

Primary Care Commissioning Committee
Thursday, 30 January 2020 at 2.30 – 3.30pm in the Boardroom
Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
Housekeeping		Information	Chair	2.30pm 5mins
1	Apologies	Note	Chair	
2	Quoracy	Note	Chair	
3	Declarations of Interest relevant to the agenda	Assurance	PCCC 20/01/03 Chair	2.35pm
4	Minutes of the meeting held on 28 November 2019	Approve	PCCC 20/01/04 Chair	2.35pm 5mins
5	Matters Arising Report	Note	PCCC 20/01/05 Chair	2.40pm 5mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
6	Primary Care Estates		PCCC 20/01/06 Julie Frampton	2.45pm 10mins
Quality and Finance				
7	Finance Update	Note	PCCC 20/01/07 Ruth Simms	2.55pm 10mins
8	CQC Updates	Assurance/ Note	PCCC 20/01/08 Julie Frampton	3.05pm 10mins
Contract Management				
9	Contractual Issues Report	Approve	PCCC 20/01/09 Julie Frampton	3.15pm 5mins
Governance, Risk and Assurance				
10	Risk and Governance Report • Assurance Framework & Risk Register	Assurance	PCCC 20/01/10 Richard Walker	3.20pm 5mins
11	• Draft PCCC Annual Assurance Report	Approve	PCCC 20/01/11 Richard Walker	3.25pm 5mins
Reflection on conduct of the meeting				
15	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	Verbal Chris Millington	3.30pm

Item	Session	Committee Requested to	Enclosure Lead	Time
	Other			
16	Questions from the public relevant to the agenda	Note	Verbal Chris Millington	3.30pm 5mins
17	Items for escalating to the Governing Body	Note	Verbal Lesley Smith	3.35pm 5mins
18	Date and time of the next scheduled meeting: Thursday, 26 March 2020 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	Verbal Chris Millington	3.40pm Close

Exclusion of the Public:

The CCG Primary Care Commissioning Committee 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

PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<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"/>	
2.	PURPOSE		
	To foresee any potential conflicts of interests relevant to the agenda.		
3.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
4.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	N/A		
5.	EXECUTIVE SUMMARY		
	<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>		

	Type	Description
	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 1 to this report details all Committee 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>		
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> 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. 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report 	

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

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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
2.	Links to statutory duties			
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	Management of Conflicts of Interest (s14O)			
	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
3.3	Discharging functions effectively, efficiently, & economically (s14Q)			
	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	Improving quality (s14R, s14S)			
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

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: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS). • Clinical Lead Primary Care SYB ICS (commissioning)
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP • Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
Dr Sudhagar Krishnasamy	Medical Director	<ul style="list-style-type: none"> GP Partner at Royston Group Practice, Barnsley Member of the Royal College of General Practitioners GP Appraiser for NHS England Member of Barnsley LMC Member of the Medical Defence Union Director of SKSJ Medicals Ltd Wife is also a Director The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG Undertakes sessions for IHeart Barnsley
Chris Millington	Lay Member	<ul style="list-style-type: none"> Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, fit out and recruitment services for private sector and potentially public sector clients. Interim Accountable Officer NHS Sheffield CCG
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. Director of Janark Medical Ltd The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none">• NIL
Julie Frampton	Senior Primary Care Commissioning Manager	<ul style="list-style-type: none">• NIL
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and NHSEI)	<ul style="list-style-type: none">• NIL

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
 held on Thursday, 28 November 2019 at 2.30pm in the Boardroom
 Hilder House, 49–51 Gawber Road S75 2PY**

PRESENT: (VOTING MEMBERS)

Chris Millington (<i>Chair</i>)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Lesley Smith	Chief Officer
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician
Richard Walker	Head of Governance & Assurance

GP CLINICAL ADVISORS: (NON-VOTING)

Dr Sudhagar Krishnasamy	Medical Director
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Julie Frampton	Senior Primary Care Commissioning Manager
Leanne Whitehead	Executive Personal Assistant
Roxanna Naylor	Chief Finance Officer
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Ruth Simms	Assistant Finance Manager
Julia Burrows	Director of Public Health, BMBC
James Barker	Chief Operating Officer, Barnsley Healthcare Federation
Madhavi Guntamukkala	GP
Paul Barringer	NHSE

APOLOGIES:

Dr Nick Balac	CCG Chairman
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MEMBERS OF THE PUBLIC:

Ben Skidmore

Agenda Item	Note	Action	Deadline
PCCC 19/11/01	APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 19/11/02	QUORACY		
	The meeting was declared quorate.		
PCCC 19/11/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	Dr Mark Smith declared a direct financial interest in agenda item 12 – Contractual Issues Report.		

