> <li>• Back-up technologies to defend against ransomware</li> <li>• Management of Mobile Devices</li> <li>• Increased Logging of IT systems.</li> </ul> <p>Currently weekly meetings are being held with IT to maintain awareness of progress and understand any actions the CCG must take to support them.</p> <p><i>DSPT Audit</i></p> <p>The CCG's internal auditor, 360 Assurance, has recently completed its annual review of the CCG's arrangements for ensuring compliance with a sample of the requirements of the Data Security &amp; Protection (DSP) Toolkit. The audit provided substantial assurance over our data security and data protection control environment across a sample of areas within the scope of the Toolkit, and over the veracity of our Toolkit self-assessment, and contained only four low risk actions.</p> <p><i>Next steps</i></p> <p>The CCG anticipates being able once again to declare full compliance with Toolkit requirements in our final submission, which in light of the covid-19 pandemic must be completed on or before 30 June 2021.</p> <p>A final review of the evidence within the Toolkit is underway and any remaining gaps will be identified and rectified, as necessary. A further update will be provided to QPSC on 17 June 2021, after which the Head of Governance &amp; Assurance will undertake a final review of the evidence in the DSP Toolkit, before seeking IG Group approval to submit the DSP Toolkit in advance of the deadline.</p>
5.4	<p><b>Quarter 4 Workforce Report 2020/21</b></p> <p>The CCG receives a quarterly workforce report from the HR shared service based at Sheffield CCG which provides a range of information relating to CCG staff turnover, sickness absence, and mandatory &amp; statutory training (MAST) compliance. Senior Management Team has agreed to share these reports with Governing Body twice a year. The report for quarter 4 of 2020/21 is appended to this report for information. The key messages are:</p> <ul style="list-style-type: none"> <li>• Low and stable staff turnover</li> <li>• Low rate of staff sickness absence</li> <li>• Generally high rates of MAST compliance although more areas are currently rated 'amber' (80-90% compliance) than 'green' (over 90% compliance) – a range of actions are underway to improve compliance rates in amber areas, with the initial focus on Data Security Awareness training.</li> </ul>

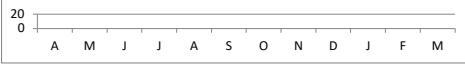
5.5	<p><b>Annual Report and Accounts 2020/21</b></p> <p>The CCG's Draft Annual Report and Accounts was reviewed in detail by the Audit Committee at its meeting on 22 April 2021. Following this the final draft Annual Report &amp; Accounts was submitted to NHS England and the external auditors, KPMG, on 26 April 2021, in line with NHS England's submission deadlines.</p> <p>Following submission NHS England will complete an interim certification checklist to ensure the Annual Report fully reflects their guidance. In addition, substantial audit review work will now be undertaken by KPMG to establish whether in their opinion:</p> <ul style="list-style-type: none"> <li>the Accounts (and the sections of the Annual Report which are subject to audit) give a true and fair view of the CCG's financial performance during 2020/21 and its financial position as at 31 March 2021</li> <li>the CCG has expended its resources in accordance with relevant laws and regulations</li> <li>the financial information in the Annual Report is consistent with the Accounts</li> <li>The CCG has achieved economy, efficiency and effectiveness in its use of resources during 2020/21</li> <li>The Governance Statement has been prepared in accordance with NHSE's guidance and is consistent with KPMG's understanding of the CCG.</li> </ul> <p>Any amendments required from the above processes will be incorporated into a final version of the Annual report &amp; Accounts which will be presented to Audit Committee for its consideration on 10 June 2021 for final review immediately prior to their adoption by Governing Body later that same day.</p>
5.6	<p><b>Committee Assurance Reports 2020/21</b></p> <p>Each year all of the CCG's formal committees prepares an Annual Assurance Report, which provide assurance to the Accountable Officer and the Governing Body that the Committee has during the course of the year discharged its functions in accordance with its terms of reference and managed appropriately any risks allocated to it. These Annual Assurance Reports were considered by the Audit Committee on 22 April 2021 and are now appended to this report for Governing Body's assurance and information.</p>
5.7	<p><b>Committee Effectiveness survey</b></p> <p>From a good practice perspective and to identify potential improvements, a short survey designed to gauge the effectiveness of CCG Committees has been completed by CCG Committee Members.</p> <p><i>Response rates</i></p> <p>A total number of 18 responses were received out of a potential 22 responses. This equates to an 82% total response rate to the survey.</p>

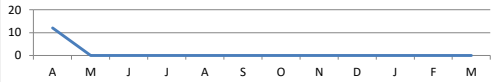
	<p><i>Findings</i></p> <p>The findings from the Survey demonstrate an overall consensus from CCG Committee Members that Committees are working effectively. There are no findings from the survey which would suggest any immediate major actions to improve the effectiveness of Committees. The full results can be found in Appendix 3 of this report.</p>
5.8	<p><b>Data Quality Policy</b></p> <p>Very minor changes have been made to the Data Quality Policy. The Information Assets have been updated in particular to align with the master Information Asset Register. The Finance and Performance Committee approved the updated policy at its meeting on the 06 May 2021.</p>
6.	<p><b>THE GOVERNING BODY IS ASKED TO:</b></p>
	<ul style="list-style-type: none"><li>• Review the Assurance Framework and Risk Register</li><li>• Consider whether all risks are being appropriately Managed</li><li>• Identify any potential new risks or risks for removal</li><li>• Note the DSP Toolkit update</li><li>• Note the Quarter 4 Workforce Report 2020/21</li><li>• Note the Committee Annual Assurance Reports 2020/21</li><li>• Note the findings of the Committee Effectiveness survey</li><li>• Note the updated Data Quality Policy.</li></ul>
8.	<p><b>APPENDICES / LINKS TO FURTHER INFORMATION</b></p>
	<ul style="list-style-type: none"><li>• Appendix 1 – GBAF</li><li>• Appendix 2 – Corporate Risk Register</li><li>• Appendix 3- Quarter 4 Workforce Report 2020/21</li><li>• Appendix 4.1 - 4.6 – Committee Annual Assurance Reports 2020/21</li><li>• Appendix 5 – Committee effectiveness survey results</li></ul>
<p><b>Agenda time allocation for report:</b></p>	
	10 minutes

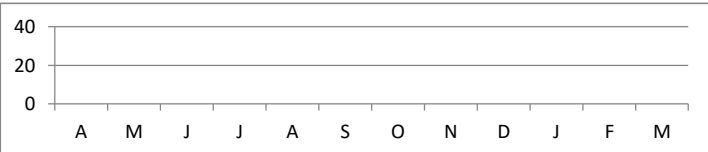
**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>	
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework	
	1.1 Urgent & Emergency Care	✓
	2.1 Primary Care	✓
	3.1 Cancer	✓
	4.1 Mental Health	✓
	5.1 Integrated Care @ System	✓
	5.2 Integrated Care @ Place	✓
	6.1 Efficiency Plans	✓
	7.1 Transforming Care for people with LD	✓
	8.1 Maternity	✓
	9.1 Digital and Technology	✓
	10.1 Compliance with statutory duties	✓
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	
	ALL	
<b>2.</b>	<b>Links to statutory duties</b>	
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act	
	Management of conflicts of interest (s14O)	
	Duty to promote the NHS Constitution (s14P)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	
	Duty as to improvement in quality of services (s14R)	
	Duty in relation to quality of primary medical services (s14S)	
	Duties as to reducing inequalities (s14T)	
	Duty to promote the involvement of each patient (s14U)	
	Duty as to patient choice (s14V)	
	Duty as to promoting integration (s14Z1)	
	Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
3.1	<b>Clinical Leadership</b>	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA

3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

PRIORITY AREA 1: URGENT & EMERGENCY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<ul style="list-style-type: none"><li>Increased clinical assessment of calls to NHS 111 &amp; CAS</li><li>Implementation of 111 First Approach to reduce attendance to ED where suitable alternative service exist (including front door clinical streaming/booking to alternative services)</li><li>Delivery of ambulance targets / conveyance with zero tolerance of delays over 30 minutes</li><li>Delivery of 4 hour A&amp;E standard</li><li>Improved patient flow and reduce length of stay</li><li>Free up hospital beds - Reduce non-elective activity</li><li>Enhance Same Day Emergency Care, increasing the proportion patients discharged on the day of attendance</li><li>Reduce A&amp;E by default selections on the DOS</li></ul>				Highest quality governance		If partners locally and across the ICS do not engage constructively together, to develop a model for urgent care at a South Yorkshire and Bassetlaw and Barnsley level, in line with best practice and national guidance there is a risk that urgent care services are unable to meet the growing demand, constitution standards for urgent care are not achieved and the quality of patient care is negatively impacted			
				High quality health care					
				Care closer to home					
				Safe & sustainable local services					
				Strong partnerships, effective use of £					
Links to SYB STP MOU									
8.4. Urgent and Emergency Care									
Committee Providing Assurance				FPC	Executive Lead	JW	Clinical Lead	JH & MS	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Apr-21
Initial	3	4	12					Rationale: Likelihood currently judged to be 'possible' given current pressures and challenges across the urgent care system and the developing nature of plans to deliver outcomes of the national urgent care review. Consequence is judged as major due to the potential impact on patient care.	
Current	3	4	12						
Appetite	3	4	12						
Approach	Tolerate								
Key controls to mitigate threat:					Sources of assurance			Rec'd?	
Operational planning process is underway for 2021/22 in line with the NHS Planning Guidance. All activity plans are being developed in line with national expectations for increased activity levels back toward those in 2019/20, reflecting local restrictions and transformation work to redesign services. Plans at provider and commissioner level will be aligned to reflect the total Barnsley population.					CCG are working with the NHSE and the SYB ICS to formulate an ICS level activity plan. Plan will be submitted to NHSE in line with required deadlines. Activity levels are monitored on an ongoing basis to monitor delivery against submitted plans.			In progress	
Barnsley UEC Delivery Board meets monthly, with representation from the CCG, to ensure oversight of performance and planning for urgent care locally and ensure delivery of urgent care standards including local system wide planning for winter and other seasonal pressures.					CCG GB members (x2) and Chief Operating Officer represent the CCG as members of the local delivery board. UEC Delivery Board Performance Dashboard is in place enabling all key performance and activity information from across partners to be reviewed by the Board and for actions to be agreed to address any areas of concern. UEC Delivery Board Priorities have been agreed as: A&E Front Door & 111 First, Enhancement and expansion of SDEC, Reducing avoidable admissions and readmissions. Work is ongoing to reset the UEC Board Plan in line with Planning Guidance and other NHSE Guidance on the transformation of urgent and emergency care, including implementation of new standards. Barnsley Flu Plan has been developed by an operationla Flu group and was signed off by the UEC Delivery Board in September 2020			Ongoing	
Urgent and Emergency Care Steering Board is in place as the UEC Programme Board of the South Yorkshire and Bassetlaw Integrated Care System. Representation in place for the UEC Delivery Board partners on the Steering Group and Commissioner Reference Group.					Barnsley UEC Delivery Board are represented by Barnsley CCG Director of Strategic Planning and Performance and Barnsley Hospital Deputy Director of Nursing (Operations) ensuring Barnsley place is contributing to system developments. SYB UEC Steering Board has agreed priorities which all places are signed up to deliver locally. Oversight by the SYB Steering Board and locally through the UEC Delivery Board.			Ongoing	
The CCG is developing a clear, prioritised delivery plan, to improve the out of hospital service offer and ensure that more people are able to be cared for and treated at home or in a community setting without the need for an hospital attendance or admission.					Community Services specification is being mobilised for integrated community and primary care services working as part of the PCN/Neighbourhood arrangements with a focus on providing proactive care at home or in a community setting and supporting people to be better able to manage their own conditions. Integrated Care Partnership Group principles have been agreed and partnership plans developed to support the overall vision for 'left shift'			In progress	
Urgent Care Services are in place and continuing to deliver improvements to already strong performance and enabling the ongoing delivery of planning priorities. An Integrated extended hours and out of hours primary care services (IHEART 365) is in place with contracts for both elements of service delivered by Barnsley Healthcare Federation.					IUC/CAS is in place, increasing access to clinical advice and with the ability to book directly into primary care appointments for patients with a primary care need A&E waiting time performance is consistently high, length of stay low and flow good through and out of hospital ensuring low levels of DTOC Ambulatory Care/SDEC pathways are in place including Clinical Decision Unit, Acute Frailty Unit, Ambulatory Medical Assessment Clinic, Surgical Assessment Unit and Childrens Assessment Unit - These areas are subject to ongoing work to improve access and enhance the service offer to avoid attendance at ED where possible			Ongoing	
Performance reports to Finance and Performance Committee and Governing Body on the delivery of constitution standards and CCG Improvement and Assessment Framework. Twice yearly assurance reports provided to Governing Body.					Monthly reporting through the Integrated Performance Report to Finance and Performance Committee and bi-monthly to Governing Body			Ongoing	
Gaps in assurance					Positive assurances received				
Gaps in control					Actions being taken to address gaps in control / assurance				
RR 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG					Regular review of activity data as part of contract and performance management and monitoring arrangements. Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc. The UEC Delivery Board is overseeing work to develop appropriate services to ensure that patients are able to access appropriate care and support outside of hospital, or in a different way in hospital utilising ambulatory care pathways and implementing a model to incorporate '111 First' CCG commissioned Out of Hospital Services being remodeled as part of the Neighbourhood Team mobilisation and includes PCN/Neighbourhood developments.				

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY							
<p>Delivery of the Long Term Plan</p> <p>Delivery of the Primary Care Network Contract DES to support the continued development of the Primary Care Network and sustainable primary care medical services.</p> <p>Support the reset of core GMS/PMS/APMS contract delivery across primary care</p> <p>Support the embedding of new ways of working earned from the pandemic</p> <p>Deliver investment into Primary Care and improve health inequalities via the Practice Delivery Agreement (PDA).</p> <p>Support practice quality improvement and CQC rating by use of the Quality Dashboard and regular meeting to support action plan delivery for those practices having domains that "require improvement"</p> <p>Ensure recruitment/retention/development of the clinical and non-clinical workforce</p> <p>Work with the PCN to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them to meet recruitment plans</p> <p>Support the recruitment and retention of extra doctors working in general practice.</p> <p>Improve access particularly during the working week with more bookable appointments at evenings and weekends.</p> <p>Improve access by offering online booking, online consultation, total triage and other digital options and to focus on supporting improvements in practices with long waits for routine appointments</p> <p>Provide CCG support to implement the current Service Specification and to support preparation for the remaining Service Specification to be delivered from Oct 2021</p> <p>Meet 2021/22 trajectories set out in the Network Contract DES and support planning to achieve the KPIs.</p> <p>Improve infrastructure, digital capability, digital literacy and inclusion.</p> <p>Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews</p>				Highest quality governance		<p>There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"><li>- Engagement with primary care providers and workforce</li><li>- Workforce and capacity shortage, recruitment and retention</li><li>- Under development of opportunities of primary care at scale, including new models of care</li><li>- Primary Care Network and Neighbourhoods do not mature and develop to a level that supports the integrated delivery of Primary Care at place</li><li>- BHF do not develop as a strong partner to support Primary Care at Scale</li><li>- Not having quality monitoring arrangements embedded in practices</li><li>- Inadequate investment in primary care</li><li>- Independent contractor status of General Practice</li><li>- Preparations for moving to ICS as a statutory body impacts on capacity to deliver transformation</li></ul>							
				High quality health care									
				Care closer to home									
				Safe & sustainable local services									
				Strong partnerships, effective use of £									
Links to SYB STP MOU													
8.3. General Practice and primary care													
Committee Providing Assurance		PCCC		Executive Lead		JW / JF		Clinical Lead		MG			
Risk rating		Likelihood		Consequence		Total				Date reviewed		Apr-21	
Initial		3		4		12				<p>Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.</p>			
Current		3		4		12							
Appetite		3		4		12							
Approach													
Key controls to mitigate threat:				Sources of assurance				Rec'd?					
All practices are required to complete the National Workforce Data Return. ARRs roles identified in the PCN workforce plan and recruitment plans in place. Monitoring in place.				National database regularly updated to show workforce National PCN Dashboard developed and evolving CCG to monitor recruitment by PCN				Ongoing					
Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area				Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC).				Ongoing					
Optimum use of BEST sessions A contract is in place with BHF for the BEST programme which enables the CCG to support the programme				BEST programme and Programme co-ordination being led by BHF Contract management meetings in place to assess and reporting via PCCC				Ongoing					
Established a Primary care Strategy Group and delivery Group to support delivery of the primary Care Transformation programme. Development of Neighbourhood working within each of the 6 Neighbourhoods supported by the PCN and CCG. Bi-monthly PCN meetings established for all practices in the PCN. The 3 service specification from the Network Contract DES are now being undertaken by practices across each Neighbourhood. Work with the PCN to prepare for the next Service Specifications Work with the PCN regarding tackling health inequalities which have been further impacted by Covid. PCN Manager meetings set up with the CCG PC Team to support the Long Term Plan and DES delivery.				Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme 6 Neighbourhood Networks have been agreed with the support of a single Primary Care Network facilitated by the GP Federation. This supports the transition and development of the PCN via the Neighbourhoods to deliver the primary care elements of the NHS Long Term Plan and Network Contract DES. Meetings are set for the year to ensure that the PCNs are able to meet regularly.				Ongoing					
BHF - Existence of strong federation supports Primary Care at Scale				BHF contract monitoring, oversight by PCCC				Ongoing					
Practices increasingly engaging with Community, voluntary and social care providers Personalisation/Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care and the PCN are now delivering a young peoples Social Prescribing service. Work towards joining the services together as directed in the Network Contract DES. Collaboration to deliver primary care transformation and service delivery				Personalisation and Social Prescribing are key elements in the Long Term Plan. Care Coordinators, Health and Wellbeing Coaches are in place to support people with self care. Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme				Ongoing					
Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.)				NHS England 360 Stakeholder Survey results shared with stakeholders and published on the CCG website. Ensuring BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement.				Ongoing					
SYB ICS has a workforce hub established, regular PC workforce meetings established which enables PC in Barnsley to collaborate with other CCGs, HEE, providers and Universities.				BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care.				Ongoing					
Gaps in assurance						Positive assurances received							
APRIL 2021 - under recruitment in 2020-21 to ARRs roles has impacted on the additional support for the practices within the PCN - RISK HAS BEEN UPDATED TO REFLECT.						APRIL 2021 - Workforce plans have been discussed with BHF who facilitate recruitment on behalf of the PCN to maximise the opportunity to recruit roles this coming year.							
Gaps in control						Actions being taken to address gaps in control / assurance							
						The PC Team and PCN CDs work with member practices to address any gaps/ variance and to develop a workforce plan going forward supported by the Additional Role Recruitment via the Network Contract DES. The rolling recruitment and inclusion of new roles each year supports the PCN service delivery. Working closely with BHF to ensure the PCN maximise the recruitment opportunity for Barnsley. Practices encouraged to look at skill mix with innovative recruitment. The Primary Care Network and underpinning 6 Neighbourhood Networks are established and working on all elements of the Network Contract DES and Long Term Plan. The PC Team work closely with the PCN Managers to ensure delivery is on track. NHS England 360 Assurance audit in progress to provide NHS England with assurance of robust Primary Care processes. New topics are identified each year and the Head of Primary Care works with 360 to complete each plan.							

PRIORITY AREA 3: CANCER				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<ul style="list-style-type: none"><li>Preventing cancer incidence</li><li>Reduced Inequalities especially those diagnosed at emergency admission.</li><li>Improved cancer diagnosed rates at stage 1 or 2</li><li>Early Diagnosis - Implement rapid assessment and diagnosis pathways for all tumour sites</li><li>Improve care and treatment - embed new cancer waiting times system</li><li>Improve Patient Experience along pathways and LWBAC</li><li>Increasing Positive Experience at EOL by increasing early identification and reducing 3 or more admissions in last 3 months of life</li><li>Deliver Survivorship Program (LWABC) including recovery package and stratified pathways</li><li>Commissioning for Value adopted if appropriate</li><li>Achieve 10 waiting time standards including the 62 day referral-to-treatment cancer standard and 28 day faster diagnosis standard and pre-covid position.</li></ul>				Highest quality governance	✓	<p>1. Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed; capacity in place to meet the demand and services are able to respond to the impact of Covid restrictions on delivery of the Cancer Waiting Times.</p> <p>2. Risk to delivery of early diagnosis if:</p> <p>(a) the CCG does not effectively promote to the people of Barnsley the national screening programme</p> <p>(b) Practices do not consistently apply NICE guidance for cancer diagnosis and referral and deliver the PCN DES .</p> <p>3. Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, Barnsley people morbidity and mortality from cancer will be impacted negatively for people at risk of cancer; Living With and Beyond Cancer (LWABC) and improving 62 day target and delivering 10 CWT standards .</p> <p>4. Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful.</p>			
				High quality health care	✓				
				Care closer to home	✓				
				Safe & sustainable local services	✓				
				Strong partnerships, effective use of £	✓				
				Links to SYB STP MOU					
8.6. Cancer									
Committee providing assurance		FPC	Executive Lead		JW	Clinical Lead		Dr H Kadarsha	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Apr-21
Initial	3	4	12					RATIONALE: Likelihood has been scored at 5 due to performance issues because of COVID impact but will be kept under monthly review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered. A number of areas are challenging and not delivering due to additional demand in the system and time required for demand to be addressed to reduce the back log plus P3 restoration targets	
Current	5	4	20						
Appetite	5	4	20						
Approach	Treat								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
Programme Governance arrangements									

**Date reviewed** Apr-21

**RATIONALE:** Likelihood has been scored at 5 due to performance issues because of COVID impact but will be kept under monthly review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered. A number of areas are challenging and not delivering due to additional demand in the system and time required for demand to be addressed to reduce the back log plus P3 restoration targets




<p>Steering Group: On track. CCG Contracting process: Reporting requirements relating to cancer coming via contracting plus weekly P3 restoration progress meetings. Monthly reporting to SMT about minimising harm and P3 restoration programme delivery progress plus areas that require escalation</p>	<p>HQS implementation group established, to develop and monitor quality priorities including CDG aim to reduce clinical variation and define quality measures for the CA programme. CCG will continue supporting at ICS/CA level via membership of group and CE CCG and Cancer Lead representation at CA board and CA Quality board . Steering group meeting 6 weekly and produces 6 weekly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO An 6 monthly assurance report submitted for governing body. contracting process ensures controls in place for BHNFT and STHT performance and contractual totals. This is reported to CCG via Finance &amp; Performance committee and CQB /Quality and patient safety via Chief Nurse . 6 weekly reporting to SMT about minimising harm and P3 restoration programme delivery progress plus areas that require escalation</p>	<p>Ongoing</p>
<p><b>62 Day Waits</b></p>		
<p>Current CCG performance for Q1 is not being recorded (target 85%). Pre-Covid the CCG only had 1-2 people per quarter whom this affected past RTT 104 days and 6-10 for those breaching past 62 days compared to 115 now.. There are still 80 patients whom have no diagnosis or treatment date agreed. The total numbers breaching past 62 days have reduced from 180 to 115 patients over the last 8 weeks by 36%. Currently CCG diagnostic figures are diagnostic RTT pts waiting more than 6 weeks (3,027). 2019 level was 6.Current capacity levels not on track to meet phase 3 targets- increased COVID restrictions may stop endoscopy tests again</p>	<p>Performance is reported to CCG via Finance &amp; Performance committee and via CA board reporting arrangements. CCG meets BHNFT cancer lead weekly to monitor performance and gain assurance about improvement actions to address minimising COVID impact and P3 restoration. Steering group meeting 4 weekly and produces monthly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO monthly . CCG attends BHNFT CPIG group and raises assurance points that are addressed via the action log process. Reduction in performance due to large number endoscopy backlog breaches and Urology. Escalated to CCG via Finance &amp; Performance committee and mitigating actions provided for assurance . P3 Restoration plan agreed with BHNFT by CCG. DON gaining assurance about maintaining quality from BHNFT and STHT during restoration period.</p>	<p>Ongoing</p>
<p><b>Prevention</b></p>		
<p>Cervical started June 2020 Bowel restarted early September and Breast screening 5 days mid September .CCG raised at BHNFT CQB that breast screening staff capacity is a risk and impacting on restoration. Extended Cervical screening running again via I-HEART .Escalated to PHE that breast screening reporting continues to be a high risks areas , as no permanent staff in place and only 1 person in place - risks that screening postponed again due to lack of staff resources.</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. The BCS work is reported to CCG via contractual process, via leads attendance at CCG Steering Group and bi-monthly assurance meetings with BCS by CCG cancer programme lead. Out of hours cervical screening pilot monitored via existing I-Heart contract assurance .</p>	<p></p>
<p><b>Early Diagnosis</b></p>		

<p>Timed pathways: All timed pathway been affected - Lung, Lower &amp; upper GI &amp; urology (red rating ): not meeting 28 day STT FDS. Endoscopy started extra slots and having an impact but still have 115 62 day breaches for RTT. BHNFT signed up to ICS endoscopy remote radiology procurement to increase capacity. Community diagnostic pathways/hub planning started and mapped overlaps with ICS elective care areas Scoping being undertaken with BHNFT and PCN . Will identify pathway efficiencies and how can reduce demand on current pathway. PCN agreed Early diagnosis DES project action plan with CCG – to reduce the variation in screening and early diagnosis rates across PCN practices and within the different Neighbourhood areas. vague symptoms pathway evaluation completed with primary care and improvement action plan agreed with BHNFT.</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations. 6 weekly reporting to SMT about minimising harm and P3 restoration programme delivery progress plus areas that require escalation</p>	Ongoing
<i>Better treatment and care</i>		
<p>Waiting times: Start again rolling out timed pathway to reduce pressure on system. Tele dermatology : CCG SMT agreed VEAT contract to 31/12/2021. All 104 breaches had a RCA undertaken and safety netting in place by BHNFT for all patients on 2WW and routine pathway. Raised at CQB BHNFT that concern about breast screening and urology pathway quality due to staff turn over. Producing harm policy with CA that is more holistic definition that includes psychological harm of being on a prolonged pathway .</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly operational group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT and clinical forum . Quality Surveillance self-assessment reported to CCG quality and safety committee annually and exceptions raised via this route . Chief Nurse gaining assurance about maintaining quality from BHNFT and STHT during recovery period.</p>	Ongoing
LWABC		
<p>e-HNA/Care planning: Live pilot continues. CSW roles appointed. All templates completed in the 3 tumour sites. Supported self management: The Well has moved and reopened for face to face . Anxiety managements courses are well-attended. Risk stratified pathways: Clear pathways in place and being agreed regionally and locally –some delays still on local completion. Project evaluation: evaluation work on-going with the Regional LWABC programme. New men's peer group for prostate cancer starting in sept 2020.</p>	<p>Barnsley LWABC steering group governance framework in place and LWABC Leads membership of CA LWABC programme ensures programme reported to CCG</p>	Ongoing
End of Life		
<p>EoL strategy group meets to progress action plan - new objectives/actions agreed. Macmillan ANP for Care homes: Post-holder back in post after 4 month gap due to COVID. Continuing to roll out project.</p>	<p>Reporting is via CCG being member of EOL strategy group and having responsibility to ensure strategy action plan on track. CCG reporting of Care homes ANP work plan gained by attending 1/4 implementation group and via CCG care homes programme governance. EOL group focusing on reducing unavoidable admissions and early identification- action plan in place. EOL within D2A monitored by OH governance and via Chief Nurse</p>	Ongoing
<i>Communication and engagement</i>		
<p>Barnsley Resilience group started working on deliverables to reduce people's concerns and to target those that have unequal access to diagnostics and/or treatment or making choice to not engage - targeted communication undertaken by BMBC and ALMO housing provider staff and clients to dispel myths/concerns about using services and advertising alternative support services in place to help them have access e.g. NHS volunteer transport options.</p>	<p>Assurance is via 4 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed; Macmillan post educational events reported via evaluation reporting process and bi-monthly reporting process to Macmillan ensures on track and monthly meetings between Macmillan GP and CCG CL for cancer. The CCG via CA established communication and engagement and Barnsley Communication and engagement group ensures actions and reporting are to CCG and via 4 weekly reporting for the cancer programme assurance reporting.</p>	
Gaps in assurance		Positive assurances received

Gaps in control	Actions being taken to address gaps in control / assurance
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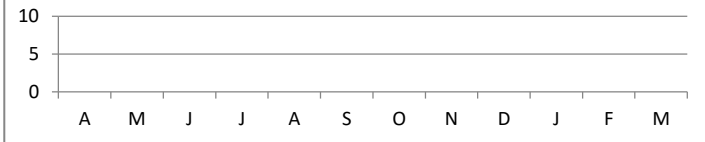
**NHS Barnsley CCG Governing Body Assurance Framework 2020-21**

PRIORITY AREA 4: MENTAL HEALTH				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
<p>Increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing - the access target to be achieved in 2019/20 is 35% - CAMHS service to move towards delivering the new co-produced service specification over the next 2 years under a 'managed change process'</p> <p>Develop a Children and Young People's Emotional Health and Wellbeing Hub within the Borough</p> <p>Continue to expand Psychological Therapies, especially IAPT, to be able to deliver the recommendation in the NHS Long Term Plan</p> <p>Maintain the IAPT recovery target above the national recommended target of 50% and support improving the recovery rate to an ambitious target of 60%</p> <p>Focus on improving the access targets and plan to deliver these targets against a new 'prevalence' figure which will be a stretch target for Barnsley</p> <p>Develop plans to effectively utilise the forthcoming Community Mental Health Transformation Funding, especially in relation to developing pathways for Adult Eating Disorders, Personality Disorders and Community Mental Health Rehab services</p> <p>Improve pre and post mental health crisis care support by considering Safe Haven / Crisis Cafe models and establish third sector services; improve self-harm support</p> <p>All-age liaison mental health service now operational - NHS E funding successfully bid for to ensure liaison service achieves 'CORE 24'</p> <p>Reduce the numbers of suicides in Barnsley to the national average as a minimum - targeted work to continue to be undertaken re men and older people</p> <p>Specialist Perinatal Mental Health Services established and funding agreed to achieve the necessary expansion to achieve the LTP access requirements</p> <p>Develop a South Yorkshire and Bassetlaw sustainable regional ASD /ADHD diagnosis and treatment service for adults</p> <p>Meet the Mental Health Investment Standard (MHIS)</p> <p>Improve access to healthcare and deliver annual physical health checks for the population - the target to be achieved for 2019/20 of 60% was not achieved for patients on the GP SMI Register and improvements need to be made.</p> <p>66.7% of people with dementia aged &gt;65 should receive a formal diagnosis.</p>				Highest quality governance		<p>There is a risk that if the CCG and its partners are unable to manage and mitigate the potential barriers to improving mental health services - lack of workforce capacity, limited financial resources, and legacy 'backlogs' - the CCG's ambitions for these services will not be achieved and that delivery of the five year forward view for Mental Health will not be achieved.</p>		
				High quality health care	✓			
				Care closer to home	✓			
				Safe & sustainable local services	✓			
				Strong partnerships, effective use of £	✓			
				Links to SYB STP MOU				
8.5. Mental Health								
Committee providing assurance		FPC & QPSC	Executive Lead		PO	Clinical Lead	Dr M Smith	
Risk rating	Likelihood	Consequence	Total			Date reviewed		Apr-21
Initial	4	3	12			<p>Rationale: Likelihood set as 4 (likely) because delivering the recommendations of the five year forward view of mental health is dependent upon additional financial resources and a fully trained, accessible workforce. IAPT services have been successfully tendered and the new service commenced from 1</p>		
Current	4	3	12					
Appetite	4	3	12					

Approach	Tolerate	A M J J A S O N D J F M	have been successfully tendered and the new service commenced from 1 August 2018 which is delivering a more ambitious programme. In order to increase access to Mental Health services, the capacity of the mental health services needs to be increased, primarily by increasing the workforce. There are limited, accredited training courses available locally which limits the ability of the service to grow. The South Yorkshire and Bassetlaw ICS MH/LD Board have established a workforce strategy group for South Yorkshire collaborating closely with Health Education England Consequence set as 3 (moderate) because the mitigated actions outlined will enable mental health services to provide, good quality outcomes and be in a state of readiness to effectively utilise the additional resources as and when they become available. NB Rising clinical need is escalated and responded to.
Key controls to mitigate threat:		Sources of assurance	Rec'd?
The Future in Mind funding allocations are now part of the CCG's baseline allocations and must continue to be utilised to implement the local transformation plan (improving children and young peoples emotional wellbeing).		Quarterly Assurance reports / feedback to NHS England; monitored by C&YPT(Children and Young Peoples Trust) ECG (see note 2). ECG minutes to F&P Committee. Chilypep Quarterly monitoring reports	Ongoing
Perinatal Mental Health - continue to implement the specialist perinatal health team and to fund the specialist mental health midwife post at BHNFT.		ICS Reporting Framework. Action notes to JCU for info. Regular updates to Governing Body	Ongoing
Service provider developing robust workforce plans in conjunction with Health Education England National Workforce Strategy.		Monitored at ICS level SYB ICS MHL D Steering Group.	Ongoing
Commissioning capacity for the adult autism service has been increased for 20/21 but is still below the level of demand. Backlogs have developed and a proposal to reduce the backlog and reduce waiting times to less than 2 weeks has been submitted to the CCG in September 2020. The newly commissioned service for the over 11 autism pathway has reduced the waiting time on this pathway from 2.5 years to a maximum of 9 months. All Barnsley's children and young peoples autism assessment and diagnostic pathways are now NICE compliant		Performance data from SWYPFT (Adult service) and BHNFT (CYP service). Minutes of the ASD Steering Group	Ongoing
Continue to promote the local social prescribing service			Ongoing
The newly revised IAPT service specification has been delivered by SWYPFT from October 2018 and is consistently achieving all national recommended targets with the exception of the access target. Support is being provided by SYB ICS to all South Yorkshire IAPT services in relation to achieving the recommended access targets.		Oversight by F&PC, reporting into Governing Body. New IAPT service is fully implemented and all national IAPT targets are achieved with the exception of the access targets - this reflects the regional picture. Work is underway via the SYB ICS MHL D. Minutes of the SYB ICS MHL D Steering Group.	Ongoing
Barnsley Crisis Care Concordat Group have established three Task and Finish groups to i) assess the MH liaison service against Clinical Guidance CG16 (Self-harm); ii) consider the implementation of the Australian Mental Health Trauma Tool and iii) consider the development of a Crisis Cafe within the		Monitored via the Mental Health and Resilience Group	Ongoing
A new CAMHS service specification has been developed and is to be implemented over the next two years via a 'managed change process'		A small working group of key stakeholders has been established to drive the transformation of the CAMHS service towards delivering the new service specification based on the iThrive model- this group will report to both the ECG and CCG Governing Body. CCG clinical leads are involved and will drive the work forward	Ongoing
Barnsley CCG's bid re additional funding for Liaison Mental Health Services was successful and staff have been recruited to achieve CORE 24 Status. Barnsley CCG's bid to fund an alternative Crisis Assessment model was also successful and the model is to be evaluated by April 2021.		Performance and activity data submitted via contracts process. Quarterly Mental Health updates to CCG Governing Body	Ongoing
<p>Note (1) - Adult Joint Commissioning group minutes go to F&amp;PC for information. It reports into the Health &amp; Wellbeing Board which is attended by the CCG CO and Chair and minutes go to GB.</p> <p>Note (2) - the Childrens &amp; Young People's Trust ECG minutes go to F&amp;PC for information. It reports via TEG to H&amp;WB which is attended by the CCG Chair and CO and minutes go to GB. Specific issues may be raised with GB via quarterly Children's Services updates.</p>			
Gaps in assurance		Positive assurances received	

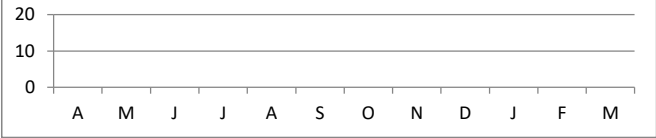
Gaps in control	Actions being taken to address gaps in control / assurance