	The Chair noted this declaration but agreed Dr Smith could remain present for the discussion.		
PCCC 19/11/04	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 26 September 2019 were verified as a true and correct record of proceedings.		
PCCC 19/11/05	MATTERS ARISING REPORT		
	<u>PCCC Terms of Reference</u> Members noted that the query relating to the Vice Chair for the PCCC was included in the Risk & Governance Report which was on the agenda.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 19/11/06	PRIMARY CARE NETWORK UPDATE <p>The Senior Primary Care Commissioning Manager provided members with an update report on a number of areas of work progressing within the Barnsley Primary Care Network.</p> <p>The Committee noted that a considerable amount of work was happening at ICS level around PCNs to consider how CCGs could support practices within their own PCNs.</p> <p>Following a considerable amount of work Barnsley PCN was now up and running and meeting regularly as a cohort of practices.</p> <p>Following the update, members agreed that in order for the Committee to provide assurance to the Governing Body it would be helpful to receive a Primary Care Network Work Plan summary at future meetings.</p> <p>At this point the Chief Officer made reference to the fact that although a significant amount of work had been done in Barnsley to develop the PCN the ICS Strategy was still awaited and the Integrated Services Specification would not be available until April 2020. It would therefore be difficult to develop a work plan to ensure progress when the ask of the specification was not yet known. Concern was also expressed around keeping momentum especially as the specifications were not available.</p> <p>Action: PCN Work Plan to be developed and shared at future PCCC meetings.</p>	JF	

	The Committee: Noted the information contained in the Primary Care Network Update report.		
PCCC 19/11/07	<p>PRIMARY CARE STRATEGY UPDATE</p> <p>The Senior Primary Care Commissioning Manager presented the Primary Care Strategy update report.</p> <p>The Committee noted that the Barnsley Primary Care Strategy had been refreshed following the publication of the Long Term Plan, Network Contract DES and development of the Barnsley Primary Care Network. A second draft had been shared with the ICS Primary Care Steering Board to help inform the development of the ICS Primary Care Strategy which, once finalised, would be shared with the Primary Care Commissioning Committee.</p> <p>It was reported that further work was required to the Barnsley Primary Care Strategy to capture the CCG's aspirations in moving towards fully integrated Primary and Community teams and services.</p> <p>The Committee: Noted the information contained in the Primary Care Strategy Update report.</p>		
PCCC 19/11/08	<p>GP IT UPDATE</p> <p>The Senior Primary Care Commissioning Manager presented the GP IT Update which provided the Committee with an update on a number of local digital development projects for primary care which were either underway or due to be delivered over 2019/20 together with projects which would be delivered in 2020/21.</p> <p><u>SystemOne and EMIS Interoperability</u></p> <p>Wave one of the Interoperability which would allow <u>read only</u> information sharing of patient records between SystemOne and EMIS clinical systems had now been completed.</p> <p>The request to action wave two had been submitted and would include a further eight practices, i-heart, OOH plus over 40 community modules for services provided by SWYPFT. It was hoped wave two would be completed by the end of November 2019.</p> <p>Agreement from data controllers for the third wave to include community services provided by BHNFT, in hospital services and the outstanding three practices was in progress and would be completed within the current financial year.</p>		