**NHS Barnsley CCG Governing Body Assurance Framework 2020-21**

PRIORITY AREA 5: INTEGRATED CARE SYSTEM (ICS)				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>System Level: There is a shared view that in order to transform services to the degree required to achieve excellent and sustainable services in the future, we need a single shared vision and plan in each Place and across South Yorkshire and Bassetlaw. Partners from across health and social care in each Place have come together to develop a single shared vision and plan as part of an Integrated Care System.</p> <p>CCG contributions to system wide working &amp; enabling work streams: Leadership and programme support System-wide governance arrangements (including a system partnership board with NHS, Local Government and other partners) to enable a collective model of responsibility and decision-making between system partners. System capabilities including population health management, service redesign, workforce transformation, and digitisation required to fulfil the two core roles of an ICS. Agreed ways of working across the system in respect of financial governance and collaboration (noting that we propose, under the 2020/21 NHS Standard Contract streamlining commissioning arrangements, including typically one CCG per system). Capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology. Plans for how the system will iperate in 2021/22 will need to finalised for April 21. White paper on the formation of statutory ICS published Dec 20</p>				Highest quality governance		✓		<p>The effectiveness of commissioning at place level across the full range of CCG priorities could be detrimentally affected if uncertainty re the future of commissioning across the system leads to disengagement or loss of capacity or direction locally. Effective governance of the ICS, changing role of the ICS eg allocation of funding to CCGs and providers . Managing change to system working during a pandemic could cause capacity issues</p>			
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
				Links to SYB STP MOU							
				8.7 Workforce; 8.8 Digital & IT; 8.9. Development of Integrated Care in Place & System; 8.10. Commissioning reform; 8.11. Sustainable Hospital Services Review							
Committee Providing Assurance		ICS CPB JCC of CCGs		Executive Lead		CE		NB			
Risk rating	Likelihood	Consequence	Total					Date reviewed		Apr-21	
Initial	3	3	9					<p>Rationale: Likelihood has been scored at 3 (possible) because individual organisation will be required to deliver on their statutory duties and may prioritise these over partnership commitments. Consequence has been scored at 3 (moderate) because whilst we would not be able to harness the full benefits of integrated health and care the commissioning and provision of health and care services for Barnsley people would continue.</p>			
Current	3	3	9								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
Governance review of the ICS currently underway to inform how the system operates in 2021/22				Minutes of HOB and JCCCCG				Ongoing			
Collaborative Partnership Board (CPB) provides strategic direction and oversight of the ICS, while the Joint Commissioning Committee of CCGs facilitates collective commissioning decisions over defined areas.				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body				Ongoing			

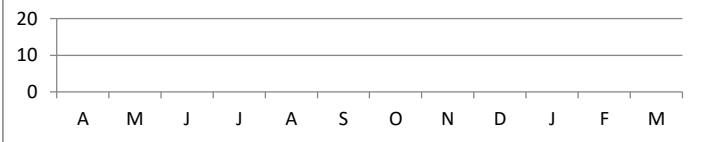
ICS Memorandum of Understanding signed by all parties in place outlining sign up to direction of travel in system and in place, recognising journey to local Integrated care partnerships	ICS MOU signed off by Governing Body and all Parties to the ACS for 17/18. MOU for 2018/19 between NHSE/I and ICS agreed and signed off by 1 October 2018. ICS go Live October 2018. Integration agreements between place and system developed (from October 2018).	Complete (Oct-18)
Clear governance arrangements in place to enable ICS to make both collective commissioning and provider decisions through the Joint Committee of Clinical Commissioning Groups (JCCC) and Providers Committee in Common (CiC)	Minutes of both CPB and JCCC of CCGs are taken through the Governing Body. ICS governance arrangements for Level 3 ICS from April 19 in place	Complete
The ICS has a clear management structure with sufficient capacity and resources to take forward its transformation programmes on behalf of the system.	Agreement of 2018/19 ICS nationally allocated transformation funding and partner contributions and sign off of 2018/19 ICS budget. Revised ICS Executive Management Team in place.	Complete
Work underway to identify 2021/22 commissioning priorities to be taken forward across the ICS footprint with JCCC oversight and potentially delegation of joint decision making subject to agreement of partner CCGs.	Paper setting out 2020/21 ICS commissioning priorities and collaborative commissioning arrangements agreed in principle by BCCG Governing Body March 2019. Arrangements for delegation of decision making to JCCC subsequently signed off.	In progress
Collective approach to decision making in relation to the Hospital Services Review in place within the Barnsley partnership and across the ICS.	Hospital Services Review received both by ICS Collaborative Partnership Board and by Barnsley CCG Governing Body. Governing Body agreed to the publication of the Strategic Outline Case October 2018.	Complete
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
		SYB response to the NHS Long Term Plan collectively developed across partnership.
		Workshops with ICS and CCG Chairs and AOs held in December 2019 and January 2020 to agree the way forward with commissioning reform Jan 2020
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>



PRIORITY AREA 5.2: INTEGRATED CARE AT PLACE LEVEL				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Development of Integrated Care Partnership (ICP) in Barnsley bringing Barnsley providers and commissioners together to plan and deliver care. This will include</p> <ul style="list-style-type: none"><li>• Development of the primary care network and localities</li><li>• Development of neighbourhood action plans that deliver better use of estates, support co-production and integration</li><li>• Population health management including PHMU, integrated care outcomes framework and local profiles and needs assessments that support neighbourhood prioritisation</li><li>• Development of a place-based workforce strategy</li><li>• Integrated commissioning with BMBC</li><li>• Service specification for the out-of-hospital model of care</li><li>• Strategic outline case for integrated care in Barnsley</li><li>• Set out how the local health system will specifically reduce health inequalities by 2023/24 and 2028/29</li></ul> <p>Development of integrated delivery arrangements to support Phase 3 requirements, five priorities and to deliver financial balance.</p> <p>Development of integrated provider governance and shared leadership out of hospital, building on the PCN and or Neighbourhood Teams mobilisation.</p>				Highest quality governance		✓		<p>There is a risk that if the following threats are not effectively managed and mitigated the key deliverables will not be achieved:</p> <ul style="list-style-type: none"><li>• Financial pressure on individual organisations leads to reduced involvement/investment in the partnership working</li><li>• Constraints within the current legislative and regulatory framework limit progress with partnership working despite the clear direction of travel set out in the 5YFV and NHS LTP. NHS England is consulting on possible legal changes but these are unlikely to come into effect for at least 3 yrs</li><li>• Political uncertainty in part due to Brexit.</li><li>• Maturity of the local provider partnership, financial and operating pressures in the system affect their ability to implement transformational change</li><li>• Capacity to constructively engage all relevant stakeholders in the development of integrated care and to deliver the cultural and behavioural change required (both staff and service users)</li><li>• Failure to demonstrate the impact and benefits of new ways of working in order to generate support and increase engagement</li><li>• Limited local leadership capacity, particularly for Primary Care Networks</li><li>• Ability of candidates to recruit into new primary care network roles</li></ul> <p>Covid-19 is currently impacting on BAU transformation activities; potentially insufficient focus on BAU transformation delivery, in particular to achieve financial balance</p> <p>Covid-19 potentially impact on pace of full mobilisation of our Neighbourhood Teams and associated workstreams.</p>			
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
Links to SYB STP MOU											
8.7 Workforce; 8.8 Digital & IT; 8.9. Development of Accountable Care in Place & System; 8.10. Commissioning reform; 8.11. Sustainable Hospital Services Review											
Committee Providing Assurance		Governing Body	Executive Lead		JB	Clinical Lead		NB			
Risk rating	Likelihood	Consequence	Total			Date reviewed		Apr-21			
Initial	3	4	12			<p>Rationale:</p> <ul style="list-style-type: none"><li>- Major (4) impact due to possibility of adverse local media coverage, potential slippage leading to a key objective not being met and potential for external challenge</li><li>- Likely (3) as it is possible that the impacts could recur occasionally</li></ul>					
Current	3	4	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance			Rec'd?				
Oversight of process by CCG Governing Body				Routine reporting of progress into Governing Body meetings (public and private) and discussions at development sessions			Ongoing				
Primary care engagement				Series of BEST events focussed on emerging guidance for primary care networks and the right model for Barnsley			Completed				
Engagement with the Membership Council and Local Medical Committee to gain support for integrated care objectives and primary care network proposals				Membership Council agreed to strategic direction at the meeting held on 3 July 2018			Completed				
Local partnership governance arrangements				The CCG is a member of the Integrated Care Partnership and Delivery Groups and leads the Strategic Estates Group and Workforce Transformation Group. CCG leads the Delivery Group. CCG is overseeing delivery of transformational workstreams through allocation of CCG staffing resource			Ongoing				

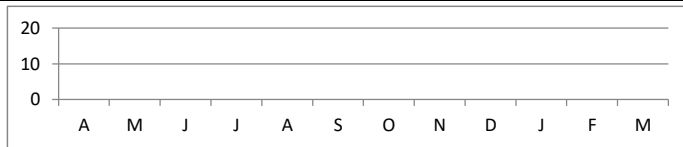
Aligned resources	Place-based workforce lead appointed and transformation funding secured from HEE to support workforce modelling and strategy development. Commissioning team staff are aligned to integrated care priorities.	Ongoing
Independent legal advisors appointed	Record of legal advice requested and received to date.	Completed.
Communications and engagement	Communications leads from across the partners have co-produced a communications and engagement plan that has been signed off by ICPG.	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>
18/02; If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.		Reset and Recovery Plan developed in line with NHS Phase 3 guidance, co-produced with BMBC and other Barnsley partners and focused on activities to deliver against the five priorities agreed by GB in September 2020. BMBC and the CCG have restarted work on Joint Commissioning, A successful workshop event for senior commissioning leaders has been held and resulted in commitment to a shared commissioning plan and also to further work to agree the scope of joint commissioning and to understand how we can align our resources to deliver the best outcomes for Barnsley and make best use of the Barnsley £.
A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.		• System agreement to be open and transparent re. recovery plans – plans to be shared
During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This 'hidden harm' may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.		<ul style="list-style-type: none"> <li>• Modelling now being undertaken locally, regionally and nationally to understand impact</li> <li>• Close monitoring of service demand against these models to give early signs for service escalation</li> <li>• Developing a tool to support prioritisation based on medical, social and economic vulnerability that can support phased recovery of services for maximum health benefits</li> </ul>

**NHS Barnsley CCG Governing Body Assurance Framework 2020-21**

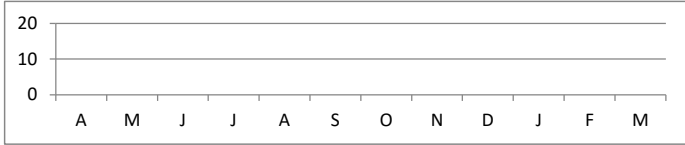
PRIORITY AREA 6: FINANCIAL BALANCE & EFFICIENCY PLANS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<ul style="list-style-type: none"><li>• Free up hospital beds</li><li>• Best value across all CCG expenditure</li><li>• Reduce avoidable demand</li><li>• Reduce unwarranted variation in clinical quality and efficiency</li><li>• Financial accountability and discipline for all trusts and CCGs</li><li>• Deliver financial balance in 2020/21</li></ul>				Highest quality governance		✓		There is a risk that the financial regime for Month 7-12 of 2020/21 limits the CCGs ability to deliver efficiency due to the impact of the Covid-19 pandemic, block contract arrangements in place for all NHS providers and national modelling assumptions on expenditure to determine allocations. Development of plans is critical in order that the CCG can achieve its statutory duty to breakeven with a balanced budget position. There is also the potential that a further wave of the pandemic will further delay the potential for efficiency to be delivered.	
				High quality health care		✓			
				Care closer to home		✓			
				Safe & sustainable local services		✓			
				Strong partnerships, effective use of £		✓			
				Links to SYB STP MOU					
				8.2. Managing demand and demand management					
				8.1. Efficiency programmes					
Committee Providing Assurance			FPC	Executive Lead		RN	Clinical Lead	Various	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Apr-21
Initial	4	4	16					Rationale: Likelihood currently judged to be likely and will be kept under review. Consequence judged to be 'major' in light of potential impact on statutory duties, performance ratings, and organisational reputation.	
Current	3	4	12						
Appetite	3	4	12						
Approach	Tolerate								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
Structured project management arrangements in place to support delivery				Monthly reports to Finance & Performance Committee and Governing Body				Ongoing	
QIPP Delivery Group continues to be in place to maintain oversight of the QIPP programme a system wide efficiency group is also in place to ensure costs can be taken out of the system across partners				Ongoing engagement with primary care, secondary care and internal management to support delivery of schemes, with a view to taking costs out of the system and ensure effective use of the Barnsley £.				Ongoing	
Clinical Forum provides clinical oversight of projects								Ongoing	
Continued development and review of the CCG's Medicines Optimisation QIPP 2020/21 to deliver prescribing efficiencies (high value scheme)				Clinical Pharmacists and Medicines management team continue to engage with Primary care and a validation of all efficiencies reported as delivered is undertaken within the Medicines Management team. Medicines optimisation schemes have been commenced and the impact will be reported. There is a potential risk due to the covid vaccination programme that Prescribing QIPP may be restricted but this will be monitored with the Head of Medicines Management. The Medicines Management Team continue to achieve the half year target of £960k, with robust reporting in place to monitor against this.				Ongoing	
Gaps in assurance						Positive assurances received			
If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care, there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.						Discussions with partners remain positive and are ongoing in relation to the contract position for 2021/22 and beyond.			

Gaps in control	Actions being taken to address gaps in control / assurance
<p>13/31 - There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery and monitoring arrangements, the CCG will not achieve its statutory financial duties and NHS England business rules.</p>	<p>The CCG is currently monitoring the efficiency plans in place around Prescribing and CHC. All other efficiency requirements will be met through reductions in expenditure given the impact of Covid-19 and the timescales to deliver plans. The programmes of work agreed at Governing Body do however need to continue to be progressed to ensure improved patient care and access as well as ensuring services remain financially sustainable through delivery of efficiency to close the gap that remains across Barnsley place from 2021/22 and beyond. Plans continue to be progressed, however the impact of Covid does remain a barrier to full implementation and is likely to continue as we approach 2021/22.</p>

PRIORITY AREA 7: TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISTIC SPECTRUM CONDITIONS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by:</p> <p>-Reduce inappropriate hospitalisation and lengths of stay to be as short as possible</p> <p>- Improve access to healthcare and deliver annual physical health checks (eg cervical screening)</p> <p>-Invest in community teams</p> <p>-Ensure all children with learning disabilities, autism or both receive Community Care, Education and Treatment Review (CETR) if appropriate</p> <p>- Ensure all adults with learning disabilities, autism or both receive Community Care and Treatment Review (CTR) as appropriate</p> <p>-Increase uptake on annual health checks and learn from learning disability mortality reviews</p>				Highest quality governance		<p>There is a risk that if the CCG and its partners are unable to provide focussed case management and wrap around services the following negative consequences may result:</p> <p>-People with a learning disability or autistic spectrum conditions will enter hospital inappropriately</p> <p>-There will be difficulty discharging current patients</p> <p>-Potential prohibitively high cost of meeting needs</p> <p>-Inability of current provider market to meet needs</p> <p>-Difficulty in ensuring that the quality of care is high</p> <p>- Insufficient funding to ensure the appropriate level of care within the community</p>					
				High quality health care							
				Care closer to home							
				Safe & sustainable local services							
				Strong partnerships, effective use of £							
Links to SYB STP MOU											
Committee providing assurance		FPC & QPSC		Executive Lead		PO / AR		Dr M Smith			
Risk rating	Likelihood	Consequence	Total					Date reviewed		Apr-21	
Initial	4	3	12					<p>Rationale: likelihood assessed as 4 'likely' because the local market is not sufficiently developed to enable all aspects of the transforming care plan to be delivered. Consequence judged to be moderate (3) because in terms of direct impact higher levels of care are viewed as 'safer' but longer term promoting independence and quality of life is compromised, hence this focus by NHSE.</p>			
Current	4	3	12								
Appetite	4	3	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
A Complex Case Manager for Transforming Care patients has been in post from May 2019. The postholder will ensure CTR's and CETR's will be undertaken in a timely manner to ensure clients receive the most appropriate care in environments as close to Barnsley as possible.				JCU reports to Finance & Performance Committee with any Quality issues escalated to Quality & Patient Safety Committee. Quarterly update reports to CCG Governing Body				Ongoing			
Appropriate services are being developed within Barnsley, where appropriate, to enable some of the most complex patients to return to Barnsley and be cared for within the local community								Ongoing			
Strong partnership arrangements with Calderdale, Wakefield and Kirklees (Transforming Care Partners CKWB) remain in place and strong links exist with the SYB TCP. A re-design of the ATU (Assessment Treatment Unit) is underway and Barnsley CCG and Local Authority are involved in these discussions going forward				Quarterly meetings with NHS England Spec Comm, who commission the existing placements for this cohort of patients, to determine progress made, working towards discharge.				Ongoing			
Development of LD Strategic Health & Social Care Improvement Group to maintain oversight of key legislation inc LEDER learning and transforming care. The identified LAC (Local Area Coordinator) for the LeDer Programme will be the Specialist Clinical Portfolio Manager								Ongoing			
The SEND lead for the CCG has been identified as the Head of Commissioning (Mental Health, Children's, Maternity). A Designated Clinical Officer has been appointed and will be line managed by the Specialist Clinical Portfolio manager who together will take responsibility for the SEND agenda from a CCG perspective. Barnsley local area are still awaiting the CQC/Ofsted Joint SEND Inspection. The outcomes of the inspection will be shared with Governing Body members								Ongoing			
Detailed plans, with timescales, have been developed for each patient identified within the Transforming Care cohort, to return these patients to appropriate local community settings as quickly and as safely as possible to improve their life outcomes								Ongoing			
Gaps in assurance				Positive assurances received							
If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care, there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.											
Gaps in control				Actions being taken to address gaps in control / assurance							
Plans are to be established to improve the uptake of Annual physical Health checks for people with LD											

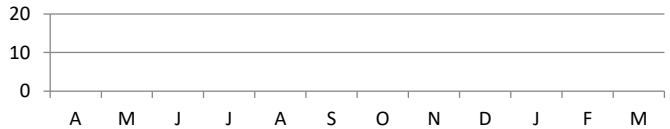
PRIORITY AREA 8: MATERNITY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
<p>Continue to implement the Saving Babies' Lives care bundle version 2 to further reduce still birth, neonatal deaths, maternal deaths and brain injuries.</p> <p>Implement the SYB LMS (Local maternity service) -</p> <p>- Improve maternity safety, choice and personalisation - Liaise closely with the local MVP (Maternity Voice Partnership) to ensure local women are able to influence and shape the delivery of future services</p>				Highest quality governance		<p>There is a risk that the key deliverables will not be achieved if the following risks to delivery are not appropriately managed and mitigated:</p> <p>1/ Achievement is dependent upon implementing the outcomes of the Hospital Services Review</p> <p>2/ Lack of sufficient investment in additional staff resources to enable 'continuity of carer'</p> <p>3/ Achievement is dependent on ICS maternity services and is at risk if there is failure of the ICS providers to integrate working practices fully to implement the LMS</p> <p>4/ Lack of staff rotation between hospital and community based services may reduce the likihood of fully delivering continuity of carer</p>		
				High quality health care				
				Care closer to home				
				Safe & sustainable local services				
				Strong partnerships, effective use of £				
Links to SYB STP MOU								
8.5.								
Committees providing assurance			FPC & QPSC	Executive Lead		PO	Clinical Lead	Dr M Smith
Risk rating	Likelihood	Consequence	Total			Date reviewed		Apr-21
Initial	4	3	12			<p>Rationale: Likely primarily due to the staffing issue inherent in delivering continuity of carer and there are no additional funding streams available.</p> <p>Consequence is moderate because this is primarily a local issue which will potentially result in the late delivery of the key objective within the better birth recommendations of delivering the 'continuity of carer.'</p>		
Current	4	3	12					
Appetite	3	4	12					
Approach	Tolerate							
Key controls to mitigate threat:				Sources of assurance				Rec'd?
4 Continuity iof care teams are established and Barnsley is on track to achieve the recommended CoC target of 51% by 21/22.				NHSE LMS assurance process				Ongoing
CQB for each provider reports to Q&PSC				Yorkshire and Humber maternity dashboard (enables benchmark)				Ongoing
Governing Body oversight				Reporting into QPSC, minutes to Governing Body with specific issues escalated by the Quality Highlights Report				Ongoing
the local based maternity plan includes increasing the choice of where to give birth from the current two oprions avaialble to the recommended three options (consultant led, home and midwifery led)				A newly established Maternity Hosted Network (led by Rotheram) will oversee the implementation of the Better Birth recommendations within the South Yorkshire and Bassetlaw region				Ongoing
Enhanced specialist smoking cessation support for women who smoke during pregnancy will be provided								Ongoing
Gaps in assurance						Positive assurances received		
						In 2017/18 BHNFT benchmarked well positive update to June Governing Body. NHS England positively assured the SY&B ICS Maternity Plan in the assurance round in December 2018. The SY&B ICS LMS achieved the 2018/19 target for CoC (Continuity of Carer) of 20%		
Gaps in control						Actions being taken to address gaps in control / assurance		

**NHS Barnsley CCG Governing Body Assurance Framework 2020-21**

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<p>1. Development of a system wide shared care record</p> <p>2. Ensure the delivery of the GP IT Operating Model to:</p> <ul style="list-style-type: none"><li>- Comply with mandatory core standards re: interoperability and cyber security</li><li>- Support the transition to HSCN from N3 (<i>transition now complete</i>)</li><li>- Support the roll out of Windows10 to secure system security from cyber attack</li><li>- Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam (<i>noting that NHS App rolled out, APEX decommissioned, GPIT refresh in place, Govroam under review</i>)</li><li>- Support the wider use of digital technology as described within the Long Term Plan</li><li>- Comply with the transition from GPSoC to GP IT Futures (<i>transition now complete</i>)</li><li>- Working closely with the SY&amp;B digital and IT workstream to deliver the digital road map</li></ul> <ul style="list-style-type: none"><li>- Delivery of O365 across Barnsley</li><li>- Support the catch up of Windows10 upgrades in primary care</li><li>- Ensure full delivery of online consultation systems to general practices where these are not already in place</li><li>- Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements.</li></ul>				Highest quality governance		<p>There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:</p> <ul style="list-style-type: none"><li>- Lack of IT technical expertise locally for input into projects and programmes of work</li><li>- / lack of technical support to ensure deliverables are robust</li><li>- Primary Care colleagues fatigued with the amount of IT work scheduled</li><li>- Short timelines to deliver projects</li><li>- Supplier and equipment delays</li><li>- constructive and timely engagement by system partners to deliver a SCR by 20/21</li><li>- system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work</li><li>- Incomplete information available from NHS Futures regarding future work.</li></ul>	
				High quality health care	✓		
				Care closer to home	✓		
				Safe & sustainable local services	✓		
				Strong partnerships, effective use of £	✓		
				Links to SYB STP MOU			
Committees providing assurance		PCCC & SMT	Executive Lead	JB	Clinical Lead	JH	
Risk rating	Likelihood	Consequence	Total			Date reviewed	Apr-21
Initial	3	4	12			<p>Rationale: Likelihood has been scored at 3 as transition to new provider has been successfully completed but will be kept under review. Consequence has been scored at 4 given the major impact on the CCG and the system if digital and It technology is not safeguarded and fully exploited.</p>	
Current	3	4	12				
Appetite	3	4	12				
Approach	Tolerate						
Key controls to mitigate threat:				Sources of assurance		Rec'd?	
Barnsley IT Strategy Group				Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB		Ongoing	
BBS IT Delivery Group and BBS Digital Strategy Group established				Monthly meetings to review progress of the delivery of key projects and programmes. Updates to SMT, GB and PCCC		Ongoing	
GP IT and Corporate IT service commissioned from BBS IT Services, the successor to eMBED. The new shared service is now establishing working protocols. Shared staffing allows for technical and network experience to be available to the CCG. Additional staffing to be secured if Digital First EOIs are successful as bids include resource.				CCG representatives attend the BBS IT Delivery Group and BBS Digital Strategy Group. KPIs and other performance monitoring data is provided and reviewed. Isses would be escalated to SMT in first instance.		Ongoing	
SYB has led a procurement leading to the identification of Doctorlink as the preferred local provider of online consultation services. Contact in place until Oct 2021 with another 2 year option.				Every Barnsley practice has Doctorlink installed for use within their practice.		Complete	
Redcentric become the commissioned service to maintain HSCN				Transition to new HSCN network now complete across the Barnsley CCG & primary care estate		Complete	
Gaps in assurance				Positive assurances received			
Governance process to be established for the IT groups eg link with the IT Strategy group and the CCG Operational Group							
Gaps in control				Actions being taken to address gaps in control / assurance			




**NHS Barnsley CCG Governing Body Assurance Framework 2020-21**

PRIORITY AREA 10: COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY				
<ul style="list-style-type: none"><li>• Delivery of all the CCG's statutory responsibilities</li><li>• Deliver statutory financial duties &amp; VFM</li><li>• Improve quality of primary &amp; secondary services (inc reductions in HCAI, ensuring providers implement learning from deaths, and reductions in medication errors);</li><li>• Involve patients and public;</li><li>• Promote Innovation;</li><li>• Promote education, research, and training;</li><li>• Meet requirements of the Equality Act;</li><li>• Comply with mandatory guidance for managing conflicts of interest</li><li>• Adhere to good governance standards.</li></ul>				Highest quality governance		✓		There is a risk that if the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.		
				High quality health care		✓				
				Care closer to home		✓				
				Safe & sustainable local services		✓				
				Strong partnerships, effective use of £		✓				
				Links to SYB STP MOU						
				Section 7 'Governance, Accountability, & Assurance'						
Committee Providing Assurance			Audit Committee	Executive Lead		RW		Lay / Clinical Leads		MG,MT,NBa, NBe, CM
Risk rating	Likelihood	Consequence	Total					Date reviewed		Apr-21
Initial	2	5	10					Rationale: Likelihood is 'unlikely' as arrangements now well established. Consequence is catastrophic due to very significant quality, financial & reputational impact of failure.		
Current	2	5	10							
Appetite	3	4	12							
Approach	Tolerate									
Key controls to mitigate threat:				Sources of assurance						Rec'd?
Overall: Constitution, Governance Handbook, Prime Financial Policies, and suite of corporate policies				Audit Committee provides oversight, supported by internal & external audit reports & opinions, LCFS work etc						Ongoing
Governing Body & Committee Structure underpinned by clear terms of ref and work plans				GB members sit on Committees. All Committee minutes taken to GB and significant issues are escalated. Committees produce annual assurance reports for the GB.						Ongoing
Management Structure - responsibilities clearly allocated to teams and individuals				Management action monitored by regular senior management team meetings. SMT decisions with a financial consequence reported through F&PC.						Ongoing
Finance: Budgetary control, contract monitoring & QIPP monitoring arrangements. Scheme of Delegation requires SMT approval for spending commitments <£100k and GB approval over this level.				Financial Plan signed off by GB each year. Monthly finance report to FPC and GB; internal & external audit reviews and opinions; GB formally adopt annual report & accounts.						Ongoing
Performance monitoring arrangements				Integrated Performance Reports to FPC provides assurance across all NHS Constitution pledges. Summary reports to GB.						Ongoing
Quality: comprehensive and well established arrangements in place to monitor, assure and improve the quality of all commissioned services including Clinical Quality Boards, Quality Assurance visits, benchmarking, Primary Care Quality Improvement Tool, outcomes from CQC inspections in both primary and secondary care, review of serious incidents and never events, complaints & compliments, review of FFT, nurse leads for safeguarding adults & children who represent the CCG on the local safeguarding boards.				Reporting of all relevant information to the Quality & Patient Safety Committee, with assurance to Governing Body through Quality Highlights reports and sharing of minutes.						Ongoing

Patient & Public Involvement: strategy in place, well established Patient Council and development of a local/regional citizen's panel, Healthwatch Barnsley holds independent role on engagement and equality committee and primary care commissioning committee, co-ordination of activity with partners, appropriate engagement & involvement re service changes, membership of consultation institute, active patient reference groups locally, funding provided to Barnsley Council to provide community engagement activity and to support a robust and sustainable third sector.	Oversight by Equality & Engagement Committee. Assurance to Governing Body via minutes and bi-monthly PPI Summary reports. In previous years Internal Audit Reviews and NHSE assurance process also provided assurance re robustness of our arrangements. Compliance with statutory guidance on patient and public participation in commissioning health and care is assessed via the NHSE 'improvement and assessment framework'. (rated green in 2017/18, 2018/19 and 'Green Star' in 2018/19).	Ongoing
Equality: EDS2 used to ensure compliance with PSED requirements; Equality Action Plan monitored via E&D Group and E&E Committee; E&D Lead; E&D training provided to all staff; EQIA policy in place and EQIAs attached to GB papers where appropriate; Staff survey results considered & acted upon; HR policies approved & embedded.	Progress monitored by Equality, Diversity & Inclusivity Group and reported quarterly to Equality & Engagement Committee. Assurance to GB via E&E Committee Minutes and annual assurance report. Summary of key actions on CCG website each year.	Ongoing
Conflicts of Interest: standards of business conduct policy in place & compliant with statutory guidance; registers of interests maintained & published; declared conflicts managed in meetings and / or during procurements; online training provided to key staff; oversight by Audit Committee; Conflicts of Interest Guardian in place; PCCC has delegated authority where GB cannot make decisions.	Oversight by Audit Committee. Regular reports to GB. Declarations at every Committee and GB meeting. Annual IA review of arrangements. NHSE Quarterly self certification process.	Ongoing
Information Governance: strategy & policies in place, SIRO / Caldicott Guardian identified, training provided for all staff, information asset register in place, committee report & business case template prompts consideration of IG issues. GDPR / compliant processes in place. DPO service provided by third party provider.	DSP Toolkit (formerly IG Toolkit) compliance achieved every year. Reporting via IG Group==>QPSC==>GB.	Ongoing
Risk Management: Risk management framework (GBAF and RR) provides assurance that risks have been identified and are being managed	GBAF and Risk register updated monthly and considered at all Committees and meetings of the GB	Ongoing
Health & Safety and Business Continuity Group established to oversee compliance with statutory Fire & Health & Safety & Business Continuity requirements	Annual Report & update reports taken to Audit Committee.	Ongoing
MAST: Statutory & Mandatory training programme in place for all staff, inc GB members, as well as IPR reviews, development sessions for Governing Body inc conflicts of interest, risk management & assurance etc	L&D team provides dashboard which is considered by management team on a regular basis.	Ongoing
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
	<p>The CCG received a 'Green Star' rating from NHSE in respect to compliance with statutory guidance on patient and public participation in the 2018/19 IAF ratings published in July 2019, and the 2019/20 ratings published in November 2020.</p> <p>The CCG received a 'significant assurance' opinion from Internal Audit following its review of the Governance &amp; Risk Management arrangements (Sep 2019).</p> <p>The CCG received a 'significant assurance' opinion from internal audit on its conflicts of interest arrangements (Dec 2020).</p> <p>The CCG received a 'substantial assurance' opinion from internal audit on the Integrity of the General Ledger and Financial Reporting (Jan 2021).</p>	
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	

<p>RR 20/03 If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care, there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.</p>	<p>Vacant posts – all post filled awaiting start dates.  Agency nurses – 2 outstanding COVID backlog cases then the focus will be on the outstanding Fast track reviews which there is a trajectory in place to monitor productivity  Training plan – competency framework in place and all nurses completed on line CHC training.  The operational Lead and Team leader are reviewing a 12 months training plan for the team  CPA panel – this commenced in November 2020 with senior clinicians and finance manager to ensure quality and assurance and Governance in place of care packages in excess of £1000 per week.</p>
<p>RR 21/01 If the CCG is does not implement robust arrangements to approve packages of Children's Continuing Health Care and associated NHS funding, there is a risk of:</p> <ul style="list-style-type: none"> <li>• Challenge to decisions not to award funding in some cases – possible risk of litigation</li> <li>• Negative impact on patient safety due to lack of quality monitoring of placements for CCC funded children;</li> <li>• adverse financial consequences for the CCG</li> </ul>	<p>Permanent Nurse Assessor / Case Manager commenced in post on 1st Feb 2021. DCO will line manage. The post-holder is already booking reviews and stock-taking the current caseload.  DCO hours increased to full time to enable progress on:</p> <ul style="list-style-type: none"> <li>• outstanding reviews and aligning these to EHCPs / social care reviews</li> <li>• Firming up policy and process</li> <li>• Further discussions and negotiation with BMBC Childrens Services / Education Leads</li> </ul> <p>A meeting between key leads in BMBC and CCG took place in February 2021 to discuss joint working and CCG decision making, which has caused discomfort re: impact on social care budgets. Going forward, cases potentially stepping down for eligibility will be discussed at an early stage and based on potential impact to the child / family, step down timescales will be agreed.</p>
<p>RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters</p>	<p>The volume of hospital discharges has significantly reduced since beginning of March 20 ( due to COVID 19). The D1 Audit Report (November 2018 audit data) was received by the CCG Quality and Patient Safety Committee on 2nd July 2020. This showed an improvement; 61.4% of D1 forms had all medicines accurately accounted for at discharge. It was noted that the D1 e-form had been withdrawn at the beginning of the COVID pandemic and the Medway system introduced in July 20. BHNFT have advised they are re-establishing the pre-COVID D1 Task and Finish Group and are also undertaking a mapping of hospital pathways and primary care medicines management are being involved however these are paused due to the covid pandemic.</p>

PRIORITY AREA 11: DELIVERY OF ENHANCED HEALTH IN CARE HOMES				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<p>Delivery of all 17 elements and sub elements of the Barnsley Care Homes Delivery Plan. This includes the elements of the Enhanced Health in Care Homes (EHCH) Framework and the Covid-19 Pandemic specific support.</p> <ol style="list-style-type: none"> <li>1. Engagement with care homes on all requisites of the delivery plan</li> <li>2. EHCH Primary Care Network (PCN) Specification</li> <li>3. Named Clinician for each care home</li> <li>4. Coordinated health and social care MDT support</li> <li>5. Specialist Support</li> <li>6. Out of Hours support</li> <li>7. Infection Prevention and Control (IPC) including Personal Protective Equipment (PPE)</li> <li>8. Mutual Aid</li> <li>9. Testing / Swabbing</li> <li>10. Medicines</li> <li>11. Equipment</li> <li>12. Discharge to Assess (D2A) and Intermediate Care (IMC)</li> <li>13. Secondary Care support</li> <li>14. Personalised care</li> <li>15. Workforce support</li> <li>16. Technology</li> <li>17. Integrated Care System link-in</li> </ol>				Highest quality		<p>There is a risk that the CCG will not be able to deliver the elements of the Care Homes Delivery Plan if the following issues are not mitigated:</p> <ol style="list-style-type: none"> <li>1. Acuity of the Covid 19 need across Barnsley meaning that the more transformational elements of the plan will need to be shelved or slowed down</li> <li>2. Decrease in bed occupancy and risk to business viability and market sustainability</li> <li>3. Financial pressures and priorities</li> <li>4. CCG not having direct input and oversight of quality assurance monitoring and safeguarding in care homes</li> <li>5. Best use of technology in care homes - variance types of technology used and in consistency of use</li> <li>6. Potential IG issues in current methods of remote consultation using IT equipment</li> <li>7. Insufficient staff/resource (Matrons, Clinical Pharmacists and some GP practices) to undertake delivery of MDTs in care homes.</li> <li>8. Availability of essential equipment (e.g PPE)</li> <li>9. Interdependencies with other work streams and potential for gaps in communication and escalation of issues</li> </ol>	
				High quality health	✓		
				Care closer to	✓		
				Safe & sustainable local services	✓		
				Strong partnerships,	✓		
				Links to SYB STP MOU			
Committee Providing Assurance			Q&PSC	Executive Lead		JS	Clinical Lead
							Dr J MacInnes
Risk rating	Likelihood	Consequence	Total			Date reviewed	Apr-21
Initial	3	4	12			Likelihood assessed as 3 'possible' taking into account learning from Phase 1 responses, service delivery, issues and risks; discussions about the risk and issues in recovery phase; and emerging picture in new phase of the pandemic	
Current	3	4	12				
Appetite	3	4	12				