	<p>It was noted that the Interoperability software only provided a <u>read only</u> functionality at the moment. It was hoped that the procurement and roll out of a fully shared care record to provide both read and write functions would take place during 2021/22.</p> <p><u>111 Direct Booking</u> Recent changes to the 2019/20 NHS standard contract included a new requirement for practices to make available one appointment per 3,000 patients per day for NHS 111 to book directly into practice appointments where the functionality existed.</p> <p>The CCG had been working with the Yorkshire Ambulance Service, NHS Digital and partners across South Yorkshire & Bassetlaw to enable the functionality and governance arrangements.</p> <p>All but one GP practice in Barnsley had signed the data sharing agreement with YAS. The CCG continued to support that practice.</p> <p><u>Doctorlink</u> As detailed in the long term plan and through the network contract DES, there was a requirement for all GP practices to have an online digital consultation platform that would support video consultations and other new systems by 2020/21.</p> <p>Doctorlink was the online digital consultation platform that had been procured by Barnsley, Doncaster, Sheffield and Bassetlaw CCGs for a period of two years with the option of a two years extension.</p> <p>One Barnsley GP practice had implemented Doctorlink and a further five practices would receive installation over the next few weeks. A rolling programme was in place to install Doctorlink at all Barnsley CCG GP practices.</p> <p><u>IT Projects Update</u> The Committee noted the information provided on the following IT Projects:-</p> <ul style="list-style-type: none"> • GPWIFI • HSCN • Windows 10 & GPIT Refresh • Apex Tool • Population Segmentation Tool • Mobile Working 		
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	The Committee: Noted the contents of the GP IT Update report.		
QUALITY AND FINANCE			
PCCC 19/11/09	<p>FINANCE UPDATE</p> <p>The Assistant Finance Manager presented the Finance Update on the financial position detailing funding allocations for delegated Primary Care Co-Commissioning budgets as at 30 September 2019 (Month 6).</p> <p><u>Forecast Position 2019/20</u></p> <p>The Committee noted that the forecast position as at Month 6 (September) was £202k underspend, the majority of which related to the underutilisation of 18/19 accruals.</p> <p><u>ICS Transformation Funding</u></p> <p>The Committee were informed that a total funding resource of £2,359k across the South Yorkshire & Bassetlaw footprint had now been received from the SYB ICS to support delivery of the General Practice Forward View and development of Primary Care Networks (PCNs).</p> <p>Barnsley CCG had been awarded £219k of the total funding which would be used to support the following schemes:</p> <ul style="list-style-type: none"> • GP Retention £59k • Practice Resilience £37k • Reception & Clerical Training £47k • Online Consultation £76k <p>The Committee noted that the remaining funding of £1,156k would be utilised to support the development of PCNs. From this £956k would be distributed to SYB CCGs.</p> <p>Barnsley CCG had been allocated £162k which would be received in Month 8 (November). The remaining £200k would be retained by the ICS to fund an Organisational Development programme across SYB.</p> <p><u>2020/21 – 2023/24 Planning</u></p> <p>The Finance & Contracting teams were currently developing the Long Term Financial Plan for 2020/21 to 2023/24 which would incorporate the Network Contract Direct Enhanced Service (DES) and other cost pressures funded from Primary Care Co-commissioning budgets.</p>		

	<p>It was noted that the budget for 2019/20 was above the CCGs allocation for Co-commissioning which would necessitate the use of Programme budgets to fund any shortfall against allocations.</p> <p>The Finance report indicated that this pressure was expected to increase, however full details of the plans would be reported at the CCG's Governing Body in January 2020 following which an update report would be shared with the Primary Care Commissioning Committee.</p> <p>The Committee noted the contents of the Finance Update report.</p>		
PCCC 19/11/10	<p>CQC UPDATES</p> <p>The Senior Primary Care Commissioning Manager introduced the CQC Report which provided members with an update on the current CQC position in relation to Primary Care contracts.</p> <p><u>CQC Inspections – Good Ratings</u> The following practices had been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> • Grimethorpe Surgery • Huddersfield Road Surgery <p>The CCG would write to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.</p> <p><u>CQC Inspections Completed/Planned</u> The CQC had also completed inspections of the practices listed below.</p> <ul style="list-style-type: none"> • Dove Valley Practice • Lundwood medical Centre • Royston High Street practice • Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service <p>Details of the outcome and the CQC report would be shared when published.</p> <p><u>CQC Outcome Publicity</u> With the support of Barnsley CCG Dodworth Medical Practice (Apollo Court) had provided a media release which was published in the Barnsley Chronicle on</p>		