Approach	Tolerate	A M J J A S O N D J F M	phase, and emerging picture in new phase of the pandemic in light of pending Winter pressures. Consequence assessed as 4 'major' given potential impact on Barnsley patients if the deliverables are not achieved.
<b>Key controls to mitigate threat:</b>		<b>Sources of assurance</b>	<b>Rec'd?</b>
Delivery work plan and risk log in place		<p>Monitored and managed via a multi - agency Delivery Group and Bronze Discharge and Out of Hospital Group. Minutes and action logs available.</p> <p>Leads and co-leads in place with clear responsibility for delivery – supervision of leads within line management structures</p> <p>Escalation of risks and issues to Silver and other appropriate forums as required.</p> <p>Regular reporting to Quality and Patient Safety Committee</p> <p>Weekly operational updates at Care Homes Delivery Group and regular Risk log updates as indicated by BRAG rating</p>	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>	
If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care , there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.			
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>	

## RISK REGISTER – April 2021

### Domains

1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	9	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
COVID 1	5, 6	<b>Disruption to health and social care – hidden harm</b> During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This 'hidden harm' may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.	5	5	25	<ul style="list-style-type: none"> <li>Relates to ability to recover</li> <li>ongoing analysis of mental health, but growing severity includes suicides look likely. Local and national initiatives to encourage people to still access primary care services and mental health services if they have any concerns.</li> </ul>	Director of Commissioning  CCG Gold Command  F&PC	COVID-19	4	4	16	04/21	<b>April 2021</b> No further update.  <b>Feb 2021</b> Mitigating section updated to reflect more accurately. FPC recommended to reduce risk score in light of mitigations in place from 5x5=25 to 4x4=16 in light of mitigations now in place. Our integrated health and care partnership continues to	05/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													monitor this risk. Specific work on planned care has taken place at ICS and this learning is now being taken to the Barnsley Planned Care Board for action.  Barnsley is developing a Vulnerability Index to potentially add further holistic dimensions to clinical decision making in relation to long wait patients.	
<b>COVID 2</b>	1,5,6	<b>Backlog and demand surge</b> A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or	5	5	25	<ul style="list-style-type: none"> <li>Health and care saw a resurgence of COVID in the Autumn, with OPEL3-4 being hit and recovery being slowed.</li> <li>National lockdown has seen COVID cases and OPEL level reduce.</li> </ul> Plans in place to revisit recovery in a flexible way, including COVID-surveillance.	Director of Commissioning  CCG Gold Command  F&PC	COVID-19	4	4	16	04/21	<b>April 2021</b> No further update.  <b>Feb 2021</b> Mitigating section updated to reflect more accurately. FPC recommended to reduce risk score in light of	05/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.											mitigations in place from 5x5=25 to 4x4=16. The Barnsley Health and Care recovery and stabilization plan will be updated in March 2021.	
CCG 18/04	1,2, 3, 5,6, 8	If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non-elective activity will exceed planned levels potentially	5	4	20	<p>Regular review of activity data as part of contract and performance management and monitoring arrangements.</p> <p>Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc.</p> <p>A&amp;E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering</p>	Chief Operating Officer  (Finance & Performance Committee)	Contract and Performance Monitoring	5	4	20	04/21	<b>May 2021</b> NEL activity (non covid) increasing. UEC Plan in place. Out of Hospital Services working to ensure appropriate urgent community response in place. Current block contract arrangement during COVID means that PbR is not in place as part of contracts.	05/21



Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.				<p>improvements to urgent care services and achieving related targets. The Board is overseeing work to develop appropriate services to ensure that patients are able to access appropriate care and support outside of hospital, or in a different way in hospital utilising ambulatory care pathways and implementing a new model at the front of A&amp;E..</p> <p>Engagement with regional and SYB programme to implement 'Think 111' (Talk before you walk) model in partnership with Integrated Urgent Care providers</p> <p>Additional Primary Care Capacity is in place for same day appointments through IHEART and Home Visiting Services</p> <p>CCG commissioned Out of Hospital Services being remodeled as part of the Neighbourhood Team mobilisation and includes PCN/Neighbourhood</p>							<p><b>April 2021</b> No further update.</p> <p><b>March 2021</b> Refresh of plans ongoing and will reflect 2021/22 Planning Guidance</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						developments.  Priority areas of work identified to support ICP vision and principles for proactive care and care out of hospital.								
18/02	1,2, 5,6	If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	4	4	16	Escalation of CCG concerns to BMBC senior management  Escalation via SSDG and health & wellbeing board  To be raised and discussed at H&W Board development Session (August 2018)	Jeremy Budd (SSDG)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC commissioned services notably:  0-19 Health Checks Weight management & smoking cessation	4	4	16	04/21	<b>April 2021</b> No further update.  <b>Feb 2021</b> BMBC and the CCG have restarted work on Joint Commissioning, A series of successful workshop events for senior commissioning leaders has been held and resulted in commitment to a shared commissioning plan and also to further work to agree the scope of joint commissioning	05/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													<p>and to understand how we can align our resources to deliver the best outcomes for Barnsley and make best use of the Barnsley £.</p> <p><b>Oct 2020</b>  We have developed a Reset and Recovery Plan in line with NHS Phase 3 guidance. This has been co-produced with BMBC and other Barnsley partners and focuses on activities to deliver against the five priorities agreed by GB in September 2020. BMBC and the CCG have restarted work on Joint Commissioning, A successful</p>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													workshop event for senior commissioning leaders has been held and resulted in commitment to a shared commissioning plan and also to further work to agree the scope of joint commissioning and to understand how we can align our resources to deliver the best outcomes for Barnsley and make best use of the Barnsley £.	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce e.g. due to delays in recruiting into the ARRS roles there is a risk that: (a)Primary Medical Services for patients	3	3	9	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles that will support the delivery of services.  The Network Contract DES has several deliverables that will support existing service	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	04/21	<b>April 2021</b> No further update.  <b>March 2021</b> No further update.  <b>Feb 2021</b> The recruitment is not yet at the pace expected	05/21

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		are inconsistent (b)The people of Barnsley will receive a poorer quality of healthcare services (c)Patients services could be further away from their home.				<p>delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley.</p> <p>The Primary Care Strategy Group has a workforce element included within its transformation plans and will support the Barnsley "Place" Workforce Plan.</p> <p>The Primary Care Strategy Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a "place".</p> <p>NHS England has published an Interim People Plan to support the workforce challenge.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p>							and there has not been the additional increase as expected. This remains at the same risk level.	
20/03	3,5,6	If the BCCG CHC team is unable to	4	4	16	Adverts currently out to fill 3 vacant posts	Chief Nurse	SMT discussion	4	4	16	04/21	April 2021 Training plan now	05/21

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care , there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.				<p>Extension of contracts of 2 agency nurses to 26.2.21 will support clearance of covid backlog</p> <p>Seeking to recruit a further 2 agency nurses to support with both backlog and new cases although it is currently difficult to find available suitably qualified individuals</p> <p>Discussion of risks and issues to take place at Governing Body in January 2021</p> <p>Development of training plan for the CHC team on case management and handling difficult conversations with patients, families and carers.</p> <p>Ensure protocols are developed to provide appropriate guidance and consistency to staff and patients in relation to the cost of care packages and rationale for the level of care provided.</p>	<p>Finance &amp; Performance Committee</p> <p>And</p> <p>Quality &amp; Patient Safety Committee</p>						<p>in draft format and reviewed by the Chief Nurse with comments made. To be signed off by 9<sup>th</sup> April. CHC process SOP approved and PHB SOP approved.</p> <p><b>February 2021</b> Vacant posts – all post filled awaiting start dates. Agency nurses – 2 outstanding COVID backlog cases then the focus will be on the outstanding Fast track reviews which there is a trajectory in place to monitor productivity Training plan – competency framework in place and all nurses completed on line CHC</p>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													training. The operational Lead and Team leader are reviewing a 12 months training plan for the team CPA panel – this commenced in November 2020 with senior clinicians and finance manager to ensure quality and assurance and Governance in place of care packages in excess of £1000 per week.	
14/15	1, 5, 6	There are two main risks: 1. Scant or absent information relating to why medication changes have been made. Poor communication of medication changes , even if changes are appropriately made	4	4	16	Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016).  Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety	Head of Medicines Optimisation  (Quality & Patient Safety Committee)	Risk Assessment & audit of discharge letters	4	5	20	02/21	<b>Feb 2021</b> Risk increase from 3x5=15 to 4x5=20. TO BE APPROVED AT Q&PSC IN APRIL 2021. The national Community Pharmacy Discharge Service was launched on	03/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		<p>for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary</p>				<p>Committee.</p> <p>A working Group (with reps from Practice managers Group &amp; BHNFT) looking at D1 Discharge Summary Letters.</p>							<p>15th February 2021. Community Pharmacies will be receiving D1 letters and will ( in addition to GP practices) be undertaking medicines reconciliation against their PMR systems ( medicines supply pre admission). This service will be significantly affected (clinical risk and efficiency) by the quality of the discharge meds information.</p> <p>The mapping of hospital systems and audit work remains on hold due to impact of COVID-19.</p> <p><b>Oct 20</b> The volume of hospital</p>	



			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.											discharges has significantly reduced since beginning of March 20 ( due to COVID 19) The D1 Audit Report (November 2018 audit data) was received by the CCG Quality and Patient Safety Committee on 2 <sup>nd</sup> July 2020. This showed an improvement; 61.4% of D1 forms had all medicines accurately accounted for at discharge. It was noted that the D1 e-form had been withdrawn at the beginning of the COVID pandemic and the Medway system introduced in July 20. BHNFT have advised they are re-	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													establishing the pre-COVID D1 Task and Finish Group and are also undertaking a mapping of hospital pathways and primary care medicines management are being involved.	
CCG 21/01 Added March 2021	3,5, 6	<p>If the CCG is does not implement robust arrangements to approve packages of Children's Continuing Health Care and associated NHS funding, there is a risk of:</p> <ul style="list-style-type: none"> <li>Challenge to decisions not to award funding in some cases – possible risk of litigation</li> <li>Negative impact on patient safety due to lack of quality monitoring of placements for CCC funded</li> </ul>	5	4	20	<p>Improved record keeping systems in line with CHC Adults and the CCC Framework</p> <p>CCG attendance at funding panels to provide clinical scrutiny and challenge</p> <p>Specialist Clinical Portfolio Manager has assumed responsibility for CCC</p> <p>CCC process brought under CCG control</p> <p>Recruited a permanent Specialist CCC Assessor / case manager and a DCO.</p> <p>Developed a CCG appeals</p>	<p>Chief Nurse</p> <p>Finance &amp; Performance Committee</p> <p>And</p> <p>Quality &amp; Patient Safety Committee</p>	GBDS January 2021	4	4	16	04/21	<p><b>April 2021</b> SOP approved. All CCC reviews and new cases being aligned to EHCP and CiN reviews. Most challenge is expected in cases where eligibility was agreed by the BHNFT CCC nurse and DST assessment was not CCC Framework compliant. One case passed to media by parent. Discussions</p>	05/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		children; • adverse financial consequences for the CCG				and disputes procedure  All specialist funding referred to IFR panel with a written clinical recommendation for the treatment / intervention / equipment being a prerequisite							ongoing with BMBC partners re: best approach. New guidance issued to BMBC re: IFR funding for non CCC cases. Stock-take of all Children on Broadcare ongoing and being cross – referenced with BMBC reords.  <b>March 2021</b> Permanent Nurse Assessor / Case Manager commenced in post on 1 <sup>st</sup> Feb 2021. DCO will line manage. The post-holder is already booking reviews and stock-taking the current caseload. DCO hours increased to full time to enable progress on: <ul style="list-style-type: none"> <li>outstandi</li> </ul>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													ng reviews and aligning these to EHCPs / social care reviews <ul style="list-style-type: none"> <li>• Firming up policy and process</li> <li>• Further discussions and negotiation with BMBC Childrens Services / Education Leads</li> </ul> A meeting between key leads in BMBC and CCG took place in February 2021 to discuss joint working and CCG decision making, which has caused	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													discomfort re: impact on social care budgets. Going forward, cases potentially stepping down for eligibility will be discussed at an early stage and based on potential impact to the child / family, step down timescales will be agreed.	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 19/05 added Dec 2019	6	<b>If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas, as follows:</b>	5	4	20	1) Chief Nurse has raised issue with BMBC Joint Commissioning Team. BMBC is due to hold meetings with both their in house provider and contracted providers to try and get more detail around current capacity as well as longer term issues and look at any possible options to address those. A wider meeting with home care providers is planned for November 2019.	Chief Nurse	End of Life Team in BCCG Continuing Healthcare Team	5	3	15	04/21	<b>April 2021</b> Work has recommenced to look at alternative options for EOL Care Provision.	05/21
	5	<b>a) Quality and Patient Safety Risks</b> Delayed discharges due to staff not being able to obtain care packages leading to patients not being able to be in preferred place of care at end of life.				2) CHC EOL team to: a) email all providers each morning requesting what care package vacancies they have  b) liaise with Rightcare Barnsley to provide updates on care packages								
	3	b) Patients at home without a care package or a care package that is not being delivered as required.				c) offer 24 hour placement in residential/NH to all patient awaiting a care package in hospital to prevent delayed discharge and then to continue to try and procure a care package to transfer patient to their own home. d) explore additional support								17

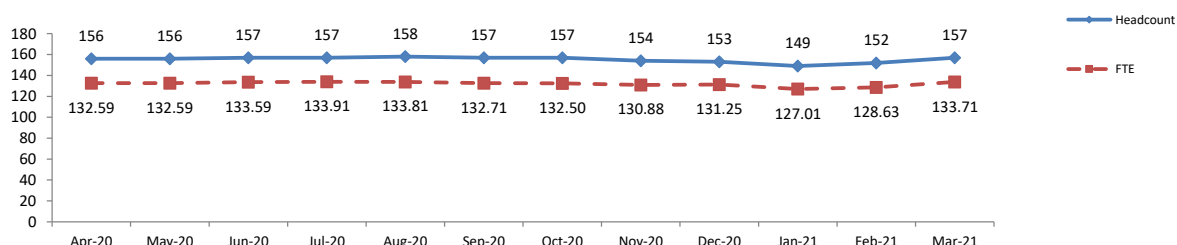


## WORKFORCE DATA

Organisation: Barnsley CCG  
Reporting months: Q4: Jan-Mar 2021

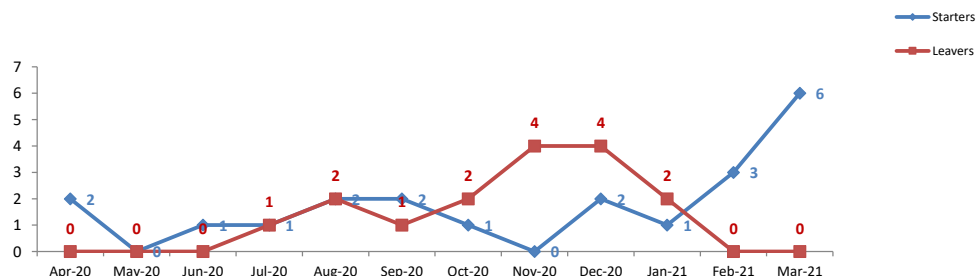
	Jan-21		Feb-21		Mar-21	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
132 Commissioning	5	5.00	6	5.40	6	5.40
132 Corporate Services	13	12.83	13	12.83	13	12.83
132 Finance	10	8.96	10	8.96	10	8.96
132 Integrated Primary and Out of Hospital Care	10	8.59	10	8.59	10	8.59
132 Medical Directorate	50	42.55	51	43.05	53	45.13
132 NHS Barnsley CCG Board	10	3.67	10	3.39	10	3.39
132 Quality	29	25.52	30	26.52	33	29.52
132 SYB Integrated Care System	16	14.60	16	14.60	16	14.60
132 Service Planning and Reform	6	5.30	6	5.30	6	5.30
Grand Total	149	127.01	152	128.63	157	133.71

Staff in post

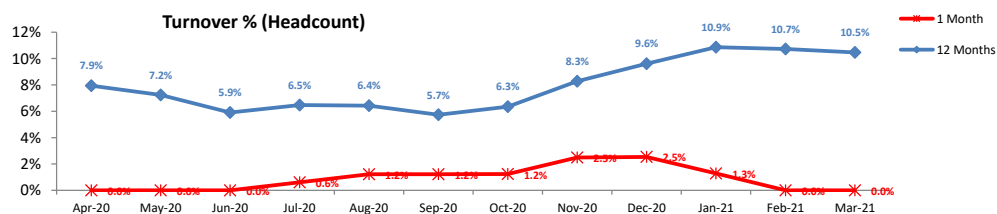


Starters/leavers	Jan-21	Feb-21	Mar-21
Starters	1	3	6
Leavers	2	0	0

Starters/leavers



Average turnover (QTR 4: Jan-Mar 2021)	0.4%
Average turnover (Annual - Apr 2020-Mar 2021)	8.0%



## PROBATIONARY STAFF



Comments on workforce data:

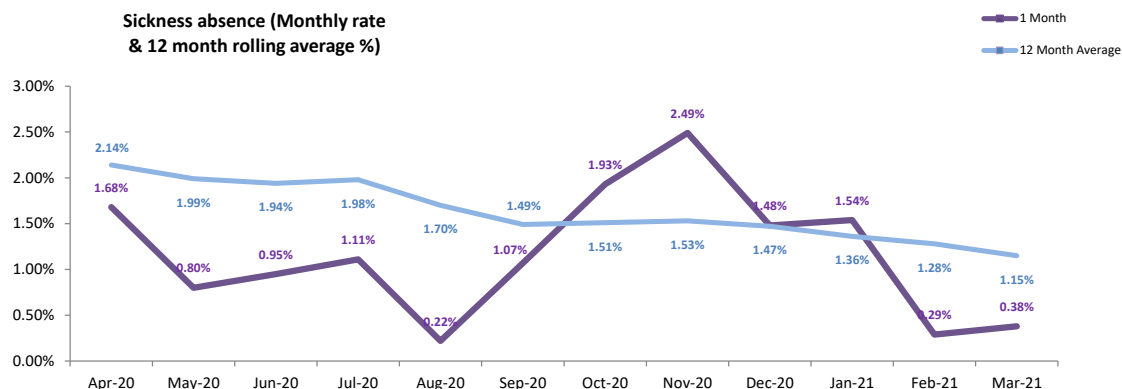
## EQUALITY & DIVERSITY DATA

Gender	Headcount	%	
Female	115	73%	<div></div>
Male	42	27%	<div></div>
Sexual Orientation	Headcount	%	
Bisexual	0	0%	
Gay/Lesbian	4	3%	<div></div>
Heterosexual	140	89%	<div></div>
Undefined sexual orientation	0	0%	
Not stated (person asked but declined to provide a response)	13	8%	<div></div>
Disability	Headcount	%	
No	145	93%	<div></div>
Not Declared	7	4%	<div></div>
Undefined	0	0%	
Yes	5	3%	<div></div>
Religious Belief	Headcount	%	
Atheism	25	16%	<div></div>
Buddhism	3	2%	<div></div>
Christianity	93	59%	<div></div>
Hinduism	3	2%	<div></div>
Islam	8	5%	<div></div>
Judaism	0	0%	
Not Disclosed	18	12%	<div></div>
Other	7	4%	<div></div>
Ethnic origin (headcount)	Headcount	%	
White	132	84%	<div></div>
Mixed / multiple ethnic groups	1	1%	<div></div>
Asian / Asian British-Indian/Asian British-Pakistani	12	8%	<div></div>
Black / African / Caribbean / Black British	5	3%	<div></div>
Other ethnic group	0	0%	
Undefined/not stated	7	4%	<div></div>
Age (headcount)	Headcount	%	
<20	0	0%	
21-30	20	13%	<div></div>
31-40	51	32%	<div></div>
41-50	46	29%	<div></div>
51-60	30	19%	<div></div>
61-71+	10	6%	<div></div>

## SICKNESS ABSENCE

	Jan-21	Feb-21	Mar-21	
Sickness absence %	1.54%	0.29%	0.38%	
12 month average %	1.36%	1.28%	1.15%	
Quarter 4: Jan-Mar 2021 average %	0.7%			
Sickness absence (ST/LT)	Jan-21	Feb-21	Mar-21	Q4: Jan-Mar 2021
Short Term instances	7	1	4	12
FTE days lost	29.70	4.00	3.17	36.87
Long Term instances	2	1	0	3
LT FTE days lost	33.10	6.72	0.00	39.82
Total sickness instances	9	2	4	15
Total FTE lost	62.8	10.72	3.17	76.69
[1] "Long term" absence is defined as 28+ days of consecutive absence				
	Jan-21	Feb-21	Mar-21	Q4: Jan-Mar 2021
Approximate cost of sickness absence	£ 10,946	£ 1,610	£ 2,059	£ 14,615

## SICKNESS ABSENCE



NHS Digital reports the CCG national average for sickness for the period ending November 2020 at 2.51%.

Sickness absence reasons (Headcount)	Jan-21	Feb-21	Mar-21	Q4: Jan-Mar 2021
S10 Anxiety/stress/depression/other psychiatric illnesses	2	1	1	4
S11 Back Problems	0	0	1	1
S13 Cold, Cough, Flu - Influenza	1	1	1	3
S15 Chest & respiratory problems	1	0	0	1
S16 Headache / migraine	2	0	0	2
S25 Gastrointestinal problems	1	0	0	1
S98 Other known causes - not elsewhere classified	1	0	1	2
S99 Unknown causes / Not specified	1	0	0	1

### Comments on Sickness Absence

There were 5 occurrences of Covid absence in the 12 month period to 31-Mar-2021 resulting in an absence rate of 0.06%. If short term absentees hitting trigger points are followed up and target for improvement set in line with the SA policy. All long term absences are reviewed on a regular basis and appropriate action taken. A stress risk assessment is normally completed for relevant cases and employees have access to counselling through the employee assistance programme (Health Assured). 1:1 support, coaching and management training is available from the HR Business partner.

### Recommendation:

Dissemination of sickness absence trigger reports to managers for follow up action by managers to be supported as a priority, managers to make employees aware of the EAP, make referrals to OH where needed and carry out Stress risk Assessment with H&S Manager.

## STAT/MAND

Directly Employed Stat/Mand completed		Change
Fraud	86%	-2%
Prevent	88%	-2%
Data Security	87%	+3%
Equality and Diversity	90%	-2%
Fire Safety	84%	-3%
Health and Safety	92%	No Change
Infection Prevention and Control	88%	-4%
Moving and Handling	89%	-3%
Safeguarding Adults	88%	-4%
Safeguarding Children	88%	-4%

### Comments on CBLS Stat/Mand Training

### Recommendation

Detailed MAST report to be disseminated through MT to managers to emphasise importance of MAST compliance and require response on action taken.

## **Barnsley Clinical Commissioning Group**

### **BARNSLEY AUDIT COMMITTEE ANNUAL ASSURANCE REPORT 2020/21**

#### **1. INTRODUCTION**

- 1.1** All CCGs are required to have an Audit Committee, which provides assurance and advice to the Governing Body on the entirety of the CCG's control and integrated governance arrangements. This includes the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external); and risk management arrangements.
- 1.2** The role of the Audit Committee is detailed in the NHS Audit Committee Handbook issued by the Healthcare Financial Management Association (HFMA). All members of the Audit Committee have been issued with a copy of this handbook to ensure that they are aware of their roles and responsibilities.
- 1.3** In understanding the role of the Audit Committee it is also important to acknowledge what it does not do. It is not the role of the Audit Committee to establish and maintain processes for governance as these are the responsibility of executive directors and the Accountable Officer. Nor is the Audit Committee a finance committee with responsibility for regular review and approval of investments, in order to retain its impartiality.
- 1.4** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

#### **2 CONDUCT OF THE COMMITTEE'S BUSINESS**

- 2.1** The Membership of the Audit Committee is set out in the table below:

<b>Membership and Attendance</b>		
<b>Role</b>	<b>Name</b>	<b>Meetings Attended</b>
Chair	Nigel Bell	5/5
Lay Member for PPE and PCC	Chris Millington	5/5
Governing Body Elected Member	Dr Adebawale Adekunle	5/5
Member of the Membership Council	Vacant (since April 2017)	N/A

- 2.2** The Chairman of the Clinical Commissioning Group and officers of the CCG cannot be members of the Audit Committee. However, the Chief Finance Officer and Head of Governance and Assurance both attend the Audit Committee, as do representatives of internal and external audit providers.

## ***Barnsley Clinical Commissioning Group***

In addition the CCG Chairman and Chief Officer attend Audit Committee once a year – in 2020/21 they attended on 22 April 2021 when Audit Committee conducted its pre-submission review of the draft annual report and accounts.

- 2.3** The Committee met 5 times during 2019/20. The quoracy of meetings is as follows:

<b>Meeting Date</b>	<b>Quorate</b>
23 April 2020	Yes
18 June 2020	Yes
15 October 2020	Yes
21 January 2021	Yes
18 March 2021	Yes

- 2.4** The Committee flags up specific concerns to the Governing Body and the minutes of meetings are routinely reported to the Governing Body at which point the Committee Chair highlights any items for escalation identified by the Audit Committee which are in turn recorded in the Governing Body Minutes. Examples of escalated items are:

- Recommended adoption of the 2019/20 Annual report and Accounts
- Noted Annual Reports received by the Audit Committee (eg Health & safety, FOI, Incidents)
- Changes to the Internal Audit Plan in response to the covid-19 pandemic
- Consideration of the Counter Fraud Annual Plan in the context of new functional standards
- The Committee's self-assessment against the Audit Committee Handbook
- Assurance re the CCG's compliance with the UK Corporate Governance Code.

This Audit Committee Annual Assurance Report will also be taken to the Governing Body in May 2021.

- 2.5** The Committee reviewed its Terms of Reference in October 2020 in accordance with its work plan and agreed that no changes were required at this time. This was noted by the Governing Body in November 2020.

### **3 RELATIONSHIP WITH AUDITORS**

- 3.1** The Audit Committee has continued to have effective working relationships with the CCG's External Auditors, KPMG. The Committee receives reports from the Audit Manager at each meeting as well as technical updates on issues affecting CCGs and the wider NHS. Audit Committee considered and supported a proposal to extend the current contract with KPMG by a further year (to March 2022) at its meeting in January 2021.

## ***Barnsley Clinical Commissioning Group***

- 3.2** Effective working relationships have also been maintained with our internal audit provider, 360 Assurance. An audit plan has been agreed with 360 Assurance, using a business risk based approach, which links to the key risk areas within the Assurance Framework. This was reviewed and some revisions made in October 2020 in the light of the covid-19 pandemic and the impact this inevitably has had on the ability deliver all the originally planned audit work in time to inform the Head of IA Opinion. Progress reports have been received at every meeting and the work required to support the Head of Internal Audit Opinion is on track for completion in time to inform the final accounts process.
- 3.3** During the year the enhanced process for monitoring the implementation of Internal Audit recommendations has been embedded and is working well.
- 3.4** The Head of Internal Audit Opinion, which summarises all Internal Audit's work in the year, was received and reviewed by the Audit Committee in draft in March 2021. The final Head of Internal Audit Opinion in will be received in June 2021, and the Opinion will be incorporated into the Governance Statement.
- 3.5** As at March 2021 all audit reports from assurance reviews in the 2020/21 Internal Audit Plan that have been issued to management and the Audit Committee to date have reported Significant Assurance on systems and processes.
- 3.6** In line with good practice, the Audit Committee regularly meets with each set of auditors in private (i.e. without officers present), to ensure effective relationships are maintained and to allow discussion of current developments etc. outside Audit Committee business meetings.

## **4. REVIEW OF THE COMMITTEE'S EFFECTIVENESS**

- 4.1** The Audit Committee has the skills and competencies necessary to discharge its functions. A range of specialists attend the Committee to provide expert advice and support, including the Chief Finance Officer, the Head of Governance & Assurance, representatives from both Internal and External Audit, and the Local Counter Fraud Specialist.
- 4.2** The Committee has reviewed its effectiveness in a range of ways. At the end of each meeting the Chair invites members and attendees to comment on the conduct of the meeting and to identify any training needs or areas where further assurance would be welcome.

## **Barnsley Clinical Commissioning Group**

- 4.3** In addition the Committee has undertaken the following self-assessment activities:

<b>Activity</b>	<b>Date Considered</b>	<b>Key outcomes</b>
Committee effectiveness survey	<i>Currently underway</i>	<i>To be confirmed</i>
Completion of HFMA Audit Committee checklist	March 2020	The Committee felt that it was compliant with the requirements of the checklist

## **5. ACHIEVEMENTS IN THE YEAR**

- 5.1** Highlights of the Audit Committee's work during 2020/21 include:

- Oversight of the production of Annual Report 2019/20
- Review & submission of the 2019/20 Annual Report and Accounts in accordance with Department of Health timescales
- Reviewed Audit Committee Terms of Reference and recommended no changes to Governing Body (October / November 2020)
- Reviewed and agreed changes to the internal audit plan in the light of the impact of covid-19
- Requested and received assurance in respect of the NAO checklist re financial governance arrangements during covid-19
- Reviewed the risk register and ensured risks specifically relating to or arising from covid-19 were reflected within it
- Maintained a clear focus on risks in relation to Continuing Health Care by, for example, maintaining oversight of delivery of recommendations arising from prior year's audit work and by including a further review of Children's CHC and s117 funding decisions in the 2020/21 internal audit plan
- Continued to exercise its functions effectively throughout the year despite the impact of the Covid-19 pandemic, for example through the effective use of virtual technology (MS Teams) for the conduct of business
- Reviewed and approved the CCGs self-assessment demonstrating compliance with the UK Corporate Governance Code
- Received Annual Assurance Reports from CCG main Committees April 2021

## **6. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE**

- 6.1** The table below summarises how the Audit Committee has discharged its key responsibilities as set out in its Terms of Reference:

## **Barnsley Clinical Commissioning Group**

Responsibility	How discharged
Review the establishment and maintenance of an effective system of governance, internal control and risk management	<p>GB Assurance Framework &amp; Risk Register reviewed and challenged twice a year with exception reports to other meetings;</p> <p>Losses &amp; Special Payments and Tender Waivers reported to every meeting</p> <p>Regular reviews of Register of Interests, Register of Gifts &amp; Hospitality, and Register of Procurement Decisions;</p> <p>Reviewed and approved Operational and Financial Policies as required</p> <p>Annual review of Standing Orders, Scheme of Delegation and Prime Financial Policies.</p> <p>Receives regular reports on Health &amp; Safety, Fire Safety and Business Continuity.</p> <p>Received Freedom of Information Annual Report</p> <p>Received Incident Reporting Annual Report</p> <p>Received HR Shared Service Annual Report</p>
Ensure that there is an effective internal audit function	<p>Approved internal audit plan 2020/21;</p> <p>Internal Audit Progress Reports to every meeting;</p> <p>Received &amp; reviewed internal audit annual report.</p>
Review the work and findings of the External Auditors	<p>Approved external audit plan 2020/21;</p> <p>External Audit reports to every meeting;</p> <p>Received &amp; reviewed Annual Audit Letter.</p>
Ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review	<p>Review of budgetary control system and other key financial systems included within internal audit plan.</p>
Provide assurance over the integrity of the financial statements of the CCG; Review the Annual Report & Accounts	<p>Received and reviewed the Head of Internal Audit Opinion and External Audit Governance report (ISA260);</p> <p>Undertook detailed review of the Annual Report &amp; Accounts prior to formal approval by the Governing Body.</p>
Satisfy itself that the organisation has adequate arrangements in place for countering fraud	<p>Approved Local Counter Fraud Plan 2020/21;</p> <p>Local Counter Fraud progress reports to Audit Committee meetings;</p> <p>Received &amp; reviewed LCFS annual report;</p> <p>Received and reviewed self-assessment against NHS CFA Counter Fraud Standards for Commissioners.</p>

## ***Barnsley Clinical Commissioning Group***

### **7. CONCLUSION**

- 7.1** This report has demonstrated how, during 2020/21, the Audit Committee has continued to effectively to discharge the functions and responsibilities delegated to it by the Governing Body and set out in its Terms of Reference.
- 7.2** Supported by the CCG's internal and external auditors and the Local Counter Fraud Service, the Committee has provided the Governing Body with assurance over the accuracy and integrity of the CCG's Annual Report and Accounts, and over the robustness of the CCG's systems of internal control, assurance, and risk management.
- 7.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

**Report of: Nigel Bell, Lay Member for Governance and Chair of the Audit Committee (April 2021)**



## **Barnsley Clinical Commissioning Group**

### **BARNSLEY CCG REMUNERATION COMMITTEE ANNUAL ASSURANCE REPORT 2020/21**

#### **1. INTRODUCTION**

- 1.1** All CCGs are required to have a Remuneration Committee. This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG. It is the responsibility of the Governing Body to make decisions about the pay of employees, acting on the advice of the Remuneration Committee.
- 1.2** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

#### **2 CONDUCT OF THE COMMITTEE'S BUSINESS**

- 2.1** The Remuneration Committee must be chaired by a Lay Member other than the Audit Committee Chair, and only members of the Governing Body may be members of the Remuneration Committee. The Membership of the Remuneration Committee is set out in the table below:

<b>Membership and Attendance</b>		
<b>Role</b>	<b>Name</b>	<b>Meetings Attended</b>
Lay Member for Patient & Public Involvement and Primary Care Commissioning (Chair)	Chris Millington	5/5
Lay Member for Governance	Nigel Bell	5/5
Secondary Care Clinician	Mike Simms	5/5
CCG Chair	Dr Nick Balac	5/5
Governing Body Elected Member	Dr John Harban	4/5
Governing Body Elected Member	Dr Jamie MacInnes	4/5

- 2.2** The Committee met 5 times during 2020/21. All these meetings were quorate.
- 2.3** The Committee Chair brings highlights reports to the Governing Body drawing out key issues for information, consideration or decision as necessary. This Remuneration Committee Annual Assurance Report will also be taken to the Governing Body in May 2021.
- 2.4** The Committee reviewed its Terms of Reference virtually in March 2021. There were no proposed changes.

## ***Barnsley Clinical Commissioning Group***

### **3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS**

- 3.1** The Remuneration Committee has the skills and competencies necessary to discharge its functions. The HR and OD Business Partner attends the Committee to provide expert HR advice and support, and the Head of Governance & Assurance attends to advise the Committee on issues of governance.
- 3.2** Committee members reflect at the end of every meeting on the effectiveness of the Committee in discharging its functions. No specific issues or areas of concern were identified through this process.