	<p>Friday, 18 October 2019. The article entitled 'GP Surgery in Good Health' focussed on the practice being rated 'Good' by CQC inspectors and being out of special measures.</p> <p>The Committee:-</p> <ul style="list-style-type: none"> • Noted the Good rating from the CQC inspection of Grimethorpe Surgery • Noted the Good rating from the CQC inspections of Huddersfield Road Surgery and assurance of an action plan for the Well-Led domain rated as requires Improvement • Note the awaited CQC reports for: <ul style="list-style-type: none"> ○ Dove Valley Practice inspection completed 19 November 2019 ○ Lundwood Medical Centre inspection completed 19 November 2019 ○ Royston High Street Practice inspection completed 16 September 2019 ○ Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service were inspected 14 and 15 November 2019 • Noted the Publicity for the CQC outcome from the inspection of Dodworth Medical Practice (Apollo Court) 		
<p>PCCC 19/11/11</p>	<p>APOLLO COURT UPDATE</p> <p>This item was taken at the beginning of the meeting.</p> <p>The Chair welcomed Dr Madhavi Guntamukkala and James Barker to the meeting who had been invited to provide the Committee with an update on the challenges, journey so far and future vision of the Apollo Court Medical Centre.</p> <p>Dr Guntamukkala reminded members of the historic problems surrounding Apollo Court Medical Centre (previously known as Dodworth Medical Practice) which had been highlighted following a CQC inspection on 10 July 2018 and as a consequence had put the practice into special measures.</p> <p>Following a great deal of time and support from the CCG to the previous practice contract holders to address the concerns raised in the CQC report, the Barnsley Healthcare Federation (BHF) took over the Apollo Court contract on 1 January 2019 and on 1 April 2019 Dr Guntamukkala joined BHF as a GP Partner on the contract.</p>		

	<p>Since that time the Partners and their teams had made significant improvements to the practice and further improvements were planned for its future success the detail of which was discussed and provided in the presentation.</p> <p>The Director of Public Health commented that going forward; systems needed to be in place to ensure a failing practice received support from the CCG in advance of a CQC visit. The Senior Primary Care Commissioning Manager informed the Committee that the Primary Care Team had developed a number of systems and processes to help bench mark and review practice performance together with a system to try and pre-empt any issues to ensure this situation did not happen again.</p> <p>Dr Guntamukkala informed the Committee that whilst it had not yet been confirmed, the CQC Inspector suggested that the CQC may award the practice a flagship status which would enable the practice, CCG and BHF to collaborate and support other practices who were struggling.</p> <p>The Chair and Committee congratulated Dr Guntamukkala, BHF and their teams for the extremely impressive turnaround of Apollo Court Medical Centre which had clearly not been an easy journey.</p> <p>Dr Guntamukkala and James Barker left the meeting at this point.</p>		
CONTRACT MANAGEMENT			
PCCC 19/11/12	PUBLIC CONTRACTUAL ISSUES REPORT		
	<p>The Senior Primary Care Commissioning Manager introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to Primary Care contracts.</p> <p>PMS Contract Changes</p> <ul style="list-style-type: none"> <u>Victoria Medical Centre Contract Variation</u> An application had been received to vary the practice PMS contract in relation to a 24 hour retirement for Mark Smith on 9 January 2020. 		

	<p>GMS Contract Changes</p> <ul style="list-style-type: none"> • <u>Hollygreen Surgery</u> An application had been received to add one GP partner, Dr Awadallah to the Hollygreen Surgery contract from 1 October 2019. As this practice held a GMS contract the addition did not require amending and was for Committee information only. <p>Rent Reimbursement for GP Practices The Committee noted that the CCG had responsibility to approve rent reimbursements in line with the National Health Services recurring premises costs. The following reviews had been approved and actioned since April 2019:-</p> <ul style="list-style-type: none"> • All LIFT/Health Centre rents applied as per CHP schedule • C85003 Ashville • C85020 Huddersfield Road • C85622 Monk Bretton • C85005 Royston • C85013 Wombwell PMS • C85010 Rotherham Road (all buildings) <p>The CCG continued to fund the increased expenditure through CCG programme budgets.</p> <p>The Committee:-</p> <ul style="list-style-type: none"> • Approved the 24 hour retirement of Dr Mark Smith at Victoria Medical Centre • Noted the addition of Dr Awadallah to Hollygreen Surgery GMS contract • Noted the rent reimbursements. 		
<p>PCCC 19/11/13</p>	<p>PDA 2019/20 MID-YEAR REVIEW The Senior Primary Care Commissioning Manager introduced the PDA 2019/20 Mid-Year Update report. The report excluded the Medicines Optimisation Scheme as progress was monitored directly by the Medicines Management Team.</p> <p><u>2019/20 PDA Contract</u> All 33 practices had submitted an invoice for 30% of the 2019/20 PDA contract. Practices had now been invited to invoice the CCG for the next 30% of the payment providing they had submitted both Q1 and Q2 data returns. To date 29 practices had submitted an invoice.</p> <p>Scheme leads had met to identify any schemes that were not delivering as expected and/or to identify practices which were not on target for any schemes.</p>		