### **4. ACHIEVEMENTS IN THE YEAR**

- 4.1** Highlights of the Remuneration Committee's work during 2020/21 include:

<b>Meeting</b>	<b>Highlights</b>
June 2020	<ul style="list-style-type: none"> <li>• Taking care to manage any conflicts of interest the Committee agreed a recommendation to Governing Body regarding the 2019/20 pay award for Governing Body Members And VSMs</li> <li>• The Committee also adopted the South Yorkshire and Bassetlaw Management of Organisational Change Policy</li> </ul>
July 2020	<ul style="list-style-type: none"> <li>• The Committee provided oversight of the arrangements for appointing a new Accountable Officer for the CCG</li> </ul>
October 2020	<ul style="list-style-type: none"> <li>• The Committee agreed a recommendation to Governing Body regarding the appropriate rates of pay for the newly appointed Medical Director and Chief Operating Officer</li> </ul>
December 2020	<ul style="list-style-type: none"> <li>• The Committee agreed a recommendation to Governing Body regarding the appropriate rate of pay for the Chief Officer (Accountable Officer) appointed on a shared basis with Rotherham CCG</li> </ul>
February 2021	<ul style="list-style-type: none"> <li>• Taking care to manage any conflicts of interest the Committee agreed a recommendation to Governing Body regarding the 2020/21 pay award for Governing Body Members And VSMs</li> </ul>
March 2021 (virtual)	<ul style="list-style-type: none"> <li>• Committee reviewed its Terms of Reference and agreed no changes were required at this stage</li> </ul>

### **5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE**

- 5.1** The table below summarises how the Remuneration Committee has discharged its responsibilities as set out in its Terms of Reference:

## **Barnsley Clinical Commissioning Group**

<b>Responsibility</b>	<b>How discharged</b>
Advise the Governing Body on appropriate remuneration and terms of service for the contracted staff of the Clinical Commissioning Group in accordance with relevant national pay frameworks or any other guidance as appropriate.	Recommendations on pay awards determined at meetings in June 2020, October 2020, December 2020, and February 2021
Advise on and oversee appropriate contractual arrangements for such staff, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.	No termination payments or ill health retirements in 2020/21
Approve the design of, and determine targets for, any performance related pay schemes operated by the Clinical Commissioning Group and approve the total annual payments made under such schemes.	The CCG does not operate a performance related pay scheme
Determine any ad-hoc arrangements relating to pension arrangements for any employed staff.	No ad-hoc pension arrangements were implemented in 2020/21
Consider and, if appropriate, approve proposals presented by the Chief Officer and/or the Chairs of the Governing Body for the setting of remuneration and conditions of service for any other employees of the Clinical Commissioning Group not already determined by the Committee.	Recommendations on pay awards determined at meetings in June 2020, October 2020, December 2020, and February 2021
Review plans produced by the Chairs and/or Chief Officer which set out appropriate succession planning for employed staff, taking into account the challenges and opportunities facing the Clinical Commissioning Group, and what skills and expertise are therefore needed on the Governing Body in the future.	Committee had oversight of the process for appointing a new Accountable Officer for the CCG and also considered relevant proposals with respect to other positions eg the creation of a Chief Operating Officer role for the CCG
To review the CCGs Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG's Integrated Risk Management Framework.	This is a standing agenda item but at present no risks have been allocated to the Committee for oversight.
In accordance with the CCG's Constitution the appointment process for Lay Members, the Practice Manager, the Secondary Care Clinician,	In January 2020 the membership Council agreed to a standstill arrangement whereby

## **Barnsley Clinical Commissioning Group**

the Chief Officer, the Chief Finance Officer, the Chief Nurse, and the Medical Director will operate under best guidance. The Remuneration Committee will determine the detail of the process.	all sitting Governing Body members' terms of office would be renewed on expiry until 31.3.2022. Arrangements for new appointments to the role of Accountable Officer and Medical Director have been overseen by the Remuneration Committee.
The Committee shall report in writing to the Governing Body the basis of its decisions and recommendations.	Highlights reports are presented to the Governing Body (private) after each Committee meeting.

### **6. Assurance and Risk Management**

- 6.1** During 2020/21 there have been no risks on the CCG's Governing Body Assurance Framework or Risk register allocated to Remuneration Committee for oversight.

### **7. CONCLUSION**

- 8.1** This report has demonstrated how, during 2020/21, the Remuneration Committee has continued to effectively to discharge the functions and responsibilities delegated to it by the Governing Body and set out in its Terms of Reference.
- 8.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

**Report of: Chris Millington, Lay Member for Patient & Public Involvement & Primary Care Commissioning and Chair of the Remuneration Committee (March 2021)**

## **PRIMARY CARE COMMISSIONING COMMITTEE**

### **ANNUAL ASSURANCE REPORT 2020/21**

#### **1. INTRODUCTION**

**1.1** On 1 April 2015, Barnsley CCG took on delegated responsibility for exercising certain specified primary care commissioning functions from NHS England. In accordance with the guidance issued by NHS England the CCG established the Primary Care Commissioning Committee (PCCC) to act as the corporate decision making body for the delegated functions.

**1.2** The key functions delegated by NHSE are:

- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts;
- Approval of practice mergers;
- Planning primary medical care services, including carrying out needs assessments;
- Undertaking reviews of primary medical care services;
- Decisions in relation to the management of poorly performing GP practices; and
- Premises Costs Directions Functions.

In addition, PCCC has authority to take decisions where the Governing Body is unable to do so due to Conflicts of Interest.

**1.3** The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

#### **2. CONDUCT OF THE COMMITTEE'S BUSINESS**

**2.1** In accordance with NHSE guidance the Committee is chaired by a Lay Member, has a Lay Vice Chair, and has a Lay and Executive majority. A representative from NHS England, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board (the Director of Public Health) are invited to attend public meetings as non-voting attendees. Three elected GP members of the CCG's Governing Body attend meetings in a non-voting capacity as clinical advisors, to ensure the unique benefits of clinical commissioning are retained.

**2.2** The Terms of Reference require the Committee to meet at least quarterly. In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public except where the Committee resolves to take items in private session due to considerations of confidentiality. At present the Committee meets every other month, with provision for additional extraordinary meetings when, for example, procurement decisions have been delegated to the Committee and must be taken outside the normal Committee cycle. On these occasions any decisions made are reported back to the next available public session.

**2.3** To date during 2020/21 the Committee has met six times. In addition, in January and March 2021 two additional Extra Ordinary PCCC meetings were held for the purpose of signing off and approving Service Procurements and Utilisation of Funding. Non-voting GP Clinical Advisors were not invited to these additional meetings. All meetings were quorate. The membership and attendance of the Primary Care Commissioning Committee to date during 2020/21 is set out in the table below.

Name	Role	Meetings attended
<b>Voting Members</b>		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	8/8
Nigel Bell	Lay Member for Governance	8/8
Mike Simms	Governing Body Secondary Care Clinician	8/8
Richard Walker	Head of Governance and Assurance	7/8
Lesley Smith*	Chief Officer	2/2
Chris Edwards*	Chief Officer from	5/6
<b>GP Clinical Advisers (non-voting)</b>		
Dr Nick Balac**	Chair of the Governing Body	2/6
Dr Sudhagar Krishnasamy*	Medical Director	2/2
Dr Madhavi Guntamukkala*	Medical Director	4/4
Dr Mark Smith	Elected Governing Body Member	5/6

\*Lesley Smith resigned effective from 31 August 2020 so was only eligible to attend 2 PCCC meetings

\*Dr Sudhagar Krishnasamy resigned effective from 31 August 2020 so was only eligible to attend 2 PCCC meetings

\*Chris Edwards commenced as Chief Officer effective September 2020 so was only eligible to attend 6 PCCC meetings

\* Dr Madhavi Guntamukkala commenced as Medical Director effective September 2020 so was only eligible to attend 4 PCCC meetings

\*\* PCCC meetings had clashed with another meeting; however to ensure attendance going forward the timing of PCCC meetings have been amended to facilitate better attendance.

**2.4** The Chair of the Committee presents a highlights report to the Governing Body summarising the key business and drawing attention to items requiring escalation. In addition the public minutes of the PCCC are available via the CCG's website. This Annual Assurance Report will also be taken to the Audit

## Committee and Governing Body.

- 2.5** The Committee's Terms of Reference were initially approved in April 2015 at the inaugural meeting of the PCCC. The Terms of Reference closely follow the template within NHS England's guidance for CCG's taking on delegated responsibilities and were approved by the Governing Body, Membership Council and NHS England.
- 2.7** In accordance with CCG policy, Committee Terms of Reference are reviewed on an annual basis. The Terms of Reference of the Primary Care Commissioning Committee were reviewed at its meeting in November 2020 with a further discussion in January 2021. The following changes were discussed and agreed by the Committee and were approved by Governing Body in March 2021 (*changes shown below in italics*):

Ref	Proposed change
Sub-groups of the Committee	The CCG has established a <i>Primary Care Strategic Group as a forum for partners in Barnsley to articulate the strategic direction for primary care in Barnsley in the context of national and system wide guidance and priorities. This Group will be supported by a Primary Care Forum to coordinate the operational delivery of this strategic direction.</i> The <i>Primary Care Strategic Group</i> will make recommendations to the Primary Care Commissioning Committee where decisions are required to implement the strategy, and on operational contractual issues impacting on primary care delivery; however decision making remains the responsibility of the Primary Care Commissioning Committee. Where necessary the Committee would seek clarifications and make suggestions to the <i>Primary Care Strategic Group</i> about specific pieces of work which could then be refined and re submitted as appropriate. The <i>Primary Care Strategic Group</i> has formal Terms of Reference which are presented to Primary Care Commissioning Committee for approval.

### 3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

- 3.1** The PCCC has the skills and competencies necessary to discharge its functions. For example:

- The Chair has attended training in the management of Conflicts of Interest in relation to the delegated functions provided by NHS England, and all Governing Body members receive regular Conflicts of Interest training
- The Committee's membership includes three elected GP Members

from the Governing Body to provide local clinical insight and expertise in an advisory capacity

- Meetings are attended by a range of experts who provide advice and support to the members, including primary care commissioning leads from NHS England, and staff from the CCG's Finance and Primary Care teams.

**3.2** All CCG Committees include an item at the end of their agenda for reflection on the conduct of the meeting and identification of any training needs etc. Generally these reflections indicate that members of the Primary Care Commissioning Committee are satisfied with the way the business of the meetings is conducted.

**3.3** NHSE's internal audit framework for primary care mandates local auditors to undertake a cyclical programme of reviews to provide assurance to NHS England that the CCG is carrying out its functions in accordance with the delegation agreement. The internal audit focus for 2020/21 was on contract oversight and management, and the report received in February 2021 provided substantial assurance and made just two low risk recommendations.

## **4. ACHIEVEMENTS IN THE YEAR**

**4.1** Highlights of the PCCC's work during 2020/21 include:

- Despite not being able to meet in person due to the covid-19 pandemic the Committee has made arrangements for continued public involvement and accountability by inviting written questions and making recordings of meetings available on the CCG's website and social media
- Oversaw the closure of one GP Practice in Barnsley following the retirement of the contract holder and the successful dispersal of the patient list to neighbouring practices
- Maintained oversight of the response of Barnsley GP Practices and the Barnsley Healthcare Federation to the covid-19 pandemic
- Sought assurance re progress in recruiting into the additional roles in accordance with the PCN DES
- Supported practices with their staffing issues during the pandemic by agreeing to resilience measures to maintain delivery of primary medical services to people
- Completed the HSCN installation to all GP practices and through the GP IT provision ensured all practices had mobile working capability
- Supported the South Yorkshire and Bassetlaw estates capital bid process and supported the refurbishment plans of underutilised space in 2 of the LIFT buildings.

**4.2** *Quality Improvement, CQC Inspections and Emergency Support Framework:*

During the C-19 pandemic the Care Quality Commission (CQC) have adopted a Transitional Regulatory Approach. A 'living' dashboard is



maintained which will give an up to date snapshot of practices current achievement on a wide range of indicators.

From this information, practices may be flagged as a possible risk and will be timetabled for a short telephone call to explore a reduced set of Key Lines of Enquiry (KLOE). This is not a form of inspection, but a supportive call to understand the challenges the practice is facing and whether there are any risks to quality or safety. Evidence is not required, and the service is not rated. An inspection or further evidence would only be requested if there was then a concern from the discussion.

The CQC held calls with The Rose Tree Practice; Dodworth Medical Practice and The Grove Medical Practice as these practices were a concern prior to the pandemic and rated inadequate. These calls were specifically to assure the CQC that the practices were not adversely affected nor impacted significantly by the pandemic and were maintaining services to the patients effectively. The outcome was that there was no need for any regulatory action.

## 5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

- 5.1** The Committee has a work plan which is kept under regular review and which ensures key areas of responsibility are addressed through the Committee's agendas. The table below summarises how the PCCC has discharged its key responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
<i>Decisions in relation to Management of GMS, PMS and APMS contracts including:</i>	
The design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract)	The Committee receives a contractual issues report at every meeting which includes decisions in relation to breach notices etc. where required
Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")	No decisions in relation to enhanced services have been required in 2020-21
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	No such local incentive scheme as an alternative to QOF has been designed in 2020/21
Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)	The Committee agreed to support a GP on the GP Retainer Scheme at one of our practices in Barnsley.
<i>Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:</i>	
The establishment of new GP practices in an area or the closure of GP Practices	No new GP Practices have been established in the area in 2020/21. During 2020-21 a single handed GP retired, and

	the list was dispersed following an options appraisal and approval at PCCC.
Approving practice mergers	There have been no proposals for practice mergers for approval in 2020/21
Managing GP Practices providing inadequate standards of patient care	A Primary Care Quality Dashboard has been developed and this is monitored by the Quality and Patient Safety Committee with information on quality issues being shared with this Committee
Procurement of new PMS contracts	There have been no such procurements in 2020/21
Dispersing lists of GP Practices	During 2020-21 a single handed GP retired, and the list was dispersed following an options appraisal and approval at PCCC.
Variations to the boundaries of GP Practices	Requests to vary boundaries would be raised through the contractual issues report – there have been no boundary changes approved in 2020/21
List cleansing in relation to GP Practices	No such requests have come to the Committee during 2020/21
<i>Other responsibilities</i>	
To plan, including needs assessment, primary medical care services in Barnsley; and to undertake reviews of primary medical care services in Barnsley	The SYB ISC Primary Care Steering Board has produced a Primary Care Strategy for “system” which will inform an update to the CCG’s Primary Care Strategy.
To co-ordinate a common approach to the commissioning of primary care services generally	PCCC has adopted clear guidelines for issues such as premises reimbursement and closed list applications, to ensure fair and consistent approach across Barnsley. The Committee follows the NHS England Policy and Guidance Manual in all decision making
To manage the delegated allocation for commissioning of primary medical care services in Barnsley	PCCC has a standing agenda item providing a report setting out the financial position of delegated primary care budgets
To obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley	Issues pertaining to quality in primary medical services are reported to Governing Body via the QPSC
Review relevant extracts from GBAF and corporate risk register	Standing agenda item at every meeting
Take procurement decisions delegated by Governing Body to facilitate the management	The PCCC has approved the SYB ICS

of conflicts of interest	Estates Capital Bid, BREATHE Service procurement, Intermediate Care GP Oversight procurement
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## 6. ASSURANCE AND RISK MANAGEMENT

- 6.1** In common with all committees of the CCG the PCCC receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.

### *Governing Body Assurance Framework (GBAF)*

- 6.2** Following a refresh of the GBAF in 2020/21 two GBAF risks have been allocated to the PCCC for oversight, as follows:
- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care providers and workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care
    - Primary Care Networks do not embed and support delivery of Primary Care at place
    - Not having quality monitoring arrangements embedded in practice
    - Inadequate investment in primary care
    - Independent contractor status of General Practice
  - Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
    - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
    - Primary Care colleagues fatigued with the amount of IT work scheduled
    - Short timelines to deliver projects
    - Supplier and equipment delays
    - Constructive and timely engagement by system partners to deliver a SCR by 20/21
    - System wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
    - Incomplete information available from NHS Futures regarding future work.
- 6.3** Both risks were rated as 12 (amber – high) at the start of the year and have been subject to discussion and review at every meeting. To date the Committee has not made a recommendation to the Governing Body to amend

the scoring of these risks.

### *Corporate Risk Register*

- 6.4** The PCCC began the year with five risks on its risk register, of which one was rated as red ('extreme').

There remain five risks on the register allocated to PCCC, of which one is judged to be red (extreme) and which has therefore been escalated as 'gaps in control or assurance' on the GBAF.

- 6.5** There is currently one remaining red ('extreme') risk on the PCCC risk register as follows:

<b>Risk</b>	<b>Mitigation</b>
14/10: If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.	The Network Contract DES has provided a number of roles that the Primary Care Network can recruit to support service delivery. The recruitment has increased the number of staff and roles now available to support people with their health needs and will continue over the next year.  The pandemic has had an impact on the PDA delivery this year and PDA supported practices to focus on Covid needs. Primary Care is returning to full delivery of GMS/PMS/APMS contracts and the health impacts of Covid will need to be reviewed on all as the pandemic and restrictions ease. The Network Contract DES will facilitate more neighbourhood and integrated working which will support individual practice resilience.

## **7. CONCLUSION**

- 7.1** This report has demonstrated how, during 2020/21, the PCCC has continued to function as an effective Committee capable of performing the CCG's responsibilities for commissioning primary medical services.
- 7.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

**Report of: Chris Millington, Governing Body Lay Member for Patient and Public Involvement**

## BARNSELY FINANCE AND PERFORMANCE COMMITTEE

### ANNUAL ASSURANCE REPORT 2020/21

1.	INTRODUCTION																																			
1.1	<p>As set out in its Terms of Reference which have been approved by the Governing Body the purpose of the Finance and Performance Committee is to:</p> <ul style="list-style-type: none"><li>• Establish a performance framework which enables the Clinical Commissioning Group to proactively manage its Financial, Performance and Quality Innovation, Productivity and Prevention agenda.</li><li>• Provide assurance about delivery and sustained performance in these areas to the Governing Body, by reviewing and approving performance reports and rectification action plans in detail prior to the Governing Body meetings.</li><li>• Hold to account the Senior Management Team of the Clinical Commissioning Group for delivery in their areas of responsibility.</li></ul>																																			
1.2	<p>The purpose of this report is to provide assurance to the Accountable Officer that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.</p>																																			
2.	CONDUCT OF THE COMMITTEE'S BUSINESS																																			
2.1	<p>The terms of reference were reviewed and approved by Governing Body on the 12 November 2020 and due for review in September 2021.</p> <p>Attendance of the Finance and Performance Committee during 2020/21 (up to and including March 2021) is set out in the table below:</p>																																			
2.2	<table><tr><th>Name</th><th>Role</th><th>Meetings attended</th></tr><tr><td>Dr Nick Balac (Chair)</td><td>The Chair of the Governing Body</td><td>8/10</td></tr><tr><td>Nigel Bell</td><td>Lay Member, Governance</td><td>8/10</td></tr><tr><td>Lesley Smith</td><td>Chief Officer – (April-Aug)</td><td>2/2</td></tr><tr><td>Chris Edwards</td><td>Accountable Officer – (Sept onwards)</td><td>8/8</td></tr><tr><td>Jamie Wike</td><td>Director of Strategic Planning &amp; Performance</td><td>10/10</td></tr><tr><td>Roxanna Naylor</td><td>Chief Finance Officer</td><td>10/10</td></tr><tr><td>Dr John Harban</td><td>Elected Governing Body Member - Contracting</td><td>10/10</td></tr><tr><td>Dr Andy Mills</td><td>Membership Council Member</td><td>7/10</td></tr><tr><td>Dr Jamie MacInnes</td><td>Elected Governing Body Member</td><td>9/10</td></tr><tr><td>Dr Adebowle Adekunle</td><td>Elected Governing Body Member</td><td>8/10</td></tr></table>			Name	Role	Meetings attended	Dr Nick Balac (Chair)	The Chair of the Governing Body	8/10	Nigel Bell	Lay Member, Governance	8/10	Lesley Smith	Chief Officer – (April-Aug)	2/2	Chris Edwards	Accountable Officer – (Sept onwards)	8/8	Jamie Wike	Director of Strategic Planning & Performance	10/10	Roxanna Naylor	Chief Finance Officer	10/10	Dr John Harban	Elected Governing Body Member - Contracting	10/10	Dr Andy Mills	Membership Council Member	7/10	Dr Jamie MacInnes	Elected Governing Body Member	9/10	Dr Adebowle Adekunle	Elected Governing Body Member	8/10
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Dr Nick Balac (Chair)	The Chair of the Governing Body	8/10																																		
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Dr Adebowle Adekunle	Elected Governing Body Member	8/10																																		

	Dr John Harban has acted as Chair on two occasions in the absence of the Committee Chair.
2.3	<p>In total the Committee met 10 times (April 2020 – March 2021) during 2020/21, all of these meetings were quorate. There were 2 meetings in October 2020.</p> <p>On 25 March 2020 the CCG's Governing Body took the decision temporarily to stand down routine meetings of the CCG's Committees in order to facilitate focus on the response to phase one of the covid-19 emergency. As a result of this decision the meeting(s) of the Committee scheduled for April and May did not take place. Committee meetings were reinstated from June 2020 after which meetings have continued on a monthly basis, with business being conducted virtually using MS Teams rather than face to face.</p>
2.4	All minutes of the Committee have been submitted to the Governing Body, and a monthly Integrated Performance Report summarising the work of the Committee appears on every Governing Body agenda.
<b>3.</b>	<b>REVIEW OF COMMITTEE'S EFFECTIVENESS</b>
3.1	The Finance and Performance Committee has the skills and competencies necessary to discharge its functions and is supported by the attendance of officers to provide input on finance, performance, contracting and service developments. In 2020/21 the CCG has been operating under revised operational and financial planning and monitoring regimes as part of the NHS response to COVID. The committee have however been able to effectively provide oversight of financial and operational performance and provide assurance to the Governing Body.
3.2	Members of the Committee have had access to all statutory and mandatory training programmes including information governance and fraud awareness through the CCG learning and development programme.
3.3	The Committee regularly reviews and refines the information it requires in order to support it to fulfil its roles and responsibilities.
<b>4.</b>	<b>ACHIEVEMENTS IN THE YEAR</b>
4.1	<p>The Committee has:</p> <ul style="list-style-type: none"> <li>Reviewed and identified commissioning and financial performance issues, identifying and escalating risks as appropriate to the Governing Body and identifying potential mitigations and solutions.</li> <li>Provided oversight of CCG financial performance and performance against key constitution and local priority performance measures through review of the Integrated Performance Report.</li> <li>Provided oversight of the CCG Efficiency Programme, reviewing progress and escalating risks as appropriate to the Governing Body and identifying potential mitigations and solutions to ensure that the CCG</li> </ul>

	<p>were able to meet all financial duties.</p> <ul style="list-style-type: none"> <li>• Embedded the Risk and Assurance element of its responsibilities, challenging and exploring risk appetite, mitigation and control.</li> <li>• Provided oversight of the financial and operational planning process ensuring that the CCG's plans are in line with NHS business rules, other financial duties and planning guidance requirements.</li> </ul>																		
4.2	<p>During 2021/22 the committee will continue to ensure it is meeting its roles and responsibilities as set out in the terms of reference and in order to do so will continue to provide oversight of financial and operational performance, providing assurance and escalating risks to the Governing Body where appropriate. A key area of focus in 2021/22 will continue to be upon assuring the development and delivery of CCG financial and operational plans and ensuring the CCG is compliant with its financial duties and is meeting its responsibilities for delivering NHS constitutional standards and other performance targets.</p>																		
<b>5.</b>	<b>DELIVERY OF RESPONSIBILITIES SET OUT IN THE TERMS OF REFERENCE</b>																		
5.1	<p>The table below sets out the primary responsibilities of the Committee and the actions taken to deliver them:</p> <table border="1"> <thead> <tr> <th>Responsibility</th><th>How discharged</th></tr> </thead> <tbody> <tr> <td>Review and oversight of performance against national and local targets</td><td>Receipt and review of the Integrated Performance Reports (IPR)</td></tr> <tr> <td>Review and oversight of in year financial position</td><td>As above</td></tr> <tr> <td>Review of the financial plan. Receive and review a detailed report of the budgets for future years.</td><td>Receipt and review of draft financial planning and budget documentation.</td></tr> <tr> <td>Review and oversight of implementation of the Quality, Innovation, Productivity and Prevention schemes and delivery of efficiency plans.</td><td>Receipt and review of monthly QIPP/Efficiency Plan updates through the IPR including financial performance against the overall efficiency plan</td></tr> <tr> <td>Receive an update on the contracting cycle on a monthly basis.</td><td>Receipt and review of monthly contracting cycle report.</td></tr> <tr> <td>Receive and review departmental delivery plans for indicators or performance areas by exception</td><td>Receipt and review of the Integrated Performance Reports</td></tr> <tr> <td>Challenge delivery of rectification plans produced to achieve targets or improve performance</td><td>Receipt and review of the Integrated Performance Reports</td></tr> <tr> <td>Ensure resolution of key performance issues raised by accountable members of the Senior Management Team</td><td>Receipt and review of matters arising report</td></tr> </tbody> </table>	Responsibility	How discharged	Review and oversight of performance against national and local targets	Receipt and review of the Integrated Performance Reports (IPR)	Review and oversight of in year financial position	As above	Review of the financial plan. Receive and review a detailed report of the budgets for future years.	Receipt and review of draft financial planning and budget documentation.	Review and oversight of implementation of the Quality, Innovation, Productivity and Prevention schemes and delivery of efficiency plans.	Receipt and review of monthly QIPP/Efficiency Plan updates through the IPR including financial performance against the overall efficiency plan	Receive an update on the contracting cycle on a monthly basis.	Receipt and review of monthly contracting cycle report.	Receive and review departmental delivery plans for indicators or performance areas by exception	Receipt and review of the Integrated Performance Reports	Challenge delivery of rectification plans produced to achieve targets or improve performance	Receipt and review of the Integrated Performance Reports	Ensure resolution of key performance issues raised by accountable members of the Senior Management Team	Receipt and review of matters arising report
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	Receive and review risks on the Governing Body Assurance Framework and Risk Register relevant to the work of the Committee	Extracts of the GBAF and risk register considered at every meeting. Extreme risks escalated to GBAF as gaps in control.			
6.	ASSURANCE AND RISK MANAGEMENT				
6.1	In accordance with the CCG's Integrated Risk Management Framework, in 2020/21 to date every other meeting of the Committee has received and reviewed extracts from the Governing Body Assurance Framework and Risk Register. Risks on the register have been reviewed, rated, and (where the rating exceeds a score of 15) escalated to the Governing Body Assurance Framework as a gap in control against the relevant corporate objective.				
6.2	The number and severity of risks monitored and managed by this committee is as follows:				
		Low (1-3)	Moderate (4-6)	High (8-12)	Extreme (15-25)
	January 2016	0	6	11	2
	January 2017	0	2	9	2
	January 2018	0	1	11	1
	January 2019	0	0	9	1
	January 2020	0	0	7	1
	January 2021	0	1	7	5
	As part of the ongoing review of the risk register by the Committee and the Governing Body the number of risks monitored and managed by this committee has increased from 8 at January 2020 to 13 at January 2021. This has been mainly due to the inclusion of specific risks in relation to COVID19. There have been a number of changes to risks and to risk ratings during the period.				
6.3	The extreme risk remaining on the Register as at March 2020 are:				
	<ul style="list-style-type: none"><li>Risk Reference 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission, there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.</li><li>COVID 1 - Disruption to health and social care – hidden harm - During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This ‘hidden harm’ may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.</li></ul>				



	<ul style="list-style-type: none"> <li>• COVID 2 - Backlog and demand surge - A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.</li> <li>• COVID 3 - Flu season 2020/21- A possible influenza epidemic that will be additive to the challenges above. The size and severity of the influenza epidemic in winter 2020/21 will be particularly difficult to estimate. A generalised increase in respiratory infections over the winter could also rapidly overwhelm test and trace capacity.</li> <li>• 20/03 - If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care , there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.</li> </ul>
<b>7.</b>	<b>CONCLUSION</b>
7.1	<p>This report demonstrates to the Governing Body that during 2020/21 the Finance &amp; Performance Committee:</p> <ul style="list-style-type: none"> <li>• Effectively discharged the functions and responsibilities delegated to it by the Governing Body as set out in its Terms of Reference.</li> <li>• Managed the risks for which it was responsible in accordance with the CCG's Integrated Risk Management Framework.</li> <li>• Provided assurances to the GB in accordance with the GBAF.</li> </ul>
7.2	<p>The report also provides assurance to the Accountable Officer to support the declarations and disclosures she made in the Review of the Effectiveness of Governance, Risk Management &amp; Internal Control within the CCG's Governance Statement.</p>

## Quality & Patient Safety Committee Annual Assurance Report 2020-2021

### 1. INTRODUCTION

- 1.1 The purpose of the Quality & Patient Safety Committee (Q&PSC) is to assure Barnsley Clinical Commissioning Group (CCG) regarding quality, patient safety, clinical effectiveness, and patient experience for the services it commissions for the people of Barnsley.
- 1.2 The aim of this report is to provide assurance to the Governing Body and Accountable Officer that the Committee has discharged its delegated functions set out in its Terms of Reference and has effectively managed the risks within its remit.

### 2. CONDUCT OF THE COMMITTEE'S BUSINESS

- 2.1 The membership and attendance of the Committee is set out below:

Membership and attendance		
Role	Name	Meetings attended (April 2020 – March 2021)
Medical Director (Chair) – until July 2020	Dr Sudhagar Krishnasamy	1/1
Medical Director (Chair) – from October 2020	Dr Madhavi Guntamukkala	2/3
Chief Nurse (Deputy Chair)	Jayne Sivakumar	5/5
Governing Body Secondary Care Clinician	Mike Simms	5/5
Governing Body Member	Dr Mark Smith	5/5
Governing Body Member	Dr Adebawale Adekunle	2/5
Lay Member for Public and Patient Engagement	Chris Millington	5/5
Head of Medicines Optimisation	Chris Lawson	5/5
Membership Council Rep	Dr Shahriar Sepehri	3/5
Specialist Clinical Portfolio Manager – from October 2020	Jo Harrison	3/5

- 2.2 The Quality and Patient Safety Committee should meet bi-monthly at least six times per year. The Committee has met 5 times during 2020/2021. On 25 March 2020 the CCG's Governing Body took the decision to temporarily stand down routine meetings of the CCG's Committees in order to facilitate focus on the response to phase one of the covid-19 emergency. As a result of this decision the meeting(s) of the Committee scheduled for 23 April 2020 did not take place. Committee meetings were reinstated from 2 July 2020 following

the pause after which meetings have continued on a bi-monthly basis, with business being conducted virtually using MS Teams rather than face to face.

- 2.3 Whilst the Committee did not meet in this period the CCG's Quality Team continued to monitor clinical quality and patient safety, and measures were still in place to enable quality issues to be escalated and reported including:
- To the Governing Body via a monthly quality update report;
  - An 'Emergency' Q&PSC could have been convened by the Medical Director or Chief Nurse for any urgent issue(s); and
  - The local Covid19 Command structure for quality issues relating specifically to the Covid response and the services which have been introduced or changes as part of the Covid response.
- 2.5 All meetings have been quorate.
- 2.6 The minutes of all Q&PSC meetings are provided to the public Governing Body meetings. In addition, following each Q&PSC meeting, a Quality Highlights Report is submitted to the proximal Governing Body meeting. This highlights any significant quality issues that the Q&PSC judges important for the Governing Body to be sighted on.
- 2.7 The Committee's Terms of Reference were originally approved at the May 2016 Q&PSC meeting. These were last updated in August 2020 to include changes relating to the membership of the group and to reflect the change in title of the information governance toolkit to the Data Security Protection Toolkit.

### **3. REVIEW OF COMMITTEE'S EFFECTIVENESS**

- 3.1 The Governing Body can be assured that Q&PSC has the necessary skills and competencies to effectively perform its functions:
- The Committee is chaired by the Medical Director. The Chief Nurse is the Deputy Chair, and a number of other clinicians are included within the membership (see section 2.1).
  - The Committee is attended and advised by a number of other experts as and when required, for example the Head of Assurance and Governance, the Designated Nurse for Safeguarding Children.
  - Each Committee meeting receives a Quality Update Report that summarises quality information relating to the services the CCG commissions for the people of Barnsley. This information includes, but is not limited to serious incidents, patient experience data, infection prevention and control data staffing data and safeguarding children and adults activity, and feedback about Primary Care quality.

### **4. ACHIEVEMENTS IN THE YEAR**

- 4.1 Although some routine elements of quality monitoring were suspended during 2020/21, the Committee has continued to monitor clinical quality and patient safety both in relation to Covid19 specifically and across commissioned services generally.  
The detail is summarised and reported to each Q&PSC meeting. The Quality Team continually reviews the range of information that QPSC receives so that it can readily identify trends/themes and lessons learned and so contribute to the improvement of patient care.
- 4.2 The Committee has reviewed and identified quality performance issues in relation to care homes, identifying and escalating risks as and identifying potential mitigations and solutions.
- 4.3 Provided oversight of the Continuing Healthcare recovery plan post Covid-19.
- 4.4 Provided oversight of the Learning Disabilities Mortality Review (LeDeR) Programme.
- 4.4 The Committee has expanded the Primary Care reporting it receives to routinely include intelligence on Out of Hours and Extended Access services.
- 4.5 The Committee has continued to receive updates on the results of CQC activity across our providers, for example, care home inspections. Positive connections with CQC Inspectors have been maintained during 2020/21.

## 5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

- 5.1 The table below summarises how the Committee has discharged its key responsibilities as set out in its Terms of Reference (last updated August 2020):

	<b>Responsibility</b>	<b>How discharged</b>
a.	Receive reports and guidance from regulatory, national, and other competent bodies and where applicable ensure action plans are developed to improve performance or adopt best practice in Barnsley.	<p>The Committee has received a range of reports from system and professional regulatory and other bodies, examples being:</p> <ul style="list-style-type: none"> <li>• Adult Inpatient Survey 2019 (published July 2020) - Survey looked at the experiences of people who were discharged from an NHS acute hospital in July 2019.</li> <li>• National Cancer Patient Experience Survey 2019 (published June 2020)</li> <li>• A&amp;E Service User Experience Survey Qtr 4 2019/20</li> </ul>
b.	The Committee will receive regular patient safety, patient experience and	<p>The Committee receives regular updates in relation to:</p> <ul style="list-style-type: none"> <li>• Serious incidents</li> </ul>

	complaints reports to review themes and trends and identify areas to pursue with relevant providers for improvement.	<ul style="list-style-type: none"> <li>• Patient experience</li> <li>• Infection prevention and control</li> <li>• Medicines safety</li> <li>• Care Homes quality</li> </ul>
c.	Review the CCG's Assurance Framework and Risk Register in accordance with the CCG's Integrated Risk Management Framework.	This is a standing agenda item on the Q&PSC agenda. Further information can be found in sections 6 and 7.
d.	Receive minutes/briefings from relevant meetings	<p>The Committee has received the minutes or briefings from:</p> <ul style="list-style-type: none"> <li>• Area Prescribing Committee</li> <li>• Primary Care Quality &amp; Cost Effective Prescribing Group</li> <li>• SY&amp;B ICS Clinical Quality Group</li> <li>• BHNFT Clinical Quality Board</li> <li>• SWYPFT Clinical Quality Board</li> <li>• South Yorkshire and Bassetlaw YAS 111/999/IUEC Clinical Quality Group</li> </ul>
e.	The Committee will agree a clear escalation process, with the governing body, including appropriate trigger points to enable appropriate engagement of the Clinical Commissioning Group and external bodies on areas of concern.	Significant matters are escalated to the CCG Governing Body via a Quality Highlights report and/or inclusion on the Risk Register and (where risks are scored 15 or higher) the Assurance Framework.
f.	The Committee will provide an annual report and highlights /escalation report and approved minutes to the Governing Body after each meeting.	Quality Highlights reports and the Q&PSC minutes are taken to every Governing Body, in addition to the Q&PSC Annual Report.
g.	The Committee will also oversee professional issues and responses to whistle blowing linked to quality and patient safety.	No issues have been raised through the whistle blowing procedure this year.
h.	The Committee will identify	The Committee receives a range of information

	and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in Barnsley.	including the minutes of the Area Prescribing Committee and the Primary Care Quality & Cost Effective Prescribing Group which focus on clinical effectiveness, patient safety and improving outcomes for patients.
i.	The Committee will ensure all service development and redesign, evaluation of services and decommissioning of services are subject to a Quality Impact Assessment as part of the implementation process.	The Committee has not received any Quality Impact Assessments in 2020/21.
j.	The Committee will receive and review reports from the Information Governance Group about the process for completing and submitting the Data Security and Protection Toolkit (this has replaced the IG Toolkit) and other related matters, to ensure the implementation of key standards within the CCG in relation to Information Governance and ensure effective governance systems are in place for implementing and monitoring these standards.	The Committee has received regular update reports on Information Governance, which included compliance with Data Security and Protection Toolkit requirements.
k.	The Committee will satisfy itself that effective processes are in place within all its commissioned services and the Clinical Commissioning Group for safeguarding children and young people, safeguarding vulnerable adults, managing issues	<p>The Committee has received regular updates on safeguarding activity via the Quality Update Report. In addition, it has also received:</p> <ul style="list-style-type: none"> <li>• The CCG'S Safeguarding Annual Report 2019/20</li> <li>• Children Partnership Board Report</li> <li>• Adults Partnership Board Report</li> <li>• Annual LeDeR Report</li> </ul>

	arising from domestic violence, forced marriage and the PREVENT agenda.	
I.	The Committee will also receive and approve clinical policies and clinical pathways for adoption in Barnsley.	<p>In 2020/21 the Committee has received and approved the following policies/processes:</p> <ul style="list-style-type: none"> <li>• BCCG Safeguarding People Policy</li> <li>• Individual Funding Requests Policy</li> <li>• Covert Administration of Medicines Policy</li> <li>• Children's Continuing Care Appeal Process</li> </ul> <p>As a result of a national direction to suspend all non-urgent elective care in response to the COVID19 Pandemic Q&amp;PSC agreed changes to Commissioning Policies relating to:</p> <ul style="list-style-type: none"> <li>• Age limits in the Access to Infertility pathways</li> <li>• Management of Patients with Musculoskeletal and Rheumatic Conditions on Corticosteroids:</li> <li>• Health Improvement in the Get Fit First policy.</li> </ul>

## 6. ASSURANCE AND RISK MANAGEMENT

- 6.1 In accordance with the CCG's Integrated Risk Management Framework, every meeting of the Committee in 2020/21 has received and reviewed the extract from the Risk Register and Governing Body Assurance Framework relevant to the work of the Committee. The Q&PSC ensures that risks allocated to it are correctly described, appropriately scored, action is being taken against the risks identified, and that, where necessary, extreme risks are escalated to the Governing Body.
- 6.2 The QPSC is responsible for overseeing 4 out of the 9 risks with a residual extreme risk score on the CCG's current risk register. Those risks, and the actions taken to address them, are summarised in the table in Appendix A of this report.

## 7. CONCLUSION

- 7.1 Based on the information contained in this report the Governing Body can be assured that the Q&PSC has effectively discharged the functions and responsibilities delegated to it by the Governing Body and set out in its Terms

of Reference, and managed the risks for which it is responsible in accordance with the CCG's Integrated Risk Management Framework.

**Report of Dr Guntamukkala, Medical Director/ Chair of Q&PSC**



## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

		Initial Risk Score						Residual Risk Score					
Ref	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
20/03	If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care, there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs.	4	4	16	<p>Adverts currently out to fill 3 vacant posts</p> <p>Extension of contracts of 2 agency nurses to 26.2.21 will support clearance of Covid backlog</p> <p>Seeking to recruit a further 2 agency nurses to support with both backlog and new cases although it is currently difficult to find available suitably qualified individuals</p> <p>Discussion of risks and issues to take place at Governing Body in January 2021</p> <p>Development of training plan for the CHC team on case management and handling difficult conversations with patients, families, and carers.</p>	<p>Chief Nurse</p> <p>Finance &amp; Performance Committee</p> <p>and</p> <p>Quality &amp; Patient Safety Committee</p>	SMT discussion	4	4	16	02/21	<p><b>February 2021</b></p> <p>Vacant posts – all posts filled awaiting start dates.</p> <p>2 outstanding COVID backlog cases then the focus will be on the outstanding Fast track reviews which there is a trajectory in place to monitor productivity.</p> <p>Training plan – competency framework in place and all nurses completed online CHC training. The Operational Lead and Team leader are reviewing a 12 months training plan for the team.</p> <p>CPA panel – this commenced in</p>	03/21

## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

	This could also have implications on meeting the KPIs set by NHSE.				Ensure protocols are developed to provide appropriate guidance and consistency to staff and patients in relation to the cost of care packages and rationale for the level of care provided.						November 2020 with senior clinicians and finance manager to ensure quality and assurance and Governance in place of care packages in excess of £1000 per week.  <b>January 2021</b> Following a discussion at GBDS on 28.1.21 it was agreed to score this risk at 4x4=16 since given the range of pressures and challenges on the CHC team it was felt that a likelihood score of 4 was appropriate at this stage.		
14/15	There are two main risks: 1. Scant or absent information relating to why medication changes have been made.  Poor communication of medication changes , even if changes are appropriately made	4	4	16	Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016). Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee.	Head of Medicines Optimisation  Quality & Patient Safety Committee	Risk Assessment & audit of discharge letters	4	5	20	02/21	<b>Feb 20</b> The national Community Pharmacy Discharge Service was launched on 15th February 2021.  Community Pharmacies will be receiving D1 letters and will ( in addition	03/21

## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

<p>for therapeutic/safety reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary</p>				<p>A working Group (with reps from Practice managers Group &amp; BHNFT) looking at D1 Discharge Summary Letters.</p>							<p>to GP practices) be undertaking medicines reconciliation against their PMR systems ( medicines supply pre admission). This service will be significantly affected (clinical risk and efficiency) by the quality of the discharge meds information.</p> <p>The mapping of hospital systems and audit work remains on hold due to impact of COVID-19.</p> <p><b>Oct 20</b> The volume of hospital discharges has significantly reduced since beginning of March 20 ( due to COVID 19)</p> <p>The D1 Audit Report (November 2018 audit data) was received by the CCG Quality and Patient Safety Committee on 2</p>	
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## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

	Care Record.  This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.											July 2020. This showed an improvement; 61.4% of D1 forms had all medicines accurately accounted for at discharge. It was noted that the D1 e-form had been withdrawn at the beginning of the COVID pandemic and the Medway system introduced in July 20. BHNFT have advised they are re-establishing the pre-COVID D1 Task and Finish Group and are also undertaking a mapping of hospital pathways and primary care medicines management are being involved.	
19/05	If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are	5	4	20	1) Chief Nurse has raised issue with BMBC Joint Commissioning Team. BMBC is due to hold meetings with both their in house provider and contracted providers to try and get more detail around current capacity as well as longer term issues and look at any possible options to	Chief Nurse  Quality & Patient Safety Committee	End of Life Team in BCCG Continuing Healthcare Team	5	3	15	02/21	<b>February 2021</b> The Operational lead attends SIT rep each morning and also Bronze to discuss any risks to the CHC service e.g. winter pressures EOL liaise closely	03/21

## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

<p>risks for the CCG across a number of areas, as follows:</p> <p>a) Quality and Patient Safety Risks Delayed discharges due to staff not being able to obtain care packages leading to patients not being able to be in preferred place of care at end of life.</p> <p>b) Patients at home without a care package or a care package that is not being delivered as required.</p> <p>c) Financial Risks Increased costs to CCG due to having to obtain care from specialist providers Delayed discharges will affect CCG's efficiency plans</p> <p>d) Performance Risks Delayed discharges impact upon patient flow which could affect delivery of 4 hour A&amp;E standard and elective waiting times.</p>				<p>address those. A wider meeting with home care providers is planned for November 2019.</p> <p>2) CHC EOL team to:</p> <p>a) email all providers each morning requesting what care package vacancies they have</p> <p>b) liaise with Rightcare Barnsley to provide updates on care packages</p> <p>c) offer 24 hour placement in residential/NH to all patient awaiting a care package in hospital to prevent delayed discharge and then to continue to try and procure a care package to transfer patient to their own home.</p> <p>d) explore additional support from neighbourhood nursing service/ palliative care services in Barnsley</p> <p>e) Care packages to be spot purchased from any provider</p> <p>f) CHC EOL team to contact care providers on Barnsley borders to identify if they could pick up packages just over the borders.</p>					<p>with all partners involved in delivering EOL Care.</p> <p>EOL care packages are prioritised via the Discharge Pathway and community referrals.</p> <p>Reviews of all EOL care packages take place at 2 and 4 weeks to ensure care package is sufficient enough to meet needs. CHC continue to use the framework providers, then providers of last resort and then spot providers which are at a higher cost.</p> <p><b>Dec 2020</b> As below.</p> <p><b>November 2020</b> Continued CHC senior clinician presence at daily SitRep. Bronze operational D and OOH group stepped up to daily.</p>	
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## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

	e) Increase in non-elective admissions to hospital because of patients being left without care in the community.										<p>Fast Track EoL packages given priority – CHC team have a dedicated team for EoL and all mitigating actions are carried out.</p> <p>BMBC have secured a home care provider bridging service which should create capacity.</p> <p>Some care homes are declining to take EoL patients if Covid +ive, which is affecting choice of preferred place of care. BMBC Contracts and Compliance seeking a legal view on this.</p> <p>Designated premises are the fall -back position. One problem arose with a neighbouring CCG not being able to put a package in place It was ascertained that it is their policy to only procure</p>	
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## APPENDIX A – EXTREME RISKS CURRENTLY MANAGED BY QUALITY & PATIENT SAFETY COMMITTEE

												providers on their framework and they cannot spot purchase. Matter escalated via Bronze 6/11/20. Chief Nurse will address with DCCG Chief Nurse.	
21/01	If the CCG is does not implement robust arrangements to approve packages of Children's Continuing Health Care and associated NHS funding, there is a risk of: <ul style="list-style-type: none"><li>Challenge to decisions not to award funding in some cases – possible risk of litigation</li><li>Negative impact on patient safety due to lack of quality monitoring of placements for CCC funded children;</li><li>Adverse financial consequences for the CCG</li></ul>	5	4	20	Improved record keeping systems in line with CHC Adults and the CCC Framework  CCG attendance at funding panels to provide clinical scrutiny and challenge  Specialist Clinical Portfolio Manager has assumed responsibility for CCC  CCC process brought under CCG control  Recruited a permanent Specialist CCC Assessor / case manager and a DCO.  Developed a CCG appeals and disputes procedure  All specialist funding referred to IFR panel with a written clinical recommendation for the treatment / intervention / equipment being a prerequisite.	Chief Nurse  Finance & Performance Committee  And  Quality & Patient Safety Committee	GBDS January 2021	4	4	16	02/21		03/21

## **EQUALITY AND ENGAGEMENT COMMITTEE**

### **ANNUAL ASSURANCE REPORT 2020/21**

#### **1. Introduction**

1.1 As set out in its terms of reference which have been approved by the Governing Body the purpose of the Equality and Engagement Committee is to:

- Provide assurance to the Governing Body that the CCG's approach to communication and patient, carer and public engagement meets statutory requirements and best practice. The duties of the Committee will be driven by the priorities of the Clinical Commissioning Group and will be flexible and responsive to new and emerging priorities.
- Ensure that Barnsley CCG meets the General and Specific Duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and that equality, diversity, inclusion and human rights are actively promoted, communicated and managed for the workforce of the CCG and the community of Barnsley alongside the continuing work with other partners to contribute to reducing health inequalities across Barnsley.

1.2 The purpose of this report is to provide assurance to the Accountable Officer that the Equality and Engagement Committee has discharged its delegated functions set out in its terms of reference, and has managed the risks within its remit effectively.

#### **2. Conduct of the Committee's Business**

2.1 On 25 March 2020 the CCG's Governing Body took the decision temporarily to stand down routine meetings of the CCG's Committees in order to facilitate focus on the response to phase one of the covid-19 emergency. As a result of this decision the meeting of the Committee scheduled for 7 May 2020 did not take place. Committee meetings were reinstated from 13 August 2020 after which meetings have continued on a quarterly basis, with business being conducted virtually using MS Teams rather than face to face.

2.2 Two of the meetings of the Equality and Engagement Committee were quorate. The meeting held on 13 August 2020 was not quorate due to the number of apologies received. The head of governance and assurance stated that the minutes of the meeting held on 20 February 2020, the HR policies and the workforce race equality standard report would be managed virtually so that members not present had the opportunity to comment and agree these documents.



## 2.3 Members Attendance at Equality & Engagement Committee Meetings

<b>Membership and attendance</b>		
<b>Role</b>	<b>Name</b>	<b>Meetings attended</b>
Lay Member for Public and Patient Engagement (Chair)	Chris Millington	100% 3/3
Chief Nurse (Vice Chair)	Jayne Sivakumar	33% 1/3
Deputy Chief Nurse	Martine Tune (joined February 2021)	0% 0/1
Member of the Membership Council	Dr I Saxena (retired August 2020)	0% 0/1
Head of Communications and Engagement	Kirsty Waknell	100% 3/3
Senior Primary Care Commissioning Manager	Julie Frampton	33% 1/3
Elected Governing Body Member	Dr A Adekunle	66% 2/3
Healthwatch Barnsley	Susan Womack	66% 2/3
Equality, Diversity & Inclusion Lead	Colin Brotherston-Barnett	66% 2/3
Head of Governance & Assurance	Richard Walker	100% 3/3

2.4 All minutes of the Equality and Engagement Committee have been submitted to the Governing Body.

2.5 The Equality and Engagement Committee's terms of reference were reviewed at its meeting on 3 December 2020. The December update was a change in membership and more current terminology. The terms of reference were approved by the Governing Body in January 2021.

## 3. Review of Equality and Engagement Committee's effectiveness

3.1 The Chair undertakes sense checks at the end of each committee meeting to assess both effectiveness of the processes and of individual's experience and ability to contribute to the committee.

3.2 The current (20/21) NHS England assessment of patient and community involvement indicator in the national improvement and assessment framework is 'Green Star', we scored 14 out of a maximum 15 points.

## 4. Achievements in 2020/21

4.1 The Equality and Engagement Committee has achieved the following.

- The Equality Delivery System (EDS2) report was published on the CCG website by the end of March 2020. The overall RAG rating is green (achieving - evidence shows that the majority of people from the nine protected groups fare well) as an assessment of how they fare against PSED requirements.
- An Equality Impact Assessment toolkit was implemented to ensure that all policies/procedures consider the potential or actual impact on the protected characteristic groups. The toolkit contains useful information to consider for each characteristic for the author to consider. The Equality, Diversity and Inclusion Lead has noted the excellent quality and thoroughness of equality impact assessments that key CCG staff produces.
- The CCG has continued to be actively engaged with what is now called Your Voice Barnsley, which is the user engagement forums supported by Barnsley Council. The pandemic has had an impact on the workplan of these forums but the financial support provided by the CCG continues and the team in Barnsley Council have been able to focus on the wider community engagement too during these difficult times.

## 5. The Workforce Race Equality Standard (WRES)

5.1 As required the CCG has discharged its responsibilities to collect and publish the Workforce Race Equality Standard (WRES) information which can be seen on our website [www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk). The Equality, Diversity and Inclusion Lead has qualified as a WRES Expert

## 6. Delivery of responsibilities set out in the Terms of Reference

6.1 The table below sets the primary responsibilities of the Equality and Engagement Committee and the actions taken to deliver them:

Responsibilities with Respect to Equality	How discharged
Develop an Equality Action Plan to incrementally improve the CCGs performance against the NHS Equality Delivery System (EDS 2).	The evidence submitted against the assigned actions was reviewed on a quarterly basis. New objectives were agreed for 19/21 and have been reviewed and updated to include details of our response to health inequalities as a result of the Covid19 pandemic.
Co-ordinate its work with the Equality & Engagement Committee to ensure that the CCG's patient & public involvement work utilises every opportunity to involve groups across the 9 protected characteristics to maximise the input of these users experiences to inform effective commissioning of services to	The CCG's patient and public involvement checklist sits alongside the EIA and both are required to be completed (either as part of CCG programme management office process) before any involvement plans are developed. In addition, work has continued with the Barnsley equality

meet the needs of the whole population we serve.	forums to support effective commissioning.
Promote and publish Barnsley CCG's core values and equality and diversity successes and ensure all staff are aware of the achievements and promote ownership of Equality and Diversity.	<p>The core values have been revised and promoted to all staff. This continues to be reinforced through the work of the Radiators Group.</p> <p>The Rainbow Badge scheme was launched to staff and to member practices in 2019 and has been running since that time. 13 practices have signed up for the scheme and 335 badges have been distributed to the practices.</p> <p>The CCG has promoted a range of events throughout the year which included sessions run for staff by staff during Black History Month and the setting up of a South Yorkshire and Bassetlaw CCG-wide staff BAME forum. It also included a Trans awareness sessions and a Alternative World session during LGBTQ+ history month.</p>
Provide quarterly briefings and update reports for the CCG Governing Body.	Provided updates as part of the patient and public involvement report which goes to Governing Body meetings which take place bi-monthly.
Publish Equality Objectives at least every four years	The CCG's objectives for 2019/2021 onwards were approved at the November 2019 meeting following engagement with staff and are still current.

<b>Responsibilities with Respect to Patient and Public Engagement</b>	<b>How Discharged</b>
Ensure that Patient and Public Engagement is central to the business of the clinical commissioning group, and that is embedded in all decision making processes adopted by the clinical commissioning group	<p>This year this has been achieved through additional training and support for commissioners, strengthening of the involvement checklist which has been included with the new equality impact assessment toolkit. Our approach and systems have been assessed in the NHS England improvement and assessment framework obtaining a rating of Green Star (2020/21) for patient and community involvement.</p> <p>Patient Council meetings have moved online and attendance is still good.</p>

Secure continuous improvement in the quality of engagement and consultation.	<p>Corporate membership of the Consultation Institute, offering guidance and advice on best practice.</p> <p>An ongoing training and development plan is in place for those working on engagement as their main role.</p> <p>During this year a Barnsley-wide intelligence group was set up to respond to the coronavirus pandemic. As part of this the CCG and engagement and patient experience leads formally came together to co-ordinate, analyse and share feedback gathered by local residents on their experiences of living through the pandemic and the impact any changes in service have had.</p>
Advise the Governing Body and as necessary the Membership Council on all matters relating to overview and scrutiny and, where needed, the process of formal consultation.	<p>There are regular meetings with the CCG director of strategic planning and performance and the Overview and Scrutiny Chair. Guidance is provided ahead of these scheduled meetings or as the need arises.</p> <p>In addition, work that takes place at an Integrated Care System level across South Yorkshire and Bassetlaw is taken to the Joint Overview and Scrutiny Committee.</p>
Design the specification and quality standards relating to the process and policies relating to engagement and consultation that will be used by all members of the Clinical Commissioning Group and by its staff, in particular that which will be used in the process of service transformation and or decommissioning of services.	<p>Standards and principles outlined in the patient and public engagement strategy.</p> <p>A programme management approach outlines all involvement processes, which sits alongside the equality impact assessment process.</p>
Develop a Patient and Public Involvement Action Plan to deliver the CCG Patient and Public Engagement Strategy.	<p>This plan is reviewed regularly at the Committee.</p>

## 7. Assurance and Risk Management

7.1 In accordance with the CCG's integrated risk management framework, the Equality and Engagement Committee is managing two risks which are recorded on the CCG Risk Register as follows:

- **Risk Ref 13/13(b)** - If the CCG fails effectively to engage with patients and the public in the commissioning or co-commissioning of services there is a risk that

services may not meet the needs and wishes of the people of Barnsley, and the CCG does not achieve its statutory duty to involve and consult with patients and the public – rated as Amber High

- **Risk Ref 14/16** - If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission – rated as Amber High

## **8. Conclusion**

8.1 This report demonstrates to the Governing Body that during 2020/21 the Equality and Engagement Committee:

- Effectively discharged the functions and responsibilities delegated to it by the Governing Body as set out in its terms of reference.
- Managed the risks for which it is responsible in accordance with the CCG's Integrated Risk Management Framework.
- Provided assurances to the governing body in accordance with the governing body assurance framework.

8.2 The report also provides assurance to the assurance to the Accountable Officer for the purposes of the review of the effectiveness of governance, risk management and internal control within the CCG's governance statement.

**Chair: Chris Millington Lay Member for Patient and Public Engagement**

## **SURVEY OF CCG COMMITTEE EFFECTIVENESS**

From a good practice perspective and to identify potential improvements, a short survey was designed to gauge the effectiveness of CCG Committees by taking the views of Committee Members across a number of themes. The survey (appendix 1) contained 11 questions, six of the questions were taken from the Audit Committee Handbook Committee Effectiveness checklist and five were bespoke questions.

CCG Committee Members completed the Committee Effectiveness Survey.

### **Response rates**

A total number of 18 responses were received out of a potential 22 responses. This equates to an 82% total response rate to the survey.

## APPENDIX 1 - COMPOSITE ALL COMMITTEE DATA REPORT

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
1. As a member of the Committee(s) noted above - do you understand the role, function, decision making arrangements of the Committee(s) and how they feed into other committees and assurance flows?	13/18 72%	5/18 28%	0/18 0%	0/18 0%	0/18 0%	N/A	N/A	<b>Committee not identified</b> - Terms of reference are all clear and set out these requirements.
2. Are the duration times of meetings about right?	8/18 44%	10/18 56%	0/18 0%	1/18 3%	0/18 0%	N/A	N/A	<b>No comments.</b>
3. Does each Committee have an Assurance Work Plan/Agenda Timetable to be dealt with across the year?	10/18 56%	8/18 44%	0/18	0/18	0/18	N/A	N/A	<b>No comments.</b>
4. Is the quality of agenda papers provided to the Committee(s) sufficient to enable decision making?	8/18 44%	10/18 56%	0/18	0/18	0/18	N/A	N/A	<b>PCCC</b> - Quality of papers in PCC has been variable, but recent increased focus on this from the Chair has led to Improvement. <b>PCCC/Rem Com</b> - On occasion papers do not give numerical information or comparators which would assist in giving an idea of scale of the issue.

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
5. Are the committee papers distributed in sufficient time for members to give them due consideration?	8/18 44%	10/18 56%	0/18	0/18	0/18	N/A	N/A	<b>PCCC</b> - Occasionally PCC are delayed.
6. For each Committee of which you are a Member do you feel able to contribute and provide sufficient challenge to issues discussed?	18/18 100%	0/18	0/18	0/18	0/18	N/A	N/A	<b>Committee not identified</b> - on the whole it is however there are times when challenge is not made due to the subtle consequences of doing so. <b>Committee not identified</b> - Always if a meeting is held but where "virtual" approval is required this limits challenge and debate.
7. Is each agenda item is 'closed off' appropriately so that as a member you are clear what the conclusion is: who is doing what, when and how etc. and how it is being monitored?	6/18 33%	12/18 67%	0/18	0/18	0/18	N/A	N/A	<b>No comments.</b>
8. Is the membership of each Committee Membership appropriate to ensure it has the right balance of experience, knowledge and skills to fulfil its role?	6/18 33%	12/18 67%	0/18	0/18	0/18	N/A	N/A	<b>No comments.</b>





Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
								<p>Teams works pretty well although with only one screen it can be difficult switching between the agenda papers and the video feed of the meeting participants.</p> <ul style="list-style-type: none"> <li>• I have found this effective on the whole. On occasions members have had IT issues which have impacted but these have been resolved with no detriment to the meeting.</li> <li>• Completely new but has been very effective . will welcome it to stay.</li> </ul>

## GOVERNING BODY

13<sup>th</sup> May 2021

## URGENT DECISIONS FOR RATIFICATION

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	The purpose of this paper is to ask Governing Body to ratify three urgent decisions.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;"></th> <th style="width: 35%;">Name</th> <th style="width: 40%;">Designation</th> </tr> <tr> <td style="vertical-align: top;">Executive Leads</td> <td>Jamie Wike Roxanna Naylor Patrick Otway</td> <td>Chief Operating Officer Chief Finance Officer Head of Commissioning (Mental Health, Children's and Maternity)</td> </tr> <tr> <td style="vertical-align: top;">Author</td> <td>Richard Walker</td> <td>Head of Governance &amp; Assurance</td> </tr> </table>		Name	Designation	Executive Leads	Jamie Wike Roxanna Naylor Patrick Otway	Chief Operating Officer Chief Finance Officer Head of Commissioning (Mental Health, Children's and Maternity)	Author	Richard Walker	Head of Governance & Assurance
	Name	Designation								
Executive Leads	Jamie Wike Roxanna Naylor Patrick Otway	Chief Operating Officer Chief Finance Officer Head of Commissioning (Mental Health, Children's and Maternity)								
Author	Richard Walker	Head of Governance & Assurance								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>	Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome								
N/A										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
<b>5.1</b>	<b>INTRODUCTION</b>									
	<p>The Barnsley CCG Constitution allows for urgent decisions to be taken outside of Governing Body meetings when timescales do not allow the CCG to wait until the next meeting of the Governing Body to make the decision. These urgent decisions can be made by two of; the Chair, Medical Director, Chief Officer and Chief Finance Officer one of whom should be a clinician. Wherever possible these members should consult with other voting members of the Governing Body before making decisions.</p>									

	<p>The Constitution also details that any urgent decisions taken under these provisions should be reported back to the relevant decision making body for ratification. The purpose of this paper is therefore to ask Governing Body to ratify three urgent decisions taken since its last meeting in March 2021.</p>
<b>5.2</b>	<b>DSCRO CONTRACT</b>
	<p>North of England Commissioning Support Unit (NECS) provides DSCRO and data management services for CCGs across the Yorkshire and Humber Region. The Service Level Agreement with NECS was due for renewal on 31 March 2021 but as no correspondence was received from NECS this was not picked up until March 2021 and as such an urgent decision was required to extend the SLA. Such an extension is permitted under the terms of the SLA and without a signed agreement in place NECS would not have a legal basis to provide DSCRO services post 31st March 2021.</p>
	<p>In light of the above the Chief Officer, Chairman and Chief Finance Officer agreed through exchange of emails to an extension of the SLA in line with the extension clauses within the contract. The extension is for a 3 year period to 31 March 2024, at an annual charge of £176,496 representing a 3% reduction on the current price.</p>
	<p>In confirming its agreement to this extension the CCG noted that the agreement is for three years and considering the government's anticipated Bill may mean that CCGs will not exist beyond March 2022 there will need to be a discussion regarding the way forward if and when that comes about. This message was included in all other CCGs response across SYB for consistency.</p>
<b>5.3</b>	<b>MENTAL HEALTH INVESTMENT STANDARD (MHIS)</b>
	<p>As detailed with the MHIS planning guidance the CCGs had to continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard required the CCGs to increase spend by the overall programme allocation growth (5.79%) plus an additional percentage increment (0.7%) above the 18/19 outturn (6.49% Total), giving a total target spend for Barnsley of £42,254K. The actual MHIS value for 19/20 was £43,473K, meaning that the CCG had complied with the planning requirements.</p>
	<p>As part of the verification process each CCG had to agree a separate engagement with an independent, appropriately qualified reporting accountant to carry out a 'reasonable assurance review' to specifically cover the MHIS compliance statement. The CCG re-engaged KPMG as the reporting accountant due to the current relationship as external auditor and the cost benefits derived from knowing the CCG's financial systems and transactions.</p>
	<p>To enable the review to be undertaken the CCG had to provide full details of mental health expenditure, together with relevant backing detail to show how the expenditure on mental health had been arrived at. This was then checked by KPMG against the criteria specified for the preparation of the statement contained within the NHS England guidance - NHSE "<i>MHIS briefing for CCGs</i>".</p>

	<p>KPMG confirmed at the Audit Committee in March 2021 that their intention was to issue a “Clean” opinion over MHIS spend. However, before they could finalise their report and close the file they require the signing the following two documents by the Accountable Officer:</p> <ol style="list-style-type: none"> <li>1. <i>MHIS statement</i> – The Accountable officer as part of the guidance has to sign a declaration of compliance, clearly stating whether the CCG has complied with the requirements of the MHIS. This statement must be published when directed by NHSE on the CCG’s website.</li> <li>2. <i>Letter of representation</i> – As part of the verification process similar to the year external audit, KPMG seek to confirm the following from the governing body; <ol style="list-style-type: none"> <li>a) The Mental Health Investment Standard Statement of Compliance has been prepared in accordance with the Audit of the Mental Health Investment Standard Briefing for Clinical Commissioning Groups and supporting guidance;</li> <li>b) The financial information underpinning the Mental Health Investment Standard Statement of Compliance is reliable and accurate;</li> <li>c) There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice; and</li> <li>d) The Mental Health Investment Standard Statement of Compliance is free from material misstatement, whether due to fraud or error.</li> </ol> </li> </ol>
	<p>The Audit Committee recommended that the Governing Body be asked to approve these documents to allow the Accountable Officer to sign on their behalf. All Governing Body members were therefore contacted by email and asked to confirm that the Accountable Officer could sign both documents on behalf of the Governing Body by close of play 26 March 2021. 10 confirmations were received and no member expressed dissent.</p>
<b>5.4</b>	<b>WEST YORKSHIRE AND BARNSELY ATU (ASSESSMENT AND TREATMENT UNIT) RECONFIGURATION</b>
	<p>As members are aware, ATU provision has been under review following a Transforming Care Programme national directive to consider the recommendation about bed base / per population. In Barnsley and West Yorkshire the planned reconfiguration of the Assessment and Treatment Unit (ATU) provision is to develop existing units into a Regional Centre of Excellence that will be provided across 2 sites (one at Fieldhead Hospital, Wakefield and one at Lynfield Mount Hospital, Bradford).</p>
	<p>A meeting of the West Yorkshire Joint Committee of CCG’s, to which Barnsley CCG was invited, took place on the 6th April 2021, at which formal sign-off of the proposals and agreement to proceed to implementation was agreed. As there is no delegation of authority from Barnsley CCG to the West Yorkshire Joint Committee of CCG’s to make decisions on our behalf, it was imperative that Barnsley CCG Governing Body was both aware of and supported the recommendations and that their approval was given prior to the 6th April.</p>

	As there was no formal Governing Body meeting within the given time period, Governing Body's approval was sought virtually. In order for Governing Body members to reach an informed decision, a briefing paper was sent via email to members, with a request for members to confirm their support for the recommendations outlined in relation to the West Yorkshire and Barnsley ATU reconfiguration.
	Nine Governing Body members responded to the request and all members who responded were supportive of the proposed West Yorkshire and Barnsley ATU reconfiguration.
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Ratify the urgent decision to extend the DSCRO SLA with NECS to 31 March 2024</li> <li>• Ratify the urgent decision to enable the Accountable Officer to sign the MHIS statement and Letter of Representation, and</li> <li>• Ratify the urgent decision to support the proposed reconfiguration of the West Yorkshire and Barnsley ATU.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

<b>Agenda time allocation for report:</b>	<i>5 minutes</i>
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## PART 1B – SUPPORTING INFORMATION & ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	x
	5.2 Integrated Care @ Place		11.1 Delivery of Enhanced Health in Care Homes	
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
	<i>The Chair, Medical Director and Chief Nurse were all involved in the urgent decision</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>



## Governing Body

6 May 2021

## Integrated Performance Report

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input type="checkbox"/> <i>Assurance</i>									
	<input checked="" type="checkbox"/> <i>Information</i>	<input checked="" type="checkbox"/>										
<b>2.</b>	<b>PURPOSE</b>											
2.1	<p>This report provides an update on the CCGs performance against key performance indicators, including constitution standards, an update on the CCGs year end financial position to 31 March 2021.</p> <p>This report also provides details of all Covid-19 expenditure incurred and approved in line with Governing Body delegation.</p>											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;"></th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor/</td> <td>Chief Finance Officer/</td> </tr> <tr> <td>Author</td> <td>Jamie Wike</td> <td>Chief Operating Officer</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Roxanna Naylor/	Chief Finance Officer/	Author	Jamie Wike	Chief Operating Officer
	Name	Designation										
Executive / Clinical Lead	Roxanna Naylor/	Chief Finance Officer/										
Author	Jamie Wike	Chief Operating Officer										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
4.1	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 40%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 45%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Finance and Performance Committee</td> <td>06 May 2021</td> <td>Considered the paper and noted the actions</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Finance and Performance Committee	06 May 2021	Considered the paper and noted the actions			
Group / Committee	Date	Outcome										
Finance and Performance Committee	06 May 2021	Considered the paper and noted the actions										

<b>5.</b>	<b>EXECUTIVE SUMMARY</b>
<b>5.1</b>	<p><b>2020/21 - Month 12 Finance Update</b></p> <p>The detailed finance report, attached at Appendix 2, provides detail of the CCGs financial performance for the year ended 31 March 2021.</p> <p>The CCGs outturn position is that all financial duties and planning guidance requirements have been delivered (subject to audit), with a surplus outturn position of £195k. Following NHS England review of the Month 12 position further allocations were received relating to Independent Sector activity and the Hospital Discharge Programme, this increased the CCGs financial position from breakeven to a surplus of £195k.</p> <p>Further information on the CCG's financial performance targets is set out in section 2 of Appendix 2.</p>
<b>5.2</b>	<p><b>Covid-19 Finance Update</b></p> <p>Section 4 of Appendix 2 provides the details of covid-19 expenditure for the year ended 31 March 2021.</p>
<b>5.3</b>	<p><b>Performance Update</b></p> <p>The summary performance report (attached at Appendix 1) provides the Governing Body with an overview of performance across key areas of CCG responsibilities and include NHS constitution standards and key operational performance indicators up to month 12 (March 2021) where data is available.</p> <p>The information included in the performance report continues to show the adverse impact of COVID19 upon delivery of some constitutional standards including referral to treatment times and waiting times for diagnostic waits. Performance has continued to improve in March against the 18 week referral to treatment target with performance the highest it has been since April 2020. Diagnostic waiting times have also continued to reduce.</p> <p>Urgent care related measures such as A&amp;E waits also continue to be below standard and have been impacted by increased activity levels and challenges with flow due to COVID requirements in relation to social distancing.</p> <p>Performance on some cancer pathways is also below the national standards. 2 week wait times remain good however the number of people waiting over 31 days from diagnosis to treatment and over 62 days overall from referral to treatment has increased.</p> <p>IAPT performance against waiting times and recovery targets continue to be achieved however the access rate continues to be below the target and did not increase from 2019/20 in line with the NHS Long Term Plan expectations.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	Note the contents of the report including:

	<ul style="list-style-type: none"><li>• Performance to date 2020/21</li><li>• Finance update to Month 12</li></ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<b>Performance Section</b> <ul style="list-style-type: none"><li>• Appendix 1 – IPR M12 2020/21</li></ul> <b>Finance Section</b> <ul style="list-style-type: none"><li>• Appendix 2 – Month 12 Finance update</li></ul>
<b>Agenda time allocation for report:</b>	
10 Minutes	

## PART 1B – SUPPORTING INFORMATION &amp; ASSURANCE

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
	3.1 Cancer	✓	8.1 Maternity	✓
	4.1 Mental Health	✓	9.1 Digital and Technology	✓
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	✓	11.1 Delivery of Enhanced Health in Care Homes	✓
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		18/04, 13/3, 13/31, 15/12, 17/05	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>













3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>



# Performance & Delivery Report

2020/21 : Position statement  
using latest information  
for the May 2020 meeting  
of the Governing Body

Performance Indicator		Target	CCG Quarterly	CCG Latest			CCG Performance	Latest Provider Total Monthly Position	
				Monthly Position		YTD Position		Barnsley Hospital	Yorkshire Ambulance Service
NHS Constitution									
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		Provisional 78.90%	Mar-21	Provisional 74.44%		Published Feb-21 76.08%	
	No patients wait more than 52 weeks for treatment to start	0		664	Mar-21	3099		490	
Diagnostic test waiting times	Patients waiting six weeks or more for a diagnostic test	1%		Provisional 37.29%	Mar-21			Published Feb-21 46.79%	
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	Q4 20/21 83.46%	83.27%	Mar-21	85.11%		82.59%	
	No patients wait more than 12 hours from decision to admit to admission	0		0	Mar-21			0	
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	Q3 20/21 96.04%	96.91%	Feb-21	96.44%		97.04%	
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%		93.41%	Feb-21	95.98%		97.83%	
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%		98.21%	Feb-21	97.06%		96.05%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%		100.00%	Feb-21	97.63%		100.00%	
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%		98.97%	Feb-21	95.14%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%		93.62%	Feb-21	90.86%		83.33%	
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%		76.96%	Feb-21	75.49%		69.14%	
	2 month (62 day) wait from referral from an NHS screening service	90%		85.71%	Feb-21	76.09%		75.00%	
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)		74.29%	Feb-21	77.31%		71.43%	
Cancer Waits: Faster diagnosis standard	Cancer 28 day waits - Told within 28 Days	75%		68.26%	Feb-21	65.47%			

Performance Indicator		Target	CCG Quarterly	CCG Latest			CCG Performance	Latest Provider Total Monthly Position	
				Monthly Position		YTD Position		Barnsley Hospital	Yorkshire Ambulance Service
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7mins 20secs	Mar-21				7mins 20secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		21mins 19secs	Mar-21				21mins 19secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		2hrs24mins57secs	Mar-21				2hrs24mins57secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		4hrs09mins13secs	Mar-21				4hrs09mins13secs
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		12.00%	Feb-21	10.00%		27.47%	12.00%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.42%	Feb-21	2.04%		5.64%	2.42%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		9.33%	Feb-21	8.56%		3.00%	9.33%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		0.51%	Feb-21	0.47%		N/A	0.51%
IAPT	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%		1.64%	Mar-21	16.86%			
	Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50%		56.52%	Mar-21				
	Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95%		100.00%	Mar-21				
	Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75%		97.48%	Mar-21				



# **NHS Barnsley Clinical Commissioning Group**

## **Finance Report 2020/21**

### **Month 12**



# 1 Headline Messages and contents

Headline Messages	Contents
<ul style="list-style-type: none"> <li>As at 31 March the CCG has achieved all yearend financial duties and planning guidance requirements (subject to audit).</li> <li>The outturn position on CCG expenditure is an underspend of £432, however further allocations to cover costs associated with Independent Sector and the Hospital Discharge Programme have led to a final outturn position of £195k</li> <li>All NHS providers above £500k are included under the national block contract arrangement as previously reported with the value of payments being made set by NHSEI. Some adjustments have been made to block contract for Mental Health Investments as agreed with the Governing Body in March 2020. No payments are made to providers where contract values for 2019/20 were below £500k per annum.</li> <li>Primary Care prescribing data has been received for Month 11 and continues to show pressures with an overspend position. The outturn overspend is £758k.</li> <li>Primary Care Co-Commissioning Budgets have ended the year with an underspend against budget of £1.390m. The majority of this underspend relates to Additional roles reimbursements (£797k) due to delays in recruitment. Other underspends include underutilisation of 2019/20 accruals and changes in list sizes for contractual payments. It is important to note that the total Primary Care Commissioning expenditure still remains £613k above Primary Care co- commissioning allocations.</li> <li>Continuing Healthcare continues to be a volatile area of expenditure and increases in the costs of care provided has continued to create budget pressures, with a forecast outturn overspend position of £1.6m. The main pressure experienced seems to be as a result of increasing care package costs rather than numbers of patients being eligible for continuing healthcare funding. The Chief Nurse and Continuing Healthcare team have implemented a plan of action to address outstanding recommendations from the audit undertaken in 2019/20 and to also take forward plans where further issues have arisen in year, this includes: developing a training plan for staff, developing a financial framework to support nurses in undertaking assessments and establish a case management panel to assess costs and care package arrangements in place. A full update on this plan will be presented to the Governing Body by the Chief Nurse in May 2021.</li> <li>The CCG's Efficiency Programme required £4.441m to be delivered during the last 6 months of 2020/21. The planned schemes delivered £2.8m against the target of £4.441m. As previously reported the balanced was delivered through review of budgets and underspends delivered in year</li> <li>Section 4 details total covid spend to the year end.</li> </ul>	<div>1</div> <div>Headline Messages and Content</div> <div>2</div> <div>Financial Performance Targets</div> <div>3</div> <div>Monthly Finance Monitoring Statement – Executive Summary</div> <div>3.1</div> <div>Detailed Summary Resource Allocation – Detailed Summary</div> <div>4</div> <div>Covid-19 expenditure</div>

## 2 Financial Performance Targets

### 1) Financial Duties

Duty	2020/21 Target £'000	2020/21 Actual Performance £'000	2020/21 Actual Achievement
Expenditure not to exceed income	490,545	490,350	YES
Capital resource use does not exceed the amount specified in Directions	0	0	YES
Revenue resource use does not exceed the amount specified in Directions	490,486	490,291	YES
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
Revenue administration resource use does not exceed the amount specified in Directions	5,242	3,966	YES

#### Comments

The CCG has achieved all financial duties/targets and NHS England (NHSE) Business Rules (subject to audit).