	<p>Practices who were not on target for delivering had received additional support. In addition the CCG continued to provide intensive support to those practices where last year particularly they had difficulty achieving targets.</p> <p>The Committee: Noted the information within the PDA 2019/20 Mid-Year Report.</p>		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 19/11/14	RISK AND GOVERNANCE REPORT		
	<p>The Head of Governance & Assurance provided an overview of the Risk and Governance Report confirming that no new risks had been identified since the previous meeting which needed to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register.</p> <p><u>Assurance Framework 2018/19</u> 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 six risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the six risks, there was one red risk (extreme), one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>It was reported that risk reference CCG 14/10 'Primary Care clinical workforce' (red risk) had been on the risk register for quite some time, however given the significant work that had taken place over the last 12-18 months to try and build capacity in Primary Care the Committee were asked if the risk score was still appropriate.</p> <p>Following a short discussion the Committee agreed that risk reference CCG 14/10 should remain as a red risk for the foreseeable future.</p>		

	<p><u>Primary Care Commissioning Committee Terms of Reference</u></p> <p>The Committee were reminded that following the resignation of the Lay Member for Accountable Care, the role of PCCC Vice Chair was now vacant.</p> <p>At the PCCC meeting held in September the Lay Member for Governance agreed to act as the PCCC Vice Chair providing this did not cause a conflict of interest with his other CCG work responsibilities.</p> <p>The Head of Governance & Assurance had consulted the relevant guidance around management of conflicts of interest and confirmed that providing the CCG ensured it maintained the integrity of the Lay Member for Governance's position as the conflicts of interest guardian, it was also possible to act as PCCC Vice Chair.</p> <p>It was consequently recommended that the Lay member for Governance act as the PCCC Vice Chair unless, when acting in that capacity, there was an item on the agenda where a conflict of interest needed managing then the Secondary Care Clinician would act as the PCCC Vice Chair for that particular item.</p> <p>The Committee:-</p> <ul style="list-style-type: none"> • Reviewed and agreed that the risks were being appropriately managed and scored. • Reviewed risk reference 14/10. • Approved the proposal re the Vice Chair of the Committee for inclusion in the Terms of Reference. 		
OTHER			
PCCC 19/11/15	<p>REFLECTION OF CONDUCT OF THE MEETING</p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
PCCC 19/11/16	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</p> <p>The Chair requested questions from the member of the public. The following question and response was noted:</p> <p>Question – Will information relating to the Primary Care Network Clinical Director, the six Neighbourhood Directors and the clinical priorities be made available to the public and if so when?</p>		

	<i>Response: The CCG will be releasing information concerning the make-up, clinical priorities and other related information concerning the Primary Care Network. This information will be published on the CCGs website in the near future.</i>		
PCCC 19/11/17	ITEMS FOR ESCALATING TO THE GOVERNING BODY It was agreed to escalate the following items to the Governing Body:- <ul style="list-style-type: none"> • CQC Update 		
PCCC 19/11/18	DATE & TIME OF NEXT MEETING Thursday, 30 January 2020 at 2.30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley S75 2PY		

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

30 JANUARY 2020

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **28 November 2019**

Minute ref	Issue	Action	Action/Outcome
	None		

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Action/Outcome
	None		

PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

Primary Care Estate

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<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"/>				
2.	PURPOSE											
	The purpose of the report is to provide the Primary Care Commissioning Committee with an update on Primary Care Estates and future plans.											
3.	REPORT OF											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <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></td> <td></td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive/Clinical Lead			Author	Julie Frampton	Head of Primary Care
	Name	Designation										
Executive/Clinical Lead												
Author	Julie Frampton	Head of Primary Care										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<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: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome										
5.	EXECUTIVE SUMMARY											
	<p>Barnsley CCG last commissioned a Primary Care Estates review in 2015 with a report submitted to the CCG by Capita in September 2015. A schedule of work was developed following the recommendations from the report and the CCG invested in remedial works to improve those properties identified as requiring immediate repairs.</p> <p>With the time elapse from this work and the transformation of Primary Care; following the publication of the Long Term Plan and Network Contract DES and coupled with the drive towards integration of service delivery, it is appropriate to revisit the Primary Care Estates Plan in conjunction with the Barnsley Strategic Estates Plan.</p> <p>The Strategic Estates Strategy is required to give an overview of all premises used by the health and social care providers across Barnsley to enable the drive</p>											

	towards integrated, community based care.
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note - for information
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	NONE

Agenda time allocation for report:	10 minutes.
---	-------------

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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
2.	Links to statutory duties			
	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
2A.	Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc.)		Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)	✓	Decisions in relation to the Premises Costs Directions Functions	✓
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA

3.2	Management of Conflicts of Interest (s14O)	
	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	Discharging functions effectively, efficiently, & economically (s14Q)	
	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	Improving quality (s14R, s14S)	
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>Barnsley CCG last commissioned a Primary Care Estates review in 2015 with a report submitted to the CCG by Capita in September 2015. A schedule of work was developed following the recommendations from the report and the CCG invested in remedial works to improve those properties identified as requiring immediate repairs.</p> <p>With the time elapse from this work and the transformation of Primary Care; following the publication of the Long Term Plan and Network Contract DES and coupled with the drive towards integration of service delivery, it is appropriate to revisit the Primary Care Estates Plan in conjunction with the Barnsley Strategic Estates Plan.</p>
2.	DISCUSSION / ISSUES
	<p>Barnsley has 33 practices operating across 54 sites. The estate comprises of a mix of privately owned property, NHS Property Service managed and property managed by Community Health Partnerships.</p> <p>A review of the estate was carried out in 2015-16 by Capita and a 6 facet survey was undertaken at 40 properties in and around Barnsley. The LIFT and NHS Property Services buildings were overall of a high standard and in good condition however the older GP owned properties were not in quite as good condition. An assessment of backlog work required to achieve Condition B was estimated at £869k with 5 properties found to be beyond reasonable repair. A schedule of works was recommended and a number of premises underwent remedial works to improve the condition and safety of the premises during 2016 at a total cost of £333k. The 5 practices deemed beyond repair are still in use with remedial works carried out at 3 of the 5 sites.</p> <p>During 2018-19 a number of Capital Bids were worked up by practices with support from the CCG with a view to submission to NHS England for approval. Three bids went through the Capital approval process and the only bid to go ahead was for a large extension to The Grove – Brampton Site which is currently underway. In 2019-20 Kingswell Surgery had a successful Capital Bid for internal alterations to create extra consulting rooms to support their bid to become a training practice.</p> <p>The Primary Care team, with our Finance Manager, track all rent reviews with support from NHS England. We have a number of LIFT sites that are not fully utilised and we have some practices asking for additional space due to growth in list size and staffing as the workforce diversifies. With the development of the Primary Care Network and 6 Neighbourhood Networks it is appropriate that our Strategic Estates Strategy and primary care estate undergo review.</p> <p>The Barnsley Primary Care system is undergoing one of the largest change programmes aimed at providing improved and more efficient integrated services at a local and regional level. The South Yorkshire and Bassetlaw</p>

Integrated Care System is moving forward with some momentum and for further development of the “Barnsley place” to be fully realised an estates review would be timely.

The vision for the future of health and care in Barnsley is to create an integrated joined up health and care system; A system where the people of Barnsley don't see organisational boundaries. Patients and their families are supported and empowered by what feels like “one team”, each delivering their part without duplication. Our goal is to dismantle boundaries at the point of delivery of care, to create a Barnsley where patient interests comes first and organisational interests and barriers second.

Through the Primary Care Network (PCN), and its 6 Neighbourhood Networks, Barnsley is committed to delivering improved services for everybody by directly delivering or commissioning the highest quality services available. We want to provide these high quality services as close to people's homes as is practicable and possible and to support the development of service delivery in a more integrated way.

The CCG's Strategic Estates Strategy and, as a consequence, the Primary Care Estates Strategy requires updating to take into consideration the needs of the PCN and underlying neighbourhood networks along with the wider Barnsley provider picture to develop a robust cross organisation estate plan. The primary care strategy will help to identify the practices most in need of backlog maintenance and identify practices no longer fit for purpose. It will support the identification of estate most suitable for supporting the wider integration aspirations and out of hospital care sites.

We recognise that property and the built environment is an important component to delivering high quality, accessible and efficient services. It is important that the existing Primary Care estate is able to effectively support the delivery of a more integrated, accessible, innovative and efficient range of public services and is an enabler to develop shared services to support the community.