Due to the year end surplus position of £195k this will increase the CCG surplus held by NHS England to a total of £12,727k. This surplus can only be accessed if this is affordable within the national NHS budgets and with prior approval from NHS England.

### 3 Monthly Finance Monitoring Statement – Executive Summary

PROGRAMME AND RUNNING COST AREAS	YTD BUDGET £'000	YTD ACTUAL £'000	OUTTURN VARIANCE OVER / (UNDER) £
<b>PROGRAMME EXPENDITURE</b>			
Acute	248,706	248,431	(275)
Patient transport	2,407	2,408	1
Mental Health	37,951	37,698	(253)
Community Health	52,315	52,187	(128)
Continuing Health Care	27,847	29,437	1,590
Primary Care Other	63,226	63,470	244
Primary Medical Services (Co-Commissioning)	41,386	39,996	(1,390)
Other Programme Costs	3,605	3,589	(16)
<b>TOTAL COMMISSIONING SERVICES (INCLUDING PRIMARY CARE RESERVES)</b>	<b>477,444</b>	<b>477,217</b>	<b>(226)</b>
Corporate Costs - EMBED/DSCRO	173	152	(21)
Corporate Costs - IFR	44	44	0
NHS Property Services/Community Health Partnerships	804	816	11
Depreciation Charges	20	0	(20)
<b>TOTAL CORPORATE COSTS</b>	<b>1,041</b>	<b>1,011</b>	<b>(30)</b>
Coronavirus Costs - Acute	0	0	0
Coronavirus Costs - MH	596	420	(176)
Coronavirus Costs - PrimCare	1,599	2,150	551
Coronavirus Costs - PrimCare - COVID Capacity Expansion Fund Oximetry At H	55	55	0
Coronavirus Costs - CoComm	0	0	0
Coronavirus Costs - CoComm - COVID Capacity Expansion Fund	716	125	(591)
Coronavirus Costs - CHC	4,131	4,084	(47)
Coronavirus Costs - Community	1,074	1,110	36
Coronavirus Costs - Other Prog.	26	130	105
Coronavirus Costs - PrimCare - Flu Vacs	23	23	(0)
<b>TOTAL CORONAVIRUS COSTS</b>	<b>8,219</b>	<b>8,097</b>	<b>(122)</b>
<b>TOTAL PROGRAMME COSTS (INCLUDING PRIMARY CARE RESERVES)</b>	<b>486,704</b>	<b>486,325</b>	<b>(379)</b>
<b>RUNNING COSTS</b>			
Pay	3,014	2,550	(464)
Non Pay	1,628	1,407	(221)
Coronavirus Costs	20	9	(12)
<b>TOTAL RUNNING COSTS</b>	<b>4,662</b>	<b>3,966</b>	<b>(697)</b>
CCG Reserves	(1,037)	0	1,037
Private Providers defund reserve	954	0	(954)
Allocation Received for PrimCare	263	0	(263)
In Year (Over)/underspend	0	0	0
<b>TOTAL RESERVES/CONTINGENCY (EXCL. PRIMARY CARE RESERVES)</b>	<b>180</b>	<b>0</b>	<b>(180)</b>
<b>TOTAL EXPENDITURE</b>	<b>491,546</b>	<b>490,291</b>	<b>(1,255)</b>
Programme	445,853	445,853	0
Primary Care Co-Commissioning	39,383	39,383	0
Running Costs	5,250	5,250	0
<b>RESOURCE ALLOCATIONS</b>	<b>490,486</b>	<b>490,486</b>	<b>0</b>
<b>SURPLUS/(DEFICIT)</b>	<b>(1,060)</b>	<b>195</b>	<b>1,255</b>

## 3.1 Resource Allocation – Detailed Summary

RESOURCE ALLOCATIONS - PROGRAMME, RESERVES & SURPLUS		RECURRENT £000	NON RECURRENT £000	TOTAL £000	RESOURCE ALLOCATIONS - RUNNING COSTS		RECURRENT £000	NON RECURRENT £000	TOTAL £000
Description	Month	£	£	£	Description	Month	£	£	£
Allocations -Final allocation after place-based pace of change	M1	416,113		416,113	2020/21 Allocation	M1	4,882		4,882
Allocations - Other funding after pace of change	M1	1,532		1,532	Transfer 8 months Running Costs allocation to central reserve	M2		(3,255)	(3,255)
Delegated Allocations - Final allocation after place-based pace of change	M1	39,771		39,771	Prospective 4 months running costs Non-recurrent Adjustment	M2		(517)	(517)
Reduction for central indemnity scheme	M1	(1,142)		(1,142)	Transfer 2 months Running Costs allocation from central reserve	M5		814	814
IR PELs transfer	M1	188		188	Prospective 2 months running costs Non-recurrent Adjustment	M5		(259)	(259)
Month 12 IR changes	M1	(8)		(8)	Transfer 6 months Running Costs allocation from central reserve	M7		2,441	2,441
2018/19 FYE - IR Final Changes	M1	(8)		(8)	Covid retro transfer from programme			5	5
Transfer pf ventilators to NHS Emglnd	M1	(34)		(34)	Retro transfer from Programme			513	513
SCH IR/PEL	M1	53		53	Covid retro transfer from programme			16	16
CCG core services additional funding from 2020/21 to 2023/24	M1	301		301	Retro transfer from Programme			250	250
Transfer 8 months Programme Allocation to central reserve	M2		(278,758)	(278,758)	Pension (6.3% uplift ) based on Mth09 BSA data and forecast for full year	M10		354	354
Prospective 4 months Programme Non-recurrent Adjustment	M2		(3,341)	(3,341)	Annual Leave Accrual Allocation agreed	M12		3	3
Transfer 8 months delegated allocation to central reserve	M2		(25,753)	(25,753)	FLOWERS allocation following accrual statements - see schedule on SharePoint for detail	M12		3	3
Prospective 4 months delegated Non-recurrent Adjustment	M2		25	25	Covid retro transfer from programme	technical adj		(5)	(5)
Month 3 Retro COVID Adjustment agreed	M3		1,236	1,236	Retro transfer from Programme	technical adj		(513)	(513)
Retro Top-up Allocation signed off COVID - M3	M4		987	987	Covid retro transfer from programme	technical adj		(16)	(16)
Retro Top-up Allocation signed off NON COVID	M4		3,904	3,904	Retro transfer from Programme	technical adj		(250)	(250)
Transfer 2 months Programme allocation from central reserve	M5		69,690	69,690	Transfer 8 months Running Costs allocation to central reserve	technical adj		3,255	3,255
Prospective 2 months Programme Non-recurrent Adjustment	M5		(1,671)	(1,671)	Prospective 4 months running costs Non-recurrent Adjustment	technical adj		517	517
Transfer 2 months delegated allocation from central reserve	M5		6,438	6,438	Transfer 2 months Running Costs allocation from central reserve	technical adj		(814)	(814)
Prospective 2 months delegated Non-recurrent Adjustment	M5		13	13	Prospective 2 months running costs Non-recurrent Adjustment	technical adj		259	259
Month 4 Retro Top-up Allocation signed off COVID	M5		1,018	1,018	Transfer 6 months Running Costs allocation from central reserve	technical adj		(2,441)	(2,441)
Month 4 Retro Top-up Allocation signed off Non COVID	M5		1,180	1,180					
Month 5 Retro Top-up Allocation signed off Non-COVID	M6		1,454	1,454					
Month 5 Retro Top-up Allocation signed off COVID	M6		1,205	1,205					
CCG NR Adjustments to Model Breakeven	M7		(4,083)	(4,083)					
CYPMH Green Paper	M7		74	74					
Transfer 6 months delegated allocation from central reserve	M7		19,315	19,315					
Transfer 6 months Programme allocation from central reserve	M7		209,061	209,061					
STP Plan Transfer - System top up distribution to other CCGs	M7		9,391	9,391					
STP Plan Transfer - System Covid distribution to other CCGs	M7		10,723	10,723					
STP Plan Transfer - Growth funding distribution to other CCGs	M7		1,421	1,421					
Learning Disabilities Mortality Review Programme (LeDeR)	M7		4	4					

RESOURCE ALLOCATIONS - PROGRAMME, RESERVES & SURPLUS		RECURRENT £000	NON RECURRENT £000	TOTAL £000	RESOURCE ALLOCATIONS - RUNNING COSTS		RECURRENT £000	NON RECURRENT £000	TOTAL £000
Description	Month	£	£	£	Description	Month	£	£	£
LD Complex Case Funding 20/21 (Bid 11 CKWB TCP)	M8		6	6					
Winter Pressures	M8		93	93					
Adjustment to Month 7-12 Baseline for error in Envelope calucations	M8		10	10					
Flash Glucose Offer to Patients with Learning Disability	M8		8	8					
Impact and Investment Fund	M8		112	112					
Care Homes Premium	M8		105	105					
Increase in practice funding	M8		46	46					
Children's & Young People's Palliative and End of Life Care Match Funding 20/21	M8		14	14					
Retro Non-Covid for month 06	M8		1,604	1,604					
Retro Covid for month 06	M8		830	830					
Covid retro transfer to running cost Mth 1-5	M8		(5)	(5)					
Retro transfer to running cost Mt 1-5	M8		(513)	(513)					
Retro Non-Covid for month 6	M8		(16)	(16)					
Retro Covid for month 6	M8		(250)	(250)					
GP IT	M9		45	45					
GPFV GP RETENTION	M9		51	51					
GPFV ONLINE CONSULTATION	M9		65	65					
GPFV PRACTICE RESILIENCE	M9		35	35					
GPFV RECEPTION & CLERICAL	M9		44	44					
GPFV PRIMARY CARE NETWORKS	M9		166	166					
FAIR SHARE CSF H2 - Primary Care Resilience, pulse oximetry and covid assessment	M9		716	716					
Safeguarding Allocation 20/21 - FAO Angela Fawcett, Designated Nurse for Safeguarding Children	M9		2	2					
Ageing Well - EHCH training and development funding	M9		2	2					
HSLI funding to South West Yorkshire Foundation Trust Reference: Paper records digitisation	M9		7	7					
HSLI funding to Barnsley Hospital NHS Foundation Trust. Reference: EPR – Medway Update	M9		3	3					
Clinical Leads Oximetry @Home	M9		10	10					
Transfer back GPIT allocation received in mth 9 £45K	M10		(45)	(45)					
Transfer Diabetes allocation to NHS Doncaster CCG	M10		(5)	(5)					
Diabetes Treatment and Care	M10		68	68					
Barnsley CCG share of CETR funding from NHSE	M10		30	30					
Suicide prevention funding	M10		36	36					
SMI Outreach	M10		21	21					
Inpatient discharge flow proposal - BCCG	M10		192	192					
Wellbeing Support & Staff Training for Critical Care - BHFT pass through	M10		71	71					
Barnsley Hospital NHS Foundation Trust 2020 Winter Volunteers	M10		20	20					
Access for Information ICS Funding 20/21 (FAO Roxanne Naylor)	M10		28	28					
Out of Envelope Reimbursement Mth7 & Mth8 - Hospital Discharge Programme	M10		621	621					
Out of Envelope Reimbursement Mth7 & Mth8 - Flu Vaccine (additional venues & cold chain only)									
Month 7 onwards	M10		27	27					
Flash Glucose Monitoring – Final Annual Allocation. Contact markbrodigan@nhs.net for further details	M10		123	123					



## 4 Covid-19 Expenditure

<b>Commentary - spend type</b>	<b>April- September 2020</b>	<b>October - March 2021 Forecast</b>	<b>Total Expenditure - Covid-19/HDP</b>
Intermediate Care - Move of Acorn Unit to Independent Sector to free up bed capacity at BHNFT	208,796	253,500	462,296
Mapleton Court - Additional bed capacity - during April/May/June	215,332	133,225	348,557
Discharge to Assess costs*	2,860,741	1,091,507	3,952,248
Support to stay home	846,622	219,303	1,065,925
Primary Care reimbursements - PPE/Hotsite/Bank Holiday cover/locum cover	774,055	778,298	1,552,353
Covid 19 home visiting service	325,896	325,046	650,942
Other minor costs	46,257	26,907	73,164
<b>Total</b>	<b>5,277,699</b>	<b>2,827,786</b>	<b>8,105,485</b>

### Comments:

The table above includes details of all expenditure claimed during the year 2020/21.



## Governing Body

13 May 2021

### 2021/22 Financial Plan – April to September 2021 (H1)

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>														
	Decision	<input checked="" type="checkbox"/>	Approval												
		<input checked="" type="checkbox"/>	Assurance												
		<input type="checkbox"/>	Information												
<b>2.</b>	<b>PURPOSE</b>														
2.1	<p>This reports provides the final details on the CCGs financial plan for April to September of 2021/22 (H1).</p> <p>The report asks for Governing Body to approve these budgets, noting assumptions and risks and mitigations as detailed within the report.</p>														
<b>3.</b>	<b>REPORT OF</b>														
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td></td> <td></td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author					
	Name	Designation													
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer													
Author															
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>														
4.1	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Finance and Performance Committee</td> <td>1 April 2021</td> <td>Discussed high level planning guidance requirements</td> </tr> <tr> <td>Senior Management Team</td> <td>16 April 2021</td> <td>Discussed the scale of financial challenge and approach to planning.</td> </tr> <tr> <td>Finance and Performance Committee</td> <td>29 April</td> <td>Supported submission to the ICS of the financial plan on 29</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Finance and Performance Committee	1 April 2021	Discussed high level planning guidance requirements	Senior Management Team	16 April 2021	Discussed the scale of financial challenge and approach to planning.	Finance and Performance Committee	29 April	Supported submission to the ICS of the financial plan on 29
Group / Committee	Date	Outcome													
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Senior Management Team	16 April 2021	Discussed the scale of financial challenge and approach to planning.													
Finance and Performance Committee	29 April	Supported submission to the ICS of the financial plan on 29													

	Finance and Performance Committee	2021  06 May 2021	April 2021 noting further minor updates were still ongoing due to late notification of allocations.  Supported the recommendation that Governing Body should approve the budgets for H1.
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
5.1	<p><u>Overview of Financial Framework – April to September 2021 (H1)</u></p> <p>As the Governing Body is aware the financial framework for the period April to September 2021 will be a rollover of the H2 arrangements in 2020/21.</p> <p>The high level financial plan has been submitted to the Integrated Care System (ICS) on 29 April 2021 and this was supported by the Finance and Performance Committee prior to submission. The plan was submitted on the assumption that all business rule requirements are achieved with an in year financial balance position, it is therefore imperative that the unidentified efficiency noted in section 5.4 is mitigated in year.</p> <p>The Finance and Performance Committee has reviewed the assumptions made in developing these budgets and recommend that the Governing Body approve the budgets noting the risks highlighted within this report in relation to unidentified efficiency plans.</p>		
5.2	<p><u>Financial Plan – Assumptions</u></p> <p>In line with planning guidance assumptions and locally determined growth rates budgets have been set using the following assumption.</p> <ul style="list-style-type: none"> <li>• Roll over of NHS Trusts block contracts with 0.5% uplift for H1</li> <li>• Achievement of the Mental Health Investment Standard</li> <li>• Costs associated with GP national contract discussions are reflected within the plan</li> <li>• Continuation of the covid home visiting service for H1</li> <li>• Prescribing budgets to be contained within 2020/21 outturn (net position after growth and efficiency requirement)</li> <li>• Continuing care budgets uplifted by 6% (3% price/3% activity) – national planning assumptions only assume 1.56% and therefore this is a significant pressure within the CCG plan.</li> <li>• Complex cases budgets uplifted by 10% (3% price/7% activity)</li> <li>• Primary Care contracts - extended access included at £6 per head and out of hours – uplifted in line with primary care contracts</li> <li>• Investment in community care continues as per the business case approved at Governing Body (£1.2m FYE)</li> <li>• Contributions from BMBC</li> <li>• Growth on the Better Care Fund at 5.3% in line with guidance</li> <li>• CCG Primary Care Commissioning budgets only reflect the CCG element to fund additional roles reimbursement (55.6%). Balance of funding will be held nationally in line with 2020/21 (44.4%).</li> <li>• National planning guidance makes no adjustment to allocations for non</li> </ul>		

recurrent measures taken during 2020/21 to achieve financial balance, therefore any in year recurrent pressures from 2020/21 are not considered within allocations for H1.

### 5.3 CCG and System Allocations

The table below sets out CCG confirmed allocations for H1 as notified at 5 May 2021.

<b>Allocations</b>	<b>H1 £'000</b>
Programme	207,500
Primary Care Co-Commissioning	20,672
Running Costs	2,441
Integrated Care System (ICS) - CCG Covid allocations	1,410
ICS - CCG top up allocations	4,083
ICS - CCG growth funding	930
ICS – Barnsley Hospital - Covid funding	5,215
ICS – Barnsley Hospital - Provider top up	9,570
ICS – Barnsley Hospital - Growth Funding	503
Service Development Funding – Mental Health	560
Spending Review – Mental Health Recovery	344
Spending Review – Mental Health	345
Service Development Funding – Primary Care	89
Long Term Plan – Children’s and Maternity – Pre Term birth	24
<b>Total</b>	<b>253,686</b>

### 5.4 Efficiency Plans

Given the lack of ability to adjust block contracts to release efficiency the CCG has limited scope to deliver plans. The following has been agreed with budget holders and are reflected within the plan.

<b>Detail</b>	<b>H1 – April to September 2021</b>
Prescribing	£1.75m
Continuing Healthcare/Complex cases	£0.5m
Running costs	£0.3m
Unidentified efficiency	£4.66m
<b>Total</b>	<b>£7.21m</b>

5.5

The ICS has been notified of the level of unidentified efficiency within the CCG plans and the CCG is working to ensure that financial balance can be achieved across the year. Governing Body is asked to note the level of financial risk within this plan and identify any mitigating actions noting the constraints across budgets.

#### Financial Plan – April to September 2021 (H1)

The financial plan for H1 is noted in the table below for approval. The Finance and Performance Committee have reviewed and considered the detailed budget position and recommend that these budgets are adopted for the period April to September 2021.

<b>Allocations and Expenditure</b>	<b>H1 - 2021/22</b>
<b>Revenue Resource Limit</b>	<b>253,686,000</b>
<b>Acute Commissioning - (Including Ambulance)</b>	<b>134,552,676</b>
<b>Mental Health Services</b>	<b>25,683,917</b>
<b>Community Services</b>	<b>25,139,814</b>
<b>Continuing Healthcare</b>	<b>10,812,528</b>
<b>Primary Care Services</b>	<b>31,691,713</b>
<b>Primary Care Co-Commissioning</b>	<b>21,713,678</b>
<b>Other Programme Services</b>	<b>3,422,343</b>
<b>Reserves including Contingency and Unidentified efficiency</b>	<b>-1,471,670</b>
<b>Commissioning Services Total</b>	<b>251,545,000</b>
<b>Running Costs Total</b>	<b>2,141,000</b>
<b>Total Application of Funds</b>	<b>253,686,000</b>
<b>Surplus/(Deficit)</b>	<b>0</b>

Financial monitoring will commence in Month 2 with full reporting to resume from Month 3 -4 depending on data received. Updates to the Governing Body will be provided as information becomes available and where possible all efficiencies identified will be reflected within these updates.

Further planning updates for H2 are expected during the summer months and the CCG Finance and Contracting Team will continue to work with the Finance and Performance Committee, Governing Body and senior managers to ensure that the CCG can deliver against the requirement of an in year balanced budget.

#### **6. THE GOVERNING BODY IS ASKED TO:**

Note the contents of the report including:

	<ul style="list-style-type: none"> <li>• Approve the budgets for the period April – September 2021, noting the level of unidentified efficiency and provide any mitigating actions in order to achieve financial balance and business rule requirements.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	N/A

<b>Agenda time allocation for report:</b>	10 Minutes
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
	3.1 Cancer	✓	8.1 Maternity	✓
	4.1 Mental Health	✓	9.1 Digital and Technology	✓
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	✓		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		18/04, 13/3, 13/31, 15/12, 17/05	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**Minutes of the meeting of the Membership Council held on Tuesday 21 April 2021 at 1.00 pm via Microsoft Teams**

**PRESENT**

Dr Nick Balac (Chairman)	Practice Representative (St Georges Medical Practice)
Dr Adebawale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
Dr Edward Czepulkowski	Practice Representative (High Street Royston Practice)
Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr Madhavi Guntamukkala	Medical Director and Practice Representative (Apollo Court)
Dr John Harban	Practice Representative (Lundwood Medical Centre & The Kakoty Practice)
Dr Zia H Ibrarhimi	Practice Representative (Hoyland Walderslade Surgery)
Dr Hussain Kadarsha	Practice Representative (Hollygreen Practice and Lakeside Surgery)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice)
Dr Andy Mills	Practice Representative (Ashville Medical Centre)
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)
Dr Mahipal Vemula	Practice Representative (Lakeside Surgery)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)

**IN ATTENDANCE**

Jeremy Budd	Director of Strategic Commissioning and Partnerships
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Kay Morgan	Governance & Assurance Manager
Richard Walker	Head of Governance and Assurance
Jamie Wike	Chief Operating Officer

**APOLOGIES**

Dr Gareth Kay	Practice Representative (Huddersfield Road)
Mike Simms	Governing Body Secondary Clinician



Agenda Item	Note	Action	Deadline
<b>MC 21/04/21 -01</b>	<b>HOUSEKEEPING</b>		
	Members noted the etiquette for meetings held via Microsoft Teams.		
<b>MC 21/04/21 -02</b>	<b>QUORACY</b>		
	<p>It was noted that the meeting was not quorate. The Head of Governance and Assurance advised that he would announce if and when the meeting became quorate. The Chair advised that the meeting would continue, all agenda papers were for information only and there were no decisions for the Membership to make.</p> <p>[Post meeting note – the meeting became quorate from minute reference MC 21/04/21 -06].</p>		
<b>MC 21/04/21 -03</b>	<b>DECLARATION OF INTERESTS</b>		
	Membership Council noted the Declarations of Interests Report. No new declarations were received.		
<b>MC 21/04/21 -04</b>	<b>MINUTES OF THE MEETING HELD ON 9 DECEMBER 2020</b>		
	The minutes of the Membership Council meeting held on 9 December 2020 were verified as a correct record of the proceedings.		
<b>MC 21/04/21 -05</b>	<b>MATTERS ARISING</b>		
	<p>The Membership Council considered the Matters Arising Report.</p> <p><b>Minute References</b></p> <ul style="list-style-type: none"> <li>• MC 18/05/07 Gender Dysphoria Prescribing</li> <li>• MC 18/11/06 &amp; MC 19.01.04 Shared Care (Specialist) Drug Management Service.</li> </ul> <p>Membership Council was informed that the Head of Medicines Optimisation will provide an update on these actions to the next meeting of the Membership Council on 18 May 2021.</p>		

Agenda Item	Note	Action	Deadline
	<p><b>Minute Reference MC 19/09/12.1 Learning Disability Health Checks - Reconciliation of Practice Learning Disability Registers to the Local Authority Registers.</b></p> <p>The Chief Operating Officer reported that a process is in place to revalidate Practice Learning Disability Registers to the Local Authority Registers. It was noted that the process will be made as less burdensome as possible to Practices.</p> <p><i><b>The Head of Governance and Assurance announced that the meeting was now quorate.</b></i></p>		
<b>MC 21/04/21 -06</b>	<b>COVID RESPONSE AND RECOVERY</b>		
	<p>The Chief Operating Officer provided Membership Council with a presentation Re COVID19 Response and Recovery including:</p> <p><b>Covid19 – Latest Position</b></p> <ul style="list-style-type: none"> <li>Performance against key measures aligned with the four tests / gateway criteria of the Government Roadmap (vaccine progress, vaccine impact, severe infections surge and disruption from variants)</li> </ul> <p><b>Covid Vaccination Programme</b></p> <ul style="list-style-type: none"> <li>Focus moving to Phase 2 and cohorts 10-12 (people aged between 18 &amp; 49 who were not identified in phase 1 for clinical or risk reasons). Barnsley PCN approved to deliver Phase 2. Need to ensure that no one is left behind – Addressing inequalities in uptake Opportunity to join the National Booking Service, allowing Barnsley options to appear.</li> </ul> <p><b>Recovery - Expectations on the Health and Care System 2021</b></p> <p>The Priorities and Operational Planning Guidance sets out the expectations for restoration and recovery of services, with 6 priorities for the year ahead:</p> <ol style="list-style-type: none"> <li>Support the health and wellbeing of staff</li> <li>Deliver the COVID Vaccination Programme</li> <li>Build on what we have learned to transform delivery,</li> </ol>		

Agenda Item	Note	Action	Deadline
	<p>accelerate restoration and manage increasing demand</p> <p>4. Expand primary care capacity to improve access, improve outcomes and reduce inequalities</p> <p>5. Transform community and urgent and emergency care services to prevent inappropriate attendance at A&amp;E</p> <p>6. Work collaboratively across systems to deliver these priorities</p>		
	The Membership Council noted the key asks of and priorities for General Practice and noted that GP expansion funding will be available. The chairman commented that it is important to look at the way we use the PDA to support Practices.		
	<p><b>The Membership Council noted the COVID19 Response and Recovery Update.</b></p> <p><b>Agreed action:</b></p> <p><b>To include the COVID19 Response and Recovery Update Presentation in the Membership Council Briefing.</b></p>	<b>KM RW NB</b>	
<b>MC 21/04/21 -07</b>	<b>GOVERNMENT WHITE PAPER – WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL</b>		
	<p>The Director of Strategic Commissioning and Partnerships provided the Membership Council with a presentation regarding the Government White Paper – Working Together to Improve Health and Social Care for All. The presentation outlined the timeline and architecture arrangements for an Integrated Care System at ICS level and in Barnsley.</p> <p>The Barnsley Integrated Care Partnership Group has established a Design Team to develop proposals for how the Barnsley ‘place’ partnership might use the direction set out in the White Paper to strengthen further local partnership working.</p> <p>A Barnsley Place Agreement is being developed which</p>		

Agenda Item	Note	Action	Deadline
	<p>all Barnsley health and care partners will sign up to, a statement of intent to work together to create a thriving integrated health and care system (overseen by a place based partnership) that will be 'weight-bearing' and able to receive delegated resources from the ICS.</p>		
	<p>The Chairman advised that work involved around the white paper feels overwhelming. The changes are required at a time when primary care is extremely busy dealing with Covid and recovery of services.</p> <p>The pace for implementation is breathtakingly fast. It is difficult therefore to share information about implementation of the white paper in a timely way as the landscape is ever changing. However, the current position regarding the white paper and implementation in Barnsley will be included in the Membership Council briefing.</p> <p>The Chairman referred to the slides and highlighted that 80% of decision making will be at place, assisted by the ICS for wider scale initiatives. The major thing to address in Barnsley is health inequalities, the population health management initiative will support this work.</p> <p>The Chairman requested Practice representatives to email any comments &amp; questions about the white paper and future arrangements in Barnsley to the Director of Strategic Commissioning and Partnerships</p>		
	<p>Discussion took place and the following main points were noted:</p> <ul style="list-style-type: none"> <li>• The ICS will require assurance that there are satisfactory arrangements for a 'place' partnership in Barnsley before delegating funding to Barnsley.</li> <li>• Lawyers have been engaged to develop the Barnsley Place Agreement, though it is recognised that there will be some consistency of approach to place agreements across the ICS areas. The draft agreement will be sent out with the Membership Council Briefing</li> <li>• Dr Harban queried where will funding come from if there is a failing Trust.</li> </ul>		

Agenda Item	Note	Action	Deadline
	<p>The Chairman advised that commissioning functions will be retained locally and moving into the new structures there are employment guarantees for CCG staff below Board level. However, the CCG is a Primary Care clinically led organisation and when CCGs are abolished there is a risk around the dilution of Primary Care influence and funding for primary care to improve outcomes for place. He further advised that steps had been taken to maintain the 'voice' of Primary Care in Barnsley.</p> <p>The CCG, Federation, PCN and Local Medical Committee has established a Barnsley Primary Care Forum to speak as 'one voice' for Primary Care to have appropriate influence at place to support the resilience and sustainability of Primary Care. The CCG and Primary Care in Barnsley has been highly successful working in community services / teams / Rightcare Barnsley and is already very much involved in the Alliance Partnership work. The Alliance Memorandum of Understanding has been signed by the Federation and SWYPT. The Federation is exploring closer working opportunities and provider collaboration between Primary Care and SWYPT.</p> <p>The SWYPT have agreed that the exploratory channels re collaboration could be first shared with Membership Council. This will then be further shared with the Integrated Care Partnership Group and Local Authority on 22 April 2021 and included in Membership Council Briefing to all Practices.</p> <p>The Chairman advised that he is happy to have any further conversations with Practice Representative's or Practices about the Barnsley Primary Care Forum or Primary Care collaboration outside of the meeting.</p>		
	<p><b>The Membership Council noted the presentation re the Government White Paper – Working Together to Improve Health and Social Care for all.</b></p>		
<p><b>MC</b> <b>21/04/21 -08</b></p>	<p><b>ANY OTHER BUSINESS</b></p>		
	<p><b>There were no items of any other business.</b></p>		

Agenda Item	Note	Action	Deadline
<b>MC 21/04/21 -09</b>	<b>MEMBERSHIP COUNCIL BRIEFING</b>		
	<p>It was agreed that the following items would be included in the Membership Council Briefing:</p> <ul style="list-style-type: none"> <li>• The presentation regarding the Government White Paper – Working Together to Improve Health and Social Care for all</li> <li>• The draft Barnsley Place Agreement with the Membership Council Briefing</li> <li>• Information Re the Barnsley Primary Care Forum and preliminary discussions with SWYPT re closer collaboration between Primary Care and SWYPT.</li> <li>• COVID19 Response and Recovery Update Presentation</li> <li>• The Operational Planning Guidance as it applies to Primary Care</li> </ul>		
<b>MC 21/04/21 -10</b>	<b>REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</b>		
	The business of the meeting had been well conducted.		
<b>MC 21/04/21 -11</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Membership Council will be held on Tuesday 18 May 2021 at 7.00 pm via Microsoft Teams.		

**Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 22 April 2021 at 9.30 via Microsoft Teams**

**PRESENT:**

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Dr Adebowale Adekunle	Elected Member Governing Body
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning

**IN ATTENDANCE:**

Adrian Bailey	Head of Finance: Statutory Accounts and Financial Reporting
Nick Balac	CCG Chairman
Matthew Curtis	LCFS
Chris Edwards	Chief Officer
Kay Meats	Client Manager, 360 Assurance
Kay Morgan	Governance and Assurance Manager
Roxanna Naylor	Chief Finance Officer
Richard Walker	Head of Governance and Assurance
Kirsty Waknell	Head of Comms and Engagement
Salma Younis	KPMG Senior Manager

**APOLOGIES**

None

Ref	Agenda Item	Action	Dead line
AC 21/04/01	<b>HOUSEKEEPING</b> – Microsoft Teams Meeting etiquette was noted.		
AC 21/04/02	<b>QUORACY</b> - The meeting was declared quorate		
AC 21/04/03	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY</b>		
	The Committee noted the Declaration of Interests Report. No other new declarations of interest were received.		
AC 21/04/04	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 19 MARCH 2021</b>		

Ref	Agenda Item	Action	Dead line
	<p>The Minutes of the meeting held on 19 March 2021 were approved as a correct record of the proceedings.</p> <p>With regard to action minute reference AC 21/03/07 the LCF Plan 2021/22, it was noted that this will be further discussed under agenda item 9 Revised Local Counter Fraud Plan.</p>		
<b>AC 21/04/05</b>	<b>MATTERS ARISING</b>		
	The Committee noted the Matters Arising Report		
<b>STANDING AGENDA ITEMS</b>			
<b>AC 21/04/06</b>	<b>INITIAL REVIEW OF DRAFT ANNUAL REPORT AND ACCOUNTS 2020/21</b>		
	<p>The Head of Governance &amp; Assurance introduced the Draft NHS Barnsley CCG Annual Report and Accounts 2020/21 to the Audit Committee. The draft Annual Report and Accounts had been produced in accordance with NHSE guidance and will be submitted to external auditors and to NHS England on Monday 26 April 2021.</p> <p>The Head of Governance &amp; Assurance advised that the meeting provided an opportunity for Audit Committee members to ask questions of accuracy and comment on the Annual Report and Accounts. It was noted that the draft Annual Report 2020-21 had also been circulated to Governing Body Members. The Audit Committee, (as were Governing Body members) advised that it is not intended to make significant changes to the report at this stage however members should raise any identified any factual errors or matters of genuine substance.</p> <p>Any changes to the draft Annual Report and Accounts will be brought back to the Audit Committee for review and approval before final submission in June 2021.</p>		
	<b>06.1 Draft CCG Annual Report - Performance Report and Accountability Report</b>		
	<p><b>Performance Report</b></p> <p>The Head of Comms and Engagement introduced the Performance Report to the Audit Committee. It was noted that the whole of 2020/21 had been in the</p>		



Ref	Agenda Item	Action	Dead line
	<p>shadow of the Covid pandemic and this context is provided as appropriate throughout the report.</p> <p>The Head of Comms and Engagement highlighted that Annual Report guidance had given CCGs the option not to include a performance analysis if covered in the performance overview. However, it was thought valid to still include a performance analysis section in the CCG's Performance Report.</p> <p>It is recognised that 2020/21 had been a challenging year due to the pandemic and a number of NHS constitution targets will not be met. The chairman suggested the inclusion of additional explanatory text and or comparison performance be provided where performance is not good i.e. to a previous 'normal' year's performance or history of good performance.</p> <p><b>The Audit Committee agreed the following actions regarding the Performance Report</b></p> <ul style="list-style-type: none"> <li><i>To include some additional explanatory text / comparison re performance and reference to recovery of services within the report.</i></li> <li><i>To expand the CAHMS section relating to contract extension on Page 6 of the Performance Report</i></li> <li><i>To check and clarify the wording of the last bullet point on page 29 referring to key workers.</i></li> <li><i>To check and strengthen the reference to suicide prevention and bereavement on page 52 of the Performance Report</i></li> </ul> <p><b>Accountability Report</b></p> <p>The Head of Governance and Assurance presented the Accountability Report to the Audit Committee.</p> <p><b>Agreed actions:</b></p> <p><b>Page 36 -To insert reappointment dates for Nigel Bell.</b></p> <p><b>Page 69 – The Chief Finance Officer to provide the</b></p>	<p>KW</p> <p>KW</p> <p>KW</p> <p>KW</p> <p>RW</p> <p>RN</p>	

Ref	Agenda Item	Action	Dead line
	<p><b>Head of Governance and Assurance with replacement text for last paragraph in the section re Review of Economy, Efficiency and Effectiveness of the Use of Resources</b></p> <p><b>Page 76 To update and amend the text in respect of references to the former and current Chief Officer.</b></p> <p><b>Page 85 – The Chief Finance Officer requested the Head of Finance: Statutory Accounts and Financial Reporting to re check the figures in the Remuneration Report relating to the trade union disclosure which appeared low in comparison to the previous year.</b></p>	<p><b>RW</b></p> <p><b>RW</b></p> <p><b>RW AB</b></p>	
	<b>06.2 Draft Final Accounts</b>		
	<p>The Head of Finance (Statutory Accounts/Financial Reporting) presented the CCG's 2020/2021 draft final accounts, bringing to Members' attention everything to note of a material nature and material changes to the previous year. He also referred the Audit Committee to the briefing note emailed to members on 21 April 2021 providing commentary on the Financial Statements for the year ended 31 March 2021.</p> <p>It was reported that The CCG has achieved all financial duties and a breakeven position re income and expenditure and therefore historic surplus of £12.5m carried forward to 2021/22.</p> <p>However, throughout the year the CCG had received various allocations and pending a further allocation review by NHS England due at the end of April 2021 may mean that the CCG will end the year with a circa £200k surplus.</p> <p>The statement of cash and bank at the end of 2020/21 shows £17k in the bank account</p> <p>The Head of Finance (Statutory Accounts/Financial Reporting) provided members with an overview of the Notes to the Financial Statements by exception</p> <ul style="list-style-type: none"> <li>• Note 3 - Employee benefits This has increased compared to previous year, agenda for change and additional staff increases in CHC &amp; Medicines Management</li> </ul>		

Ref	Agenda Item	Action	Dead line
	<ul style="list-style-type: none"> <li>• Note 4 Operating Expenses Significant movement - the KIA embed IT contract now provided by NHS Sheffield CCG, purchases of health care from non NHS Body (bulk is Covid related (7m), prescribing increase from previous year and PMS AMS general increase.</li> <li>• Note 6 – Operating Leases Increase due to occupancy. Noted that Hillder House will transfer to a right of use asset to the ICS (subject to legislation and parliamentary approval of the White Paper).</li> <li>• Note 8 – Trade and Other Receivables, reduction due to current NHS financial regime and removal of Maternity pathway prepayments.</li> <li>• Note 10 – Trade and Other Payables NHS Significant drop from previous year due to NHS financial regime and removal of Incomplete spells and activity reconciliations. NON-NHS Accruals increase due to CHC invoices. Revenue line £1.5M relates to Q3 CHC invoice from BMBC, paid last year before year end.</li> <li>• Note 11 – Provisions and Contingencies Old PUPUC cases have to be disclosed but relate to NHS England. The Audit Committee Chair asked about movement in provisions, the Head of Finance noted that it was cases previously reported as contingent liabilities which have now moved to provisions.</li> <li>• Note 15 - Pooled budgets - interests in joint operations. Still waiting for C&amp;YP Trust figures from BMBC</li> <li>• Note 17 – Events after the Reporting Period This note is set in context of white paper and abolition of CCGs. The Chief Officer advised that references in the Annual Report and Accounts re the future of CCGs should refer to proposed legislation only, the legislation has not yet been passed in parliament. Head of Finance to amend.</li> </ul>		
	The hard work of the Finance, Governance and Comms teams in producing the draft Annual Report during the Covid-19 pandemic emergency was recognised by the Committee.		
<b>AC 21/04/07</b>	<b>COMMITTEE ASSURANCE REPORTS</b>		
	The Head of Governance and Assurance provided the Audit		

Ref	Agenda Item	Action	Dead line
	Committee with the Annual Assurance Reports of the CCG's Committees. The Committee Assurance Reports demonstrate that each Committee has during the course of the year discharged its functions in accordance with its terms of reference and managed appropriately any risks allocated to it.		
	<p><b>The Audit Committee reviewed and noted the Annual Assurance Reports of the CCG's Committees.</b></p> <p><b>Agreed actions</b></p> <ul style="list-style-type: none"> <li><b><i>To reflect the attendance of the Chairman and Chief Officer at meetings of the Audit Committee to review annual report and accounts in the Audit Committee Annual Assurance Report.</i></b></li> <li><b><i>To advise the Head of Governance and Assurance regarding the replacement of references from NHS protect to the NHS Counter Fraud Authority in the Audit Committee Annual Assurance Report.</i></b></li> </ul>	<p><b>RW</b></p> <p><b>MC</b></p>	
<b>AC 21/04/08</b>	<b>REVISED LOCAL COUNTER FRAUD PLAN</b>		
	<p>The Local Counter Fraud Specialist (LCFS) advised that the draft 2021/22 Counter Fraud Plan was presented at the last Audit Committee and that the Committee had requested additional information regarding fraud risk.</p> <p>The LCFS presented the Audit Committee with supporting information to the Local Counter Fraud Plan around the latest risk assessment of CCGs fraud risks. The Committee noted that cyber-crime was identified as the greatest fraud risk to the CCG. Continuing Healthcare/Personal Health Budgets and pharmacy frauds are determined as the next highest fraud risks.</p> <p>The LCFS advised that the draft Counter Fraud plan refers to the identification and management of risk, with the risks driving specific training, prevention and detection activities. As new risks are identified, the precise activities undertaken may need to be reconsidered depending on which risks are of priority to the CCG. As a starting point, however, the risks identified in this paper suggests areas where the CCG may wish training and other proactive work to be targeted.</p>		
	The LCFS informed the Audit Committee of the key work in		

Ref	Agenda Item	Action	Dead line
	<p>2021/22 and the following main points were noted:</p> <ul style="list-style-type: none"> <li>Standard 1b – Fraud Champion It was noted that the Head of Governance and Assurance is the CCG's Fraud Champion and will be involved in conversations with the Chief Finance Officer and LCFS re the CCG's fraud risks.</li> <li>Risk Standard 3 The Committee were advised that all CCGs may score 'red' for this standard as the detailed granular risk assessments are very new.</li> </ul> <p>The Audit Committee was advised that it is not anticipated that CCGs will achieve full compliance with the new <i>Government Functional Standard 013: Counter Fraud</i> ('the Functional Standard') standards in 2021/22. An action plan will be developed to support achievement of the new functional standards and returns against the standards due in May 2021 and September 2021.</p>		
	<p><b>The Audit Committee agreed the identified fraud risks as at April 2021.</b></p> <p><b>Agreed action</b> <b>To submit the action plan against the new Functional Standards to a future meeting of the Audit Committee.</b></p>	MC	
AC 21/04/09	<b>KPMG VALUE FOR MONEY AUDIT PLAN 2021</b>		
	<p>The KPMG Senior manager presented the Value for Money Audit Plan 2020/21 to the Audit Committee. The Committee noted the overview of the methodology and VFM reporting timetable, findings from KPMG risk assessment procedures and the significant risk identified.</p> <p>The KPMG Senior Manager highlighted the significant risk and weakness concerning the financial sustainability of the CCG given the uncertainty regarding the financial regime in to 2021/22. This risk had also been flagged to all KPMG CCG clients.</p> <p>It was noted that an extra ordinary meeting of the Finance and Performance Committee on 29 April 2021 will consider the financial regime and approval of the CCG's financial plan for the period April 2021- September 2021. The KPMG Senior Manager agreed to advise the Chief Officer and Chief</p>		

Ref	Agenda Item	Action	Dead line
	Finance Officer of latest guidance on the financial regime going forward into 2021/22.		
	<b>The Audit Committee noted the Value for Money Audit Plan 2020/21.</b>		
<b>AC 21/04/10</b>	<b>AUDIT COMMITTEE TRAINING REQUIREMENTS</b>		
	No training requirements were identified.		
<b>AC 21/04/11</b>	<b>ESCALATION OF ITEMS TO GOVERNING BODY</b>		
	<p>The following items were agreed for escalation to the Governing Body:</p> <ul style="list-style-type: none"> <li>• CCG Draft 2020/21 Annual Report and Accounts</li> <li>• Counter Fraud Plan 2021/22</li> <li>• CCG Committee Assurance Reports</li> <li>• Value for Money Audit Plan 2020/21</li> </ul>		
<b>AC 21/04/12</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:</b>		
	<p>The meeting duration timescales had been achieved.</p> <p>The Chief Officer and on behalf of the Audit Committee expressed appreciation to the Finance, Corporate Affairs and Comms &amp; Engagement Teams for pulling together the CCG's draft Annual Report and Accounts 2020/21 and auditor colleagues for their help and advice with the Annual Report and Accounts.</p>		
<b>AC 21/04/13</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Audit Committee will be held on Thursday 10 June 2021 at 09.30 am, via Microsoft Teams.		

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 1 April 2021 at 10.30am  
via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Chief Operating Officer
Nigel Bell	- Lay Member Governance
Jeremy Budd	- Director of Strategic Commissioning and Partnerships
Dr Jamie MacInnes	- Elected Member Governing Body

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Dr Andrew Mills	- Membership Council Member
Chris Edwards	- Accountable Officer
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
<b>FPC21/52</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC21/53</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	<p>The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.</p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Dr J Harban raised that the that action regarding him no longer being Director of Medical Connect and this had now closed down was still appearing on the DOI register. Committee Secretary to chase up removal.</li> </ul>	<b>LW</b>
<b>FPC21/54</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 4 MARCH 2021 - Approved.</b>	
<b>FPC21/55</b>	<b>MATTERS ARISING REPORT</b>	

	<p><b>FPC21/38 - Committee Workplan</b></p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Financial plan to go on work plan for April for first 6 month of the year and September for the second 6 months of the year based on latest guidance.</li> </ul> <p><b>The Committee received and noted the report.</b></p>	<b>LW</b>
<b>FPC21/56</b>	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee highlighting as at 28 February the CCG is forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position.</p> <p>In-year pressures, emerging risks and under delivery of planned efficiency schemes are included within the reported position with a forecast underspend (after risk assessment in the 'most likely' scenario) of £78k. It is expected that this position will be managed by the year end to ensure financial duties are achieved. The Committee will be informed as soon as the position is final.</p> <p><u>Performance</u></p> <p>The Chief Operating Officer updated members on the performance section of the report the information included in the performance report continues to show the adverse impact of COVID19 upon delivery of some constitutional standards including referral to treatment times and waiting times for diagnostic waits. Performance has improved in February against the 18 week referral to treatment target and the 6 week diagnostic wait target.</p> <p>Urgent care related measures such as A&amp;E waits also continue to be below standard and have been impacted by increased activity levels and challenges with flow due to COVID.</p> <p>Performance on some cancer pathways is also falling below the national standards. 2 week wait times remain good however the number of people waiting over 31 days from diagnosis to treatment and over 62 days overall from referral to treatment has increased.</p> <p>IAPT data is not included this month due to a delay in the release of the data meaning that the latest available was considered by the committee in March.</p> <p>It was reported that the planning guidance came out at the end of last week and addresses many of these areas with big tasks and</p>	



	<p>asks within the guidance.</p> <p>It was reported that numbers over last few weeks have been returning back to pre-pandemic numbers in A&amp;E with a high number being directed there via 111 or arriving themselves, with a number of patients being sent via GP surgeries. It was noted that work was taking place to look at this as there are more appropriate places to be directed to and a session is being planned to look at this and what the future model should be for urgent and emergency care and what the needs of Barnsley patients are and to link everything together for the best outcome.</p> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Performance to date 2020/21</b></li> <li>• <b>Finance update to Month 11</b></li> </ul>	
<b>FPC21/57</b>	<b>FINANCE UPDATE</b>	
	<p>The Chief Finance Officer presented an update to members on the financial position for 2021/22. The Chief Finance Officer reported she had emailed members that morning giving them an update from the planning guidance which continues to be published. The H1 guidance for the first 6 months of the year had been received and the H2 guidance for the second half of the year is expected throughout the summer. It was noted that given timescales for submission of plans for the first 6 months of 2021/22 The Chief Finance Officer would also require the Committee's approval today to submit the plan on the understanding that this assumes the application of this guidance and takes account of discussions at the March 2021 meeting. The submission deadline is the 29 April 2021 to the ICS, with final plans being submitted by the ICS to NHSEI on 6 May 2021.</p> <p>Discussion was had around the allocations and growth and other challenges for the CCG including prescribing and Continuing Healthcare. It was reported that we were still in negotiation with ICS re growth funding and other ICS funding streams and the Chief Finance Officer is due to attend a meeting around this at 12noon. It was noted that we are still not clear what total allocations for H1 will be at this stage, but details of the expenditure plans were still being progressed until this was confirmed. There is also further detail outstanding on service Development Funding as this is expected to be included in the Mental Health Investment plan which has to be completed by 29 April 2021.</p> <p>The Committee were asked to note the following key messages within the H1 guidance:</p> <ul style="list-style-type: none"> <li>• block contracts with NHS providers is to carry on for the first 6 months of financial year. This will pose an issue for the</li> </ul>	

	<p>CCG with double funding of services should block contracts not be revised to take account of service changes..</p> <ul style="list-style-type: none"> <li>• National tariff is suspended for first 6 months of the year</li> <li>• no contracts will be issued to NHS providers for the first 6months which may create some technical issues with new service providers and service delivery requirements, but mobilisation groups had been established to mitigate any significant risk.</li> <li>• Additional roles reimbursements funding will be held nationally and will have to draw this down.</li> <li>• There will be no CQUIN at this stage for 2021/22.</li> </ul> <p>The Chief Finance Officer agreed to pull together the draft plan, and as there was no meeting of the Committee before the submission it was agreed to arrange an extraordinary meeting to discuss prior to submission.</p> <p>The Chief Finance Officer reported that she would have figures early next week and would work though these and make assumptions and share a high level summary with the Committee once available prior to the extraordinary meeting.</p> <p>Discussion was had around CHC and all the work that was happening around CHC. The CCG are also working with an external party around reviews and processes for care packages. We are also looking for the same company to produce a resource allocation tool for the team to use. Plans remain in place to deliver against the CHC team delivery plan to improve processes, demonstrate value for money and demonstrate appropriate, quality care is provided to patients who meet the criteria for continuing healthcare and complex patients. It was agreed it would be useful to update Governing Body in May on the work done around this and the Committee thanked colleagues involved in this work.</p> <p>Chief Finance Officer to continue to work with Head of Medicines Management in relation to the prescribing position.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Arrange an extraordinary Finance and Performance Committee for 29 April 2020 to discuss the plan before submission.</b></li> <li>• <b>Update/overview to Governing Body in May on progress in CHC.</b></li> </ul> <p><b>Discussion was had and the Committee received and noted the update.</b></p>	<p>LW</p> <p>RN</p>
FPC21/58	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	The Chief Operating Officer presented the report the Committee	

	<p>the Finance &amp; Performance Committee is asked to note the following decisions to commit expenditure taken by Management Team during March 2021:</p> <ul style="list-style-type: none"> <li>• Support for Place-based Partnership Development – SMT agreed to fund additional support in the form of a 0.5 WTE 8b Interim Place Based Partnership Programme Manager, and additionally agreed funding for legal support (budget of up to £50k, plus £12k legal costs).</li> <li>• Funding for Training Request – CHC – SMT approved funding for an additional two sessions for the CHC team to cover further in-depth training. An additional session for Governing Body members was included at no additional charge (£2700 cost approved)</li> <li>• Get Fit First – SMT agreed to decommission Weight Watchers and Barnsley Premier Leisure and commission Slimming World for 6 months until 30 September 2021 after which it would be picked up by BMBCs joint commissioning unit moving forwards (projected spend of £3-4k).</li> <li>• Newsome Avenue / Short breaks - SMT agreed to fund the healthcare element of Holiday Club for children with complex needs (£6800 per term).</li> </ul> <p><b>The Committee received and noted the report.</b></p>	
<b>FPC21/59</b>	<b>AREAS FOR ESCALATION TO GOVERNING BODY</b>	
	<ul style="list-style-type: none"> <li>• Financial Plan</li> <li>• CHC update</li> </ul>	
<b>FPC21/60</b>	<b>ANY OTHER BUSINESS</b>	
	No items were raised under this heading.	
<b>FPC21/61</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and all business was conducted.	
<b>FPC21/62</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 6 June 2021 at 10.30am via Microsoft Teams.	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 4 March 2021 at  
10.30am via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Chris Edwards	- Accountable Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Chief Operating Officer
Dr Andrew Mills	- Membership Council Member
Dr Jamie MacInnes	- Elected Member Governing Body
Nigel Bell	- Lay Member Governance
Jeremy Budd	- Director of Strategic Commissioning and Partnerships

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
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Agenda Item		Action & Deadline
<b>FPC21/30</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC21/31</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	<p>The Committee noted the declarations of interest report. Dr J Harban reported that he was no longer Director of Medical Connect and this had now closed down. There were no other declarations of interest raised relevant to the agenda.</p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Remove from DOI register.</li> </ul>	<b>LW</b>
<b>FPC21/32</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 4 FEBRUARY 2021 – Approved.</b>	

<b>FPC21/33</b>	<b>MATTERS ARISING REPORT</b>	
	<p><b>FPC21/24 – IPR</b> Chief Operating Officer had requested numbers of people using the IAPT helpline and was still awaiting these.</p> <p><b>FPC21/07 – Update on Procurements</b> Chief Operating Officer had asked the Head of Commissioning (MH, Children, Specialised) to include background information within the procurements reports. There was also now a highlight report with further information in relation to the Children’s Executive Committee minutes which the committee had asked for.</p> <p><b>FPC21/10 – Risk Register</b> Complete and risk score had been updates to 16.</p> <p><b>FPC19/151 – IPR MSK</b> Chief Operating Officer to pick up with David Lautman regarding at update on this.</p> <p><b>The report was received and noted.</b></p>	<b>JW</b>
<b>FPC21/34</b>	<b>UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE</b> – No update to report.	
<b>FPC21/35</b>	<b>UPDATE ON CONTRACTING CYCLE</b>	
	<p>The Chief Finance Officer presented the report to the Committee. An update was given in relation to Diabetes Service and was reported that the Trust and the CCG had been meeting on a regular basis to complete a gap analysis of the service in relation to the action points that were included within the letter to the Trust in January 2021. The CCG had provided a template of an action plan to the Trust for them to update with actions and timelines the output from this had not yet been seen. It was reported that the First4Care additional hours contract had been extended for a further month. The Head of Contracts has requested the Trust carry out some analysis regarding the usage of transport and the impact on the Discharge2Assess pathways to inform the rotas/contracted hours from 1 April 2021.</p> <p>An update was given on Intermediate Care and following the approval of the specifications for the new Intermediate Care Service at Governing Body in January 2021, the CCG has proceeded with the procurement plans for a 30 bedded unit with BMBC leading the procurement and medical oversight plans were progressing well.</p> <p>It was reported that the central funding for the Hospital Discharge programme and Designated Premises costs, would cease on 31</p>	

	<p>March 2021. However, patients placed into a designated premise up to and including the 31 March will continue to be funded centrally for their full stay up to a maximum of 6 weeks in line with latest guidance issued by NHSEI. It was reported that something will still need to be in place after this time but have not yet seen a costing a model.</p> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Barnsley Integrated Diabetes Service</b></li> <li>• <b>Patient Transport Service additional crews until 31 January 2021</b></li> <li>• <b>Intermediate Care procurements</b></li> <li>• <b>Hospital Discharge Programme and Designated Premises Funding</b></li> </ul>	
<b>FPC21/36</b>	<b>APPROVAL AND OR UPDATE ON PROCUREMENTS</b>	
	<p>The Update on Procurements report was presented to the Committee. It was reported that there were 3 procurements and the current status for each of the tenders and request for quotation (RFQ) is below:</p> <ul style="list-style-type: none"> <li>• Barnsley Respiratory Assessment and Therapy (BREATHE) in the Community Service. Following a request from a potential bidder the deadline for submitting bids was extended to the 5 February 2021. The bids are now being evaluated.</li> <li>• Mental Health Support Teams Service. This service was awarded to Compass.</li> <li>• Provision of Medical Oversight for Intermediate Care RFQ. The deadline for submission was the 19 February 2021. Submissions are now being evaluated.</li> </ul> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>It was agreed that if there were any practices involved in the medical oversight procurement they should declare a declaration of interest in a post meeting note.</b></li> </ul> <p><b>The Committee received and noted the report.</b></p>	<b>ALL</b>
<b>FPC21/37</b>	<b>FINANCIAL PLAN POSITION UPDATE 2021/22</b>	
	<p>The Chief Finance Officer presented an update on the current financial position and a power point presentation was shared with members. A further report would go Governing Body members on the 11 March 2021. It was reported that the allocations/block contract was expected sometime in March for Quarter 1 and was expected that the same framework would be used for Quarter 2.</p> <p>The Committee were presented with a list of assumptions and were asked to note the risk in relation to co-commissioning expenditure</p>	

	<p>exceeding allocations. It was also noted that Barnsley seemed to be an outlier in South Yorkshire and Bassetlaw and that this may require further work as CCGs transfer functions under the proposed white paper changes. The draft budget for 2021/22 was shared and the committee were asked to support the QIPP of £4m in prescribing and £1m in CHC, noting that further discussions would be required with the Chief Nurse and the Head of Medicines Optimisation to confirm plans. The committee were also asked to confirm the assumptions made in the draft budget, noting that further guidance would be required before a final version of the budget position could be completed. The Chief Finance Officer also stressed the importance of working across the partnership to take 'costs out' of the system in order that financial balance could be achieved within Barnsley.</p> <p>It was reported that the block contracts would be set nationally and would be looking at Trusts costs rather than activity. There was £1billion available nationally to allow waiting list catch up this would not come from CCG budgets, however details on the baselines and trajectories have not yet been received and further guidance is expected.</p> <p>Discussion was had around the CHC QIPP target and the Chief Finance Officer reported that the team should be fully staffed by April and training would be taking place. External help was also being explored to support the outstanding review process and the agency staff supporting the catch up of discharge to assess assessments have been extended to cover any handover with new staff in the team. Members noted the risk and the Chief Finance Officer agreed to discuss with the Chief Nurse and see what the team are comfortable with and feel is achievable given the continued constraints of the pandemic. It was agreed that discussions could also take place with the Head of Medicines Management in relation to QIPP. It was also noted that the additional roles reimbursements needed to be maximised during 2021/22 to ensure the full impact of the additional workforce could be achieved and funding was maximised.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Chief Finance Officer to have discussions with Chief Nurse and Head of Medicines Management re QIPP targets.</b></li> </ul> <p><b>The Committee were comfortable with the draft plan, position and QIPP, noting the further update required once national planning guidance is issued.</b></p>	RN
FPC21/38	<b>COMMITTEE WORKPLAN</b>	
	<p>The Committee workplan was presented to the group.</p> <p><b>Agreed Actions:</b></p>	

	<ul style="list-style-type: none"> <li>It was agreed to move the Financial Plan, Budget and Operational Planning to June 2021.</li> </ul> <p>The Committee received and noted the plan.</p>	LW
FPC21/39	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee highlighting that the CCG are forecasting to achieve all financial duties and that there were some flexibilities which may increase once month 11 forecast positions were finalised, plans are currently in development and will be considered at SMT later that week. The Committee were asked to provide details of any items to be considered to the Chief Finance Officer.</p> <p><u>Performance</u></p> <p>The information included in the performance report as of January 2021 continues to show the adverse impact of COVID19 upon delivery of some constitutional standards including referral to treatment times and waiting times for diagnostic waits. The number of people waiting over 52 weeks has continued to increase, with 562 patients waiting over 52 weeks as at January 2021. Urgent care related measures such as A&amp;E waits also continue to be below standard and have been impacted by increased activity levels and challenges with flow due to COVID. Performance on some cancer pathways is also falling below the national standards. 2 week wait and diagnosis to treatment times remain good however the number of people waiting over 62 days from referral to treatment increased, linked to diagnostic waits. IAPT access rates also continue to be below the target level with however there has been an increase in referrals in January which has seen performance improve as higher numbers access the service and a further report on this is expected at the Private Governing Body on the 11 March.</p> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>Performance to date 2020/21</li> <li>Finance update to Month 10</li> </ul>	
FPC21/40	<b>ASSURANCE FRAMEWORK</b>	
	<p>The Chief Operating Officer presented the Assurance Framework to the Committee.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li><b>Review the risks on the 2020/21 Assurance Framework for which the Finance and Performance Committee is responsible:</b></li> </ul>	



	<ul style="list-style-type: none"> <li>• Note and approve the risks assigned to the Committee</li> <li>• Review and update where appropriate the risk assessment scores for all Finance and Performance Risks</li> <li>• Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework</li> <li>• Agree actions to reduce impact of high risks</li> <li>• Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being appropriately managed.</li> </ul>	
<b>FPC21/41</b>	<b>RISK REGISTER</b>	
	<p>The Chief Operating Officer presented the Risk Register to the Committee. There were 5 red scores and 3 related to covid. It was reported that covid risk 3 score had been adjusted, covid risk 1 and 2 were reviewed and the committee recommended a risk score change to a 16 on both risks. It was reported that the CHC risk would be included in the register and an updated version would go to Governing Body for approval. All changes were approved by the Committee.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review the Finance and Performance Committee Risk Register for completeness and accuracy</li> <li>• Note and approve the risks assigned to the Committee</li> <li>• Review the risk assessment scores for all Finance and Performance risks</li> <li>• Identify any other new risks for inclusion on the Risk Register</li> <li>• Agree actions to reduce impact of extreme and high risks</li> <li>• Consider and approve the reduction in risk score to COVID 3.</li> <li>• Consider and approve the reduction in risk scores to COVID 1&amp;2.</li> <li>• Consider and approve inclusion of new risk re CHC funding.</li> </ul>	
<b>FPC21/42</b>	<b>MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD –</b> no minutes available.	
<b>FPC21/43</b>	<b>MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD –</b> no minutes available.	
<b>FPC21/44</b>	<b>MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP 23 NOVEMBER 2020 AND 11 JANUARY 2021 AND HIGHLIGHT REPORT</b>	
	The minutes and the highlight reported were both received and noted by the Committee.	

<b>FPC21/45</b>	<b>MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP –</b> no minutes available.	
<b>FPC21/46</b>	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	<p>The Chief Operating Officer presented the report the Committee. The Finance &amp; Performance Committee is asked to note the following decisions to commit expenditure taken by Management Team during February 2021:</p> <ul style="list-style-type: none"> <li>• Approved the proposal for CHP to assist 1.5 days p/w for 12 weeks on plans for the Goldthorpe LIFT building redesign (£5400 with potential for extra costs capped at £3000)</li> <li>• Approved a request for the CCG to sign a Single Tender Waiver for Apollo Healthcare to provide interim support at Greenacre School until a more permanent solution is agreed (costs yet to be finalised but will be in the range of £71,500 to £100,000)</li> </ul> <p>It was also raised that discussion would soon take place at SMT in relation legal support/project management support with Hill Dickinson and Attain which are also being used by the ICS for the work around transition of CCG's and the implications of the White paper. It was agreed that this information would also be shared with Governing Body in private at the next meeting.</p> <p><b>The Committee received and noted the report.</b></p>	
<b>FPC21/47</b>	<b>ANNUAL REPORT FOR FINANCE AND PERFORMANCE COMMITTEE</b>	
	<p>The annual report for the Finance and Performance Committee was presented to the Committee for approval. It was noted that the report was lean this time due to year the committee had had.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Committee Secretary to update attendance figures in the report then send to the Governing Body Secretary.</b></li> </ul>	<b>LW</b>
<b>FPC21/48</b>	<b>ANY OTHER BUSINESS</b>	
	No items were raised under this heading.	
<b>FPC21/49</b>	<b>AREAS OF ESCALATION TO GOVERNING BODY</b>	
	<ul style="list-style-type: none"> <li>• Draft financial Plan – Private Session</li> <li>• Flexibilities this year</li> <li>• Performance</li> <li>• Risk Register</li> <li>• Legal/project support - Director of Strategic Commissioning and Partnerships to raise at the meeting.</li> </ul>	<b>JB</b>

<b>FPC21/50</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and all business was conducted.	
<b>FPC21/51</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 1 April 2021 at 10.30am via Microsoft Teams.	

Adopted

## GOVERNING BODY

13 May 2021

## PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHT REPORT

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><i>Decision</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><i>Approval</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><i>Assurance</i></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%;"><i>Information</i></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	The purpose of this report is to provide Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 25 March 2021.									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;"></th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Designation</th> </tr> <tr> <td>Lay Member Lead</td> <td>Chris Millington</td> <td>Chair PCCC</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </table>		Name	Designation	Lay Member Lead	Chris Millington	Chair PCCC	Author	Julie Frampton	Head of Primary Care
	Name	Designation								
Lay Member Lead	Chris Millington	Chair PCCC								
Author	Julie Frampton	Head of Primary Care								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 35%;">Outcome</th> </tr> <tr> <td>PCCC</td> <td>25.03.2021</td> <td>Highlights agreed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Group / Committee	Date	Outcome	PCCC	25.03.2021	Highlights agreed			
Group / Committee	Date	Outcome								
PCCC	25.03.2021	Highlights agreed								
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p>This report provides the May 2021 Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 25 March 2021.</p> <p>It was agreed at the meeting that the following would be highlighted:</p> <ol style="list-style-type: none"> <li>1. The GP Survey             <p>The results of the GP patient survey published in August 2020 has been analysed. The report, attached at appendix A, includes the outcome, and aims to:</p> <ul style="list-style-type: none"> <li>• Provide assurance that the Barnsley CCG practices are on a par with both national and South Yorkshire and Bassetlaw practices in the feedback</li> </ul> </li> </ol>									

	<p>received regarding delivery of services.</p> <ul style="list-style-type: none"> <li>• Provide assurance that the Primary Care Team review intelligence regarding GP practices and action appropriately.</li> <li>• Identify any trends and themes in the GP Patient Survey.</li> <li>• Provide assurance that there are effective systems and mechanisms to ensure that lessons are learned and shared within the CCG.</li> </ul> <p>The results show that of the 13 questions identified for analysis:</p> <ul style="list-style-type: none"> <li>• In 9 of the questions, the Barnsley CCG average feedback result was within 5% when compared with the national result.</li> <li>• When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there are only 2 questions where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average</li> </ul> <p>Further analysis has also been undertaken in respect of the individual percentage result for each practice. However, due to covid restrictions, investigation of GP practices at an individual practice level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.</p> <p>2. Since 2018/19, NHS England (NHSE) has required independent assurances to be provided that primary care delegated functions to CCGs have been appropriately discharged. NHSE's Internal Audit Framework sets out the requirement for independent assessments to be undertaken across four domains, on a cyclical basis, by March 2022, the four domains being as follows:</p> <ul style="list-style-type: none"> <li>• Commissioning and Procurement of Services</li> <li>• Contract Oversight and Management Functions</li> <li>• Primary Care Finance</li> <li>• Governance (common to each of the above areas)</li> </ul> <p>360 Assurance has undertaken this year's audit and the report includes two areas of low risk that include actions to mitigate the risks that will be implemented by the Head of Primary Care and the Primary Care team. One risk is with regard to the re-instatement of the Primary Care Quality Improvement Group which will be the forum for reviewing quality relating to all GP Practices and monitoring of the Primary Care Quality Dashboard. The other risk relates to ensuring that the appropriate sections of the Policy Guidance Manual is evident in the Contractual Reports sent to the PCCC.</p>
6.	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the above which is provided for information and assurance.</li> </ul>
7.	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• None</li> </ul>

<b>Agenda time allocation for report:</b>	<i>5 mins.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA

3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>/NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 28 January 2021 at 2.30pm via MS Teams**

**PRESENT: (VOTING MEMBERS)**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician
Richard Walker	Head of Governance & Assurance
Chris Edwards	Chief Officer

**GP CLINICAL ADVISORS: (NON-VOTING)**

Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Alicia Marcoft	Public Health, BMBC
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager

**APOLOGIES:**

Dr Nick Balac	CCG Chairman
Julia Burrows	Director of Public Health, BMBC

**MEMBERS OF THE PUBLIC:**

There were no members of the public present at the meeting.

Agenda Item	Note	Action	Deadline
<b>PCCC 20/01/01</b>	<b>WELCOME AND APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 20/01/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 20/01/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	Dr Guntamukkala declared a direct financial interest in agenda item 9 'GP retainer Scheme Application', as her Practice would be receiving funding as set out in the paper.		



	The Chair agreed to allow Dr Guntamukkala to remain present for these items in order to provide her clinical view should the Committee require it, and as this item was for Committee to note rather than approve.		
<b>PCCC 20/01/04</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 26 November 2020 were verified as a true and correct record of proceedings.		
<b>PCCC 20/01/05</b>	<b>MATTERS ARISING REPORT</b>		
	20/11/08 - <u>Contractual issues Report</u> Request for the Contractual Issues update report presented at March PCCC to include an update on all contractual issues still being worked on.	<b>JF</b>	<b>On Agenda</b>
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 20/01/06</b>	<b>PRIMARY CARE ESTATE</b> <u>South Yorkshire &amp; Bassetlaw Integrated Care System – Primary Care Capital Programme – Programme Business Case</u> The Head of Primary Care presented the SYB ICS Primary Care Capital Programme Business case update report.  The Committee was reminded that the initial SYB ICS Programme Business Case had been presented and approved at the Private PCCC meeting held in January 2021.  The Chief Officer informed the Committee that the schemes currently included in the programme were currently being assessed by the ICS Estates Board to ensure their deliverability by the end of April/beginning of May.  Although none of the existing schemes included in the business case were focussed within the Barnsley area, the CCG was developing robust schemes to include on the programme's reserved list that would provide a strong opportunity to join the programme should any of the existing more complex schemes fail to meet sustainability and deliverability requirements  <b>The Committee:-</b> <ul style="list-style-type: none"> <li>• <b>Noted and approved the contents of the report.</b></li> </ul>		

QUALITY AND FINANCE			
PCCC 20/01/07	FINANCE UPDATE		
	<p>The Assistant Finance Manager presented an update of the financial position and details of funding allocations for delegated Primary Care Co-Commissioning budgets as at 30 November 2020 (month 8).</p> <p><u>Forecast Position 2020/21</u> There was a forecast position of £62k underspend as at 30 November 2020 (month 8).</p> <p><u>General Practice Forward View (GPFV) Funding</u> The CCG had received £361k funding from South Yorkshire &amp; Bassetlaw ICS to support the delivery of the GPFV and development of Primary Care Networks.</p> <p>The Chief Finance Officer informed the Committee that the Finance and Primary Care teams were working through investments for a number of identified schemes for primary care going forward. This would ensure there was no underspend or overspend in future and that all available primary care resource was fully committed.</p> <p><u>Supporting General Practice – Additional £150m of funding from NHS England</u> NHSE had established a new national General Practice Covid Capacity Expansion Fund of £150m to be allocated to CCGs to support the expansion of general practice capacity up until the end of March 2021.</p> <p>The allocation to Barnsley CCG had been £716k of which £591k had been distributed to GP practices. The remaining £125k had been retained to cover COVID Oximetry and Long COVID.</p> <p>In addition to the £716k the CCG had also received £10,000 for Clinical Lead Oximetry at Home and £2k for Enhanced Health in Care Homes Multi-Disciplinary Team training and development, the plans of which were currently being developed.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the information provided in the Finance Update report.</b></li> </ul>		

<b>PCCC</b> <b>20/01/08</b>	<b>CQC UPDATES</b> <p>The Head of Primary Care presented the CQC report that provided members with an update on the current CQC position in relation to Barnsley GP Practices and Barnsley Healthcare Federation i-Heart contracts.</p> <p>It was reported that the Care Quality Commission (CQC) had adopted a Transitional Regulatory Approach that provided a strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry that would enable the CQC to continually monitor risk in a service.</p> <p>An app had also been developed that provided information on what services practices were providing so they were able to ascertain any risks. The app would enable the CQC to step down inspections and provide more supportive telephone conversations with practices. The calls would be routine to check there no changes or issues to report from a practice perspective.</p> <p>An inspection or further evidence would only be requested should there be any concern from the discussion.</p> <p>Discussions with the CQC Inspector had been positive in terms of Barnsley GP practices' quality. It was noted that all practices in Barnsley were rated as good or outstanding.</p> <p>The Medical Director commented that CQC telephone calls had only been held with Dodworth Medical Practice and not The Grove Medical Practice as indicated in the report.</p> <p><b>The Committee noted:</b></p> <ul style="list-style-type: none"> <li>• <b>The CQC's implementation of the Transitional Regulatory Approach and the assessments completed.</b></li> </ul>		
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC</b> <b>20/01/09</b>	<b>CONTRACTUAL ISSUES REPORT</b> <p>The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><u>In Year Contract Variation</u>  The CCG had received an application to vary the contract of Huddersfield Road Surgery to include two new partners, Drs Leary and Wawrosz, from 1 November 2020.</p>		

	<p>It was noted that as this was a GMS contract it did not require an amendment and therefore the item was for information only.</p> <p><u>Rent Reimbursement for GP Practices</u> Following a rent review, in line with the NHS (GMS – Premises Costs Directions) 2013, the CCG had approved and actioned rent reimbursements at the following practices:-</p> <ul style="list-style-type: none"> <li>• Dove Valley Practice, 1A Gold Street, Barnsley</li> <li>• Hoyland Medical Practice, 1 Jeffcock Road, High Green</li> <li>• Huddersfield Road Practice, 44 Cawthorne Road, Barugh Green</li> </ul> <p><u>GP Practice Premises Sale and Return</u> The CCG had received an application for Sale and Leaseback of Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley.</p> <p>The Primary Care Team had worked with NHSE, PCC and the District Valuer to review the information contained in the lease to confirm the documentation was in line with regulations and to ensure the CCG had complied with the guidance and rules.</p> <p>The following points had been pertinent in consideration of approval of the application:-</p> <ul style="list-style-type: none"> <li>• The amount of the lease is the same as the current notional rent at £83,500 per annum. The rent payable will be no more than the amount which is reimbursed to the practice.</li> <li>• The lease period is 15 years and contains a break clause allowing the tenant to terminate the lease in the event it ceases to be entitled to NHS funding, securing the property for at least 15 years to support the continuation of the premises for General Medical purposes to provide assurance of continuity of service and contractual requirements.</li> <li>• The premises meet minimum standards (for example as outlined in schedule 1 of the attached Premises cost directions).</li> </ul> <p>It was therefore recommended that the Committee approve the application given the assurance provided and the inclusion of the break clause in the lease if this were to be necessary to comply with future estates strategies.</p>		
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	<p><b><u>GP Retainer Scheme Application</u></b></p> <p>The CCG had received a National GP Retention Scheme application in respect of Dr Mann who would be supported by The Grove Medical Practice, working 2 sessions per week.</p> <p>Members were reminded that although an application for this scheme had been approved by the Committee in September 2019 the applicant at that time had not taken up the post and therefore the CCG still had one post on this scheme which no-one was aligned to.</p> <p>The practice employing a RGP was able to claim an allowance relating to the number of sessions for which their retained doctor was engaged. This allowance should be used by the practice as an incentive to provide flexibility for the RGP, their salary, HR admin costs and funding to cover any educational support required including course fees where relevant.</p> <p>Following due diligence checks regarding their good standing, it was confirmed that Dr Mann met the required criteria of the scheme as he had left general practice for personal reasons.</p> <p>The Medical Director informed the Committee that Dr Mann was an experienced GP who had taken a break from practice work and had applied to return as part of the GP Retention Scheme which was a route to help experienced GPs return into practice.</p> <p>The Committee noted that this item was for information only following Committee approval to support one GP on this scheme previously in September 2019.</p> <p><b>The Committee: -</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the addition of Drs Leary and Wawrosz as new partners at Huddersfield Road Surgery from 1 November 2020.</b></li> <li>• <b>Noted the Rent Reimbursement for:</b> <ul style="list-style-type: none"> <li>i) <b>Dove Valley Practice, 1A Gold Street, Barnsley</b></li> <li>ii) <b>Hoyland Medical Practice, 1 Jeffcock Road, High Green</b></li> <li>iii) <b>Huddersfield Road Practice, 44 Cawthorne Road, Barugh Green</b></li> </ul> </li> <li>• <b>Approved the Sale and Lease back application for Huddersfield Road Surgery.</b></li> </ul>		
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	<ul style="list-style-type: none"> <li>• <b>Noted the application from Dr Mann for support through the National GP Retention Scheme</b></li> </ul>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 20/01/10</b>	<p>The Head of Governance &amp; Assurance presented the risk and Governance report that provided the Committee with the:-</p> <ul style="list-style-type: none"> <li>• Assurance regarding the delivery of the CCG's annual strategic objectives</li> <li>• Assurance that the current risks to the organisation were being effectively managed and monitored appropriately</li> <li>• Recommendation of a small number of changes to the Committee Terms of Reference.</li> </ul> <p><u>Assurance Framework</u> The Assurance Framework continued to be reviewed and updated. Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.</p> <p><u>Risk Register</u> There were currently five risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the five risks, there was one red risk (extreme), one amber risk (high), one yellow risk (moderate) and two green (low) risks.</p> <p>Following a lengthy discussion and review of the risks included on the risk register members agreed the risks were being appropriately managed and scored.</p> <p><u>Terms of Reference (ToR)</u> Following a recent review and a small number of changes to the PCCC Terms of Reference, it was reported at the meeting, that additional changes to the sub group arrangements that sat beneath the PCCC had been made which needed to be reflected within the governance reporting structure and the ToR.</p> <p>The ToR would need to include specific reference to the Strategic Primary Care Group and Primary Care Forum and how each of the groups would report into the PCCC.</p>		

	<p>Following further discussion and due to a timing issue, the Committee was asked if it was happy to delegate authority to the Head of Governance &amp; Assurance and the Head of Primary Care to make the necessary amendments to the PCCC ToR and for the Head of Governance &amp; Assurance to present the draft ToR to the Governing Body meeting on 11 March for final sign off.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Reviewed and agreed that the risks were being appropriately managed and scored on the risk register.</b></li> <li>• <b>Delegated their authority to the Head of Governance &amp; Assurance and Head of Primary Care to update the ToR to reflect the additional sub group arrangements for final sign off at the Governing Body meeting on 11 March.</b></li> </ul> <p><u>Workforce Risk Review</u></p> <p>The Head of Primary Care presented the Workforce Risk Review report that provided an update on the risk held on the Risk Register regarding the primary care clinical workforce.</p> <p>Risk Reference CCG 14/10 on the CCGs Risk Register referred to:-</p> <ul style="list-style-type: none"> <li>• If the Barnsley area was not able to attract &amp; retain a suitable &amp; sufficient Primary Care clinical workforce there was a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley would receive poorer quality healthcare services (d) Patients' services could be further away from their home.</li> </ul> <p>The Committee were reminded of the previous workforce recruitment plan update provided by James Barker, Barnsley Healthcare Federation (BHF) on recruitment via the Additional Roles Recruitment Scheme (ARRS). This scheme was part of the Network Contract DES, managed by BHF on behalf of the Barnsley Practices within the Primary Care Network (PCN).</p>	RW/JF	
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	<p>The recruitment plan for 2020/21 had been to recruit 77 whole time equivalent (WTE) new members of staff to support primary care by the end of March 2021.</p> <p>BHF had subsequently submitted further recruitment plans for 2021/22 and a projection of recruitment for a further two years until March 2024, potentially adding a further 86 WTE to the primary care workforce.</p> <p>Following a query from the Chair, the Head of Primary Care informed the Committee that to date BHF had recruited approximately three quarters of staff identified on the 2020/21 recruitment plan, although due to the pressures of C-19 and the vaccination programme there had been a delay in fulfilling the recruitment programme forecast. The CCG were however, encouraging BHF to recruit to all roles and it was hoped to get the majority of staff recruited by the end of March 2021.</p> <p>The Chief Finance Officer informed the Committee that due to the likelihood of not being able to fully recruit to the 2020/21 recruitment plan there was a risk of underspending against the funding allocated to Barnsley from NHSE for this period.</p> <p>It was reported that although a substantial amount of staff had been recruited into practices, these staff had been engulfed into the additional work created due to the C-19 pandemic and therefore the risk around recruitment to support existing work remained.</p> <p>The Lay Member for Governance requested that BHF provide the Committee with an initial update on the actual number of staff recruited into posts via the ARRS as detailed in the recruitment plan for 2020/21, followed by a regular workforce recruitment update report going forward.</p> <p>A lengthy discussion took place regarding the difficulties surrounding recruitment and retention of staff and the impact C-19 was having on primary care workforce. It was also recognised there was a need to work more closely with organisational partners around the recruitment of roles such as paramedics and mental health practitioners to ensure delivery of the right workforce model going forward.</p>	JB/JF	
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	<p>The Committee agreed that the Primary Care clinical workforce risk should remain on the CCGs Risk Register, with the score unchanged, until further information and assurance could be provided to the Committee.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>Reviewed the recruitment information and projected recruitment plans for the increase of roles into primary care via the ARRS in the PCN.</li> <li>Agreed the risk relating to the Primary Care clinical workforce should remain on the Risk Register.</li> </ul>		
<b>OTHER</b>			
<b>PCCC 20/01/11</b>	<p><b>REFLECTION OF CONDUCT OF THE MEETING</b></p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
<b>PCCC 20/01/12</b>	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b></p>		
	There were no questions received from the members of the public.		
<b>PCCC 20/01/13</b>	<p><b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b></p> <p>It was agreed to escalate the following items to the Governing Body for information:-</p> <ul style="list-style-type: none"> <li>That the Committee had discussed and considered the risk relating to delays in recruitment of Primary Care workforce and the anticipated underspend of funding allocated to Barnsley CCG from NHSE for 2020/21.</li> </ul>		
<b>PCCC 20/01/14</b>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>Thursday, 25 March 2021 at 2:30 – 3:30pm via MS Teams.</p>		

**Minutes of the NHS Barnsley Clinical Commissioning Group**  
**QUALITY & PATIENT SAFETY COMMITTEE**  
**Thursday 18 February 2021, 13:00pm-15:00pm**  
**Via Microsoft Teams**

**MEMBERS:**

Jayne Sivakumar	- Chief Nurse (Chair)
Mike Simms	- Secondary Care Clinician
Dr Mark Smith	- Practice Member Representative Contracting Lead from the Governing Body
Chris Millington	- Lay Member for Public and Patient Engagement and Primary Care Commissioning
Chris Lawson	- Head of Medicines Optimisation
Dr Shahriar Sepehri	- Membership Council Representative
Dr Adebawale Adekunle	- GP Governing Body Member
Jo Harrison	- Specialist Clinical Portfolio Manager

**IN ATTENDANCE:**

Richard Walker	- Head of Governance and Assurance
Terry Hague	- Primary Care and Transformation Manager
Hilary Fitzgerald	- Quality Manager
Jill Auty	- Quality Administrator (minutes)
Siobhan Lendzionowski	- Lead Commissioning and Transformation Manager

**APOLOGIES:**

Dr Madhavi Guntamukkala	- Medical Director
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Agenda Item	Note	Action	Deadline
<b>Q&amp;PSC 21/02/01</b>	<b>HOUSEKEEPING</b>		
	The Chair advised that everyone is responsible for their own safety within their environment during the meeting.		
<b>Q&amp;PSC 21/02/02</b>	<b>APOLOGIES &amp; QUORACY</b>		
	Apologies noted as above. The meeting was declared quorate.		
<b>Q&amp;PSC 21/02/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	No new declarations of interest relevant to the agenda were declared.		
<b>Q&amp;PSC 21/02/04</b>	<b>PATIENT STORY</b>		
	It was agreed that an edited version of the patient story from the latest Governing Body meeting would be presented to QPSC rather than a separate story.		

<b>Q&amp;PSC 21/02/05</b>	<b>MINUTES OF THE MEETING HELD ON 17 DECEMBER 2020</b>		
	Committee members approved the minutes of the previous meeting held on 17 December 2020 as an accurate record.		
<b>Q&amp;PSC 21/02/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Chair confirmed that all items were complete apart from the following:</p> <p><b><i>Who is responsible for the decontamination of ambulances following transport of COVID patients to hospital?</i></b>  <i>The Chair confirmed that the decontamination of ambulances is the responsibility of the Yorkshire Ambulance Service.</i></p> <p><b><i>What are the reasons for ambulance handover delays?</i></b>  <i>The Chair stated that the main reason for handover delays was due to number of ambulances arriving at the same time at ED coupled with the department already busy.</i></p> <p><b><i>Minute reference Q&amp;PSC 20/12/07 – Minimising the Impact of COVID on Patient Care and the Risk to Phase 3 Restoration</i></b> – The Lead Commissioning and Transformation Manager stated that the first planning phase is underway along with a workshop which members were encouraged to attend</p> <p><i>The Lead Commissioning and Transformation to meet with GP Governing Body Member to discuss further the issue of updating patient record outcomes following referral to hospital – to be discussed under agenda item Q&amp;PSC 21/02/09</i></p> <p><b><i>Minute reference Q&amp;PSC 20/12/13 – Information Governance Update</i></b> – The Head of Governance informed members that the signature and dates on the BCCG Information Security Policy Equality Impact Assessment are in the work plan and will be updated in time to meet Internal Audit's deadline.</p> <p><b><i>Minute reference Q&amp;PSC 20/12/14 - Minutes of 14 October Area Prescribing Committee</i></b> - The Chair to follow up acutely ill patients being discharged from hospital to community.  The Chief Nurse requested to meet with the Head of Medicines Optimisation to discuss further.</p> <p><b><i>Minute reference Q&amp;PSC 20/12/17 Any Other Business</i></b> – The Quality Administrator to invite Tom</p>	<p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Closed</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p>	

	<p>Davidson (BHNFT) to a future meeting to present Medway data capability.</p> <p><b>Minute reference Q&amp;PSC 20/10/06 Quality and Patient Safety – The Primary Care Transformation Manager and Quality Manager to discuss what is in the Barnsley Healthcare Federation contract around reporting of serious incidents, and report back to members.</b></p> <p>Due to Barnsley Healthcare Federation's involvement with the vaccination programme it has not been possible to meet. This action will be discussed at a contract meeting in March 2021.</p> <p><b>Minute reference Q&amp;PSC 20/10/14 Minutes of 26 August 2020 Primary Care Quality &amp; Cost Effective Prescribing Group Meeting – Meeting arranged for 26 February 2021 to discuss the Community Pharmacy Emergency Hormonal Contraception Service.</b></p>	Ongoing	
		Ongoing	
		Complete	
<b>QUALITY AND GOVERNANCE</b>			
<b>Q&amp;PSC 21/02/07</b>	<b>QUALITY AND PATIENT SAFETY REPORT</b>		
	<p>The report was taken as read with the highlights of the report presented.</p> <p><u>Barnsley Hospital NHS Foundation Trust (BHNFT)</u></p> <ul style="list-style-type: none"> <li>• ED Performance against the 4 hour standard improved in December to 80.9%, which is virtually the same as December 2019 (80.19%). This benchmarks favourably to other trusts nationally and across South Yorkshire.</li> <li>• Referral To Treatment (RTT) – Rise in performance against the 18 week RTT standard to 74.25%. The number of patients waiting over 52 weeks has increased with the majority waiting for orthopaedic surgery.</li> <li>• Cancer - Performance figures for 62 day standards were not as positive with various Covid related issues being the main reasons for treatment delays and overall back log.</li> <li>• Diagnostic Waits – Members were asked to note that the correct number of patients waiting over 6 weeks for diagnostic testing is approximately 1,000 not 2,000 for endoscopy appointments. Some waits are due to patient choice.</li> <li>• Falls –YTD position of 14 falls with harm versus Trust goal of 15. This has been due to the increased acuity from the second wave of Covid, onset of winter pressures and staffing.</li> <li>• Pressure Ulcers – The Trust reported 9 pressure ulcers, category deep tissue injury in Nov 2020</li> </ul>		

	<ul style="list-style-type: none"> <li>• Mortality – It was noted for assurance all deaths since April 2020 are reviewed by the Medical Examiner Service and all Structured Judgement Reviews have been completed.</li> <li>• Staffing – Pressures on nurse staffing have been exacerbated during the second Covid surge. Critical Care remains under pressure due to staff absence and service demands.</li> <li>• StEIS Reportable Serious Incidents (SIs) – Trust reported 21 SIs between April 2020 and January 2021 compared with 22 for the same period in 2019/20. Members were asked to note 3 Never Events YTD.</li> <li>• Infection Prevention and Control (IPC) – The usual IPC report has not been supplied by BHNFT due to staff absence. This is being followed up by the CCG's Contracting Team.</li> </ul> <p><u>South West Yorkshire Partnership Foundation Trust</u></p> <ul style="list-style-type: none"> <li>• % of service users waiting less than 18 weeks stands at 99.2% in December 2020 which remains above the target threshold.</li> <li>• Diagnostic appointment within 6 weeks – Performance is well below target at 56.8%. This is due to the impact of Covid and a recovery plan is in place.</li> <li>• IAPT treatment within 6 weeks – The Trust reported achieving the 75% target threshold.</li> <li>• Inappropriate out of area bed placements days increased in December 2020.</li> <li>• % Service users on Care Programme Approach offered a copy of their care plan was 38.93% for quarter 3 against a target of 80%.</li> <li>• IG breaches remain an issue.</li> <li>• The Neuro Rehabilitation Unit closed to admissions in January 2021 due to staffing levels. Staffing levels remain precarious but manageable. The unit is open to admissions on a case by case basis.</li> </ul> <p><u>Barnsley Community Services</u></p> <ul style="list-style-type: none"> <li>• There are continued pressures in the system. Increased referrals to the adult epilepsy service have resulted in a waiting list for routine referrals however it was noted the Trust are still able to triage urgent and emergency referrals.</li> <li>• Stroke Inpatient Unit – The Trust reported an A rating for latest Sentinel Stroke National Audit Programme (SSNAP) report.</li> </ul> <p><u>Barnsley Mental Health Services</u></p> <ul style="list-style-type: none"> <li>• The Trust reported community contacts remain above target with the majority provided via telephone/video-link. Face to face contact is increasing and offered where clinically required.</li> </ul>		
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	<p><u>Child and Adolescent Mental Health Service</u></p> <ul style="list-style-type: none"> <li>• Referral numbers across all services have increased but not exceeding previous levels.</li> <li>• Tier 4 beds capacity has been reduced due to staffing availability and Covid restrictions which has led to inappropriate stays for young people on paediatric and adult mental health wards.</li> </ul> <p><u>Yorkshire Ambulance Service (YAS)</u></p> <p>Concern raised at January 2021 SYB YAS 999/IUC Quality Group regarding cases where GP surgeries are refusing to see newborn babies due to their registration being incomplete. No details were provided to indicate this had happened in Barnsley. BCCG's GP Safeguarding Lead has asked that this issue is flagged with practices to heighten awareness.</p> <p>The Lead Commissioning and Transformation Manager provided assurance that due to the Minimising Harm Plan the Referral to Treatment 104 days indicator is no longer classified as a serious incident. Patients are informed of waiting times for treatment areas particularly the Endoscopy service. The Chair requested the following addition to the agenda at the next BHNFT Clinical Quality Board meeting - Endoscopy Service Update</p> <p>The Lead Commissioning and Transformation Manager raised that IAPT had been working with the Specialist Palliative Team which has proved very positive. However, it was noted that there is no service for cancer patients. The Chair agreed to raise this at the next SWYPFT Clinical Quality Board.</p> <p>Members agreed that further assurance around the increase of falls and pressure ulcers should be raised with BHNFT at the next Clinical Quality Board meeting.</p> <p>The Chair asked for further clarity around the Adult Epilepsy Service to be raised at the next SWYPFT Clinical Quality Board meeting.</p> <p><u>Primary Care Update</u></p> <p>The Primary Care and Transformation Manager highlighted the update now includes a new GP Appointment Activity report. A discussion took place about the data. The Quality Manager agreed to share patient feedback about different types of appointment gathered by Healthwatch. The Head of Medicines Optimisation stated that practices also undertake their own quality monitoring following appointments. The Primary Care and Transformation Manager agreed to ask practices to share this feedback with members,</p>	<p>HF</p> <p>HF</p> <p>HF</p> <p>HF</p> <p>HF</p> <p>TH</p>	
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	<p>and to provide a breakdown of DNAs by practice for the next meeting.</p> <p><u>Care Quality Commission (CQC)</u> The CQC continue to monitor and review information from all available sources. The CQC has contacted 3 Barnsley practices (Hollygreen Practice and Lakeside Surgery, Dearne Valley Group Practice and Monk Bretton Health Centre) in line with their Transitional Regulatory Approach. Discussions were positive and led to no further monitoring activity being required.</p> <p><u>Out of Hours/Extended Hours Access</u> A new patient activity and service delivery report was presented showing data month on month. Although contract meetings for December 2020, and January 2021 had been cancelled due to Covid vaccine work pressures, quality monitoring reports had still been reviewed with no issues to report. The Chair asked if any common themes were identified as to why patient feedback was rated as "Very Poor". The Primary Care and Transformation Manager agreed to explore this further.</p> <p><u>Care Homes</u> The Specialist Clinical Portfolio Manager provided an update regarding the care homes plan. Many of the key actions are on track or completed. The implementation of MDTs is going well with support from the Health and Wellbeing Practitioners. The Digital Ability pilot is underway and interim evaluations are positive.</p> <p><u>LeDeR update</u> The Specialist Clinical Portfolio Manager reported positive progress, with all reviews in the backlog cohort recorded as completed by the 31 December 2020. Members were advised that prior to November 2020 there was 1 confirmed Covid19 death but after November 2020 there were 4 confirmed deaths. It is unclear why the second wave of the pandemic appears to have affected more people. The Chair asked any themes and lessons learnt to be presented at the next meeting.</p>	TH	
	<p><b>Actions agreed:</b> Items to be raised at next BHNFT CQB Meeting:</p> <ul style="list-style-type: none"> <li>• Endoscopy Service</li> <li>• Falls and Pressure Ulcers.</li> </ul> <p>Items to be raised at next SWYPFT CQB Meeting:</p> <ul style="list-style-type: none"> <li>• IAPT service for cancer patients</li> <li>• Adult Epilepsy Service</li> </ul>	<p>HF</p> <p>HF</p>	

	<p>The Primary Care and Transformation Manager GP to</p> <ul style="list-style-type: none"> <li>investigate the GP Appointments data further with NHS Digital</li> <li>ask practices to share quality monitoring feedback gathered following appointments</li> <li>provide a breakdown of DNAs by practice</li> <li>explore if any themes are available around the “Very Poor” patient feedback ratings for out of hours/ extended hours access.</li> </ul> <p>The Quality Manager to share patient feedback gathered by Healthwatch and Patient Experience Leads relating to appointment type.</p> <p>The Specialist Clinical Portfolio Manager to feed back any themes and lessons learnt from LeDeR reviews, in particular the post November 2020 deaths.</p>	TH	
		HF	
		JH	
<b>Q&amp;PSC 21/02/08</b>	<b>MATERNITY UPDATE</b>		
	<p>The Chief Nurse presented a verbal update on maternity incidents at BHNFT. Members were reminded that the CCG had carried out its own analysis of the findings of investigation reports, which highlighted a theme relating to patients whose first language is not English. Barnsley CCG's Designated Safeguarding Nurse for Children has met with BHNFT's Deputy Head of Midwifery regarding the maternity incidents, who has offered reassurance that given that the Trust is looking into this issue.</p> <p>Members were advised that the Trust's progress with the recommendations of the Ockenden Report will be discussed at the next Clinical Quality Board meeting on 26 February 2021.</p>		
<b>Q&amp;PSC 21/02/09</b>	<b>MINIMISING THE IMPACT OF COVID - PROGRESS AND PRIORITIES</b>		
	<p>The Lead Commissioning and Transformation Manager presented the report for assurance highlighting that the ICS Health Executive Group has agreed that the initial improvement work should be integrated into Trusts' and CCG's responsibilities and governance routes.</p> <p>Recent feedback from a BEST event indicates that there is inconsistent communication taking place regarding the case management of patients who have been referred into the Trust.</p> <p>Members were informed that Trusts are reviewing all new patients waiting 52 weeks+ Referral To Treatment (RTT) to either offer alternative treatment options, remove from the Patient Tracking List or</p>		



	<p>clinically review with Primary Care about ongoing care management if they are to remain on the pathway.</p> <p>Members agreed that similar minimising harm work should be undertaken across Mental Health services. The Chair suggested a further meeting to take place with the Head of Commissioning for Mental Health, Children's and Maternity and Specialised Services to take this forward. Members agreed a further update would be of benefit at the next meeting.</p>	SL	
	<p><b>Actions agreed:</b> The Lead Commissioning and Transformation Manager to meet with the Head of Commissioning for Mental Health, Children's and Maternity and Specialised Services to look at implementing minimising harm work across Mental Health Services.</p>	SL	
<b>Q&amp;PSC 21/02/10</b>	<b>BHNFT OPHTHAMOLOGY SERVICE UPDATE</b>		
	<p>The Chair updated members on discussions with BHNFT regarding issues with the Ophthalmology Service. An action plan is being developed by the Trust with some immediate actions being implemented. The CCG Medical Director has asked for updates on the action plan for assurance. Members discussed the issues raised and the Chair stated further assurances will be sought at the next Clinical Quality Board.</p>	JS	
	<p><b>Actions agreed:</b> The Chair to seek further assurance at the next BHNFT CQB on 26/02/2021.</p>	JS	
<b>Q&amp;PSC 21/02/11</b>	<b>CONTINUING HEALTHCARE, CHILDREN'S CONTINUING CARE AND COMPLEX CASES UPDATE</b>		
	<p>The Specialist Clinical Portfolio Manager highlighted that due to clinical staff leaving the Team this resulted in the service having operational pressures with measures having been implemented to address staff shortages.</p> <p>The Barnsley CHC service has a low number of appeals compared to other CCGs, providing assurance that the service has adapted well to undertaking assessments virtually whilst maintaining the principles of the national framework.</p> <p>Children and Young People's Continuing Care (CCC) will be added to BCCG's Risk Register due to a financial risk associated with it. The service inherited 45 cases from BHNFT which are being prioritised for review to gain assurance on the quality of care, safety and best value.</p>		

	The CCG has recruited a Complex Case and Quality Manager on a 12 month fixed term post and brought the Transforming Care Programme Complex Case Manager under line management structure of the Specialist Clinical Portfolio providing an opportunity to share knowledge and provide continuity of service.		
<b>Q&amp;PSC 21/02/12</b>	<b>BREAST SCREENING SERIOUS INCIDENT</b>		
	The Quality Manager updated committee members about a Barnsley breast screening incident that has been classified as a serious screening incident by Public Health England's Screening Quality Assurance Service (SQAS). An action plan is in place and being followed up (SQAS).		
<b>Q&amp;PSC 21/02/13</b>	<b>RISK REGISTER (STANDING ITEM)</b>		
	<p>The Head of Governance and Assurance presented the Risk Register highlighting the following three risks have been escalated to the Assurance Framework as a gap in control against one or more risks in the Assurance Framework.</p> <ul style="list-style-type: none"> <li>• Ref CCG 14/15 (rated score 15 'extreme') – discharge medication risks</li> <li>• Ref CCG 19/05 (rated score 15 'extreme') - End of Life care services.</li> <li>• Ref CCG 20/03 (rated 16 'extreme') BCCG Adult CHC backlog of reviews.</li> </ul> <p>A risk relating to Children's Continuing Care has been drafted and will be circulated for approval before being presented to the March Governing Body for sign off.</p> <p>Members approved the increased risk score (rated 9 'high') for CCG 20/01 SWYPFT Clinical Quality Board (CQB) meetings.</p> <p>Risk 14/15 D1 was discussed with the Head of Medicines Optimisation advising that there are still issues around the quality of discharge letters. The introduction of a new Discharge Medication Service into Community Pharmacies without reconciliation of medicines could pose a further clinical risk. Members agreed this risk should be raised again at the next BHNFT CQB to seek assurance that the Trust are prioritising discharge medication audit work. The Head of Optimisation agreed to update the risk.</p> <p>Members agreed to escalate the risk with the Contracting team to establish what is in the service specification and quality schedule.</p>	<p><b>RW</b></p> <p><b>RW</b></p> <p><b>CL</b></p> <p><b>JS</b></p>	

	<b>The Lead Commissioning and Transformation Manager left the meeting at 15:00pm.</b>		
	<b>Agreed actions:</b> The new risk for CCC to be circulated.  Amend risk score of CCG 20/01 SWYPFT Clinical Quality Board (CQB) meetings.  D1s to be added to next BHNFT CQB agenda. agenda.  The Head of Optimisation to update D1 risk and forward to the Governance, Risk & Assurance Facilitator.  D1 risk to be escalated through the contract route to escalate to establish what is in the service specification and quality schedule.	<b>RW</b>  <b>RW</b>  <b>HF</b>  <b>CL</b>  <b>JS</b>	
<b>Q&amp;PSC 21/02/14</b>	<b>QPSC ANNUAL REPORT 2020/21</b>		
	The Quality Manager presented for comment and approval the draft QPSC Annual Report 2020/21. The Quality Manager highlighted an amendment required in relation to Quality Impact Assessments. Members approved the draft report subject to a change to the title of the report to "QPSC Annual Assurance Report" and to change Report of to the new Chair Dr Guntamukkala.  It was confirmed that the Head of Primary Care is an attendee of QPSC, and the QPSC Register of Interests report needs to be changed to reflect this.  <b>The Head of Governance and Assurance left the meeting at 15:20pm.</b>  <b>The Membership Council Representative left the meeting at 15:32pm.</b>	<b>HF</b>  <b>RW</b>	
	<b>Actions agreed:</b> The Quality Manager to change the title of the report to "QPSC Annual Assurance Report" and change Report of to the new Chair Dr Guntamukkala.  The Head of Primary Care to be removed from the Register of Interests QPSC report.	<b>HF</b>  <b>RW</b>	
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>Q&amp;PSC 21/02/15</b>	<b>MINUTES OF THE 11 NOVEMBER 2020 AND 16 DECEMBER 2020 AREA PRESCRIBING COMMITTEE</b>		
	The Head of Medicines Optimisation presented the minutes for information. The Terms of Reference were		

	<p>presented unchanged and endorsed by the Committee at the November 2020 meeting.</p> <p>A MHRA Drug Safety Alert has highlighted there is no pathway in place for follow-up and management of Denosumab within secondary care services. QPSC agreed that this should be added to the risk register. The Head of Optimisation agreed to draft the risk.</p> <p>The Chair agreed to raise the issue at the provider Clinical Quality Board meetings.</p>	CL JS	
	<p><b>Agreed action:</b> The Head of Optimisation to draft a risk relating to Denosumab medication provision.</p> <p>The Chief Nurse to raise the issue relation to Denosumab medication pathway at the Provider Clinical Quality Board meetings.</p>	CL JS	
<b>Q&amp;PSC 21/02/16</b>	<b>MINUTES OF 25 NOVEMBER 2020 AND 23 DECEMBER 2020 PRIMARY CARE QUALITY &amp; COST EFFECTIVE PRESCRIBING GROUP MEETING</b>		
	The Head of Medicines Optimisation presented the minutes for information and assurance. No comments were raised.		
<b>Q&amp;PSC 21/02/17</b>	<b>CLINICAL QUALITY BOARDS</b> <ul style="list-style-type: none"> <li><b>BHNFT – MINUTES 03 DECEMBER 2020</b></li> </ul>		
	The Chair presented the minutes for information and assurance. No queries were raised.		
<b>GENERAL</b>			
<b>Q&amp;PSC 21/02/18</b>	<b>ANY OTHER BUSINESS</b>		
	<p>QPSC agreed that QPSC meetings be increased to 2.5 hours.</p> <p>Members approved the inclusion of quality assurance in care homes as a standard agenda item.</p>	JA HF	
	<p><b>Agreed action:</b> The Quality Administrator to increase the timings of the meetings going forward by 30 minutes.</p> <p>The Quality Administrator to include Care Homes Quality Assurance as a standard agenda in QPSC workplan.</p>	JA HF	
<b>Q&amp;PSC 21/02/19</b>	<b>AREAS FOR ESCALATION TO THE GOVERNING BODY via the QUALITY HIGHLIGHT REPORT</b>		
	<p>Items for escalation are</p> <ul style="list-style-type: none"> <li>Reporting on GP Activity</li> <li>Digital Plan for Care Homes</li> <li>Care Homes Quality Assurance</li> <li>Ophthalmology Services</li> </ul>		

	<ul style="list-style-type: none"> <li>• D1s</li> </ul>		
<b>Q&amp;PSC 21/02/20</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED:</b> <ul style="list-style-type: none"> <li>• Conduct of meeting</li> <li>• Any areas for additional assurance</li> <li>• Any training needs identified</li> </ul>		
	There were no items raised.		
<b>Q&amp;PSC 21/02/21</b>	<b>DATE AND TIME OF NEXT MEETING</b> 15 April 2021, 1pm via MS Teams		

Adopted