The requirement to 'left-shift' care closer to peoples own homes and away from an acute setting will require high quality community and primary care bases, to accommodate new pathways and teams working to deliver out-of-hospital care. To ensure the longevity and relevance of the solutions developed through the Primary Care Estates Plan the future estate must:

- Be an enabler to effective service delivery
- Be fit for purpose and of high quality
- Have good accessibility for people
- Be efficient and make optimum use of resources

- Be efficient and have optimum cost base and investment needs
- Be sustainable – operationally, economically, environmentally
- Be adaptable to changing requirements and support new service models
- Have Investment / Disinvestment / Utilisation decisions based on evidence and need.

An up to date detailed utilisation study would provide valuable information to help inform service planning and identify opportunities. Such a study would help to confirm planning assumptions and assist accommodation planning to support the new integrated service delivery plans across the PCN.

There may be surplus capacity in some locations above stakeholder demand in the Neighbourhood Networks. Over a third of GP practices appear to be occupying excess space for their patient list size, but premises costs are reclaimable from the CCG in most cases, thus giving little incentive to use space more effectively.

In order to help shape the future estate for Barnsley, and address the key issues, a number of key points would form the basis of an estates plan and these are:

1. To divest of poor quality, poorly performing and surplus assets
2. That public and patient facing services are prioritised for use of high quality assets
3. To develop assets for the delivery of new models of care and service delivery
4. To prioritise and enable use of high quality assets such as LIFT buildings
5. To co-locate services where possible with shared and/or sessional use
6. To develop agile working
7. To co-locate and integrate support functions where possible
8. To plan for replacement of aging, poor quality and ineffective assets

Community Health Ventures have been approached by the Director of Commissioning with regard to the Strategic Estates Strategy and discussions have taken place with regard to undertaking a comprehensive review of the Barnsley wide estate. From a Primary Care perspective we have asked for a detailed review of the properties used to deliver Primary Medical Services and an up to date utilisation report for the LIFT buildings. We have also requested a feasibility study for the Penistone Neighbourhood Network using The Grove – Dodworth as a hub site to develop a model of integrated service delivery.

3.	DELIVERY OF STATUTORY AND GOOD GOVERNANCE REQUIREMENTS
3.1	Clinical Leadership Not Relevant
3.2	Management of Conflicts of Interest (s14O) Not Relevant
3.3	Discharging functions effectively, efficiently, & economically (s14Q) Not Relevant
3.4	Improving quality (s14R, s14S) Not Relevant
3.5	Reducing inequalities (s14T) Not Relevant
3.6	Public Involvement & Consultation (s14Z2) Not Relevant
3.7	Data Protection and Data Security (GDPR, DPA 2018) Not Relevant
3.8	Procurement considerations Not Relevant
3.9	Human Resources Not Relevant
3.10	Environmental Sustainability Not Relevant
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>The Strategic Estates Strategy is required to give an overview of all premises used by the health and social care providers across Barnsley to enable the drive towards integrated, community based care. The Primary Care Estate is integral to delivery and also needs to be assessed in the overall Barnsley picture.</p> <p>The risks to the CCG are:</p> <ol style="list-style-type: none"> 1. Identification of significant backlog maintenance required and the cost associated with remediation 2. The estate across all providers that is no longer fit for purpose may impact on the integration journey 3. A “hub and spoke” model across Penistone Neighbourhood Network is not feasible 4. The wider Barnsley impact of what is currently unknown until the Strategic Estates work is completed and identified
5.	CONCLUSIONS & RECOMMENDATIONS
	Undertaking a comprehensive estates review is timely with the transformation of Primary Care now underway and with the drive towards integration. To support the delivery of fully integrated services across Barnsley and all providers will require the estate to be of high quality and fit for delivery.
6.	APPENDICES TO THE REPORT
	None

PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR																
	<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"/>									
2.	PURPOSE																
	<p>This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 30th November 2019 (Month 8).</p>																
3.	REPORT OF																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Ruth Simms</td> <td>Assistant Finance Manager</td> </tr> </tbody> </table>									Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Ruth Simms	Assistant Finance Manager
	Name	Designation															
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer															
Author	Ruth Simms	Assistant Finance Manager															
4.	SUMMARY OF PREVIOUS GOVERNANCE																
	<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: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>								Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome															
5.	EXECUTIVE SUMMARY																
5.1	<u>Forecast Position 2019/20</u>																
	<p>The forecast position as at Month 8 is (£26k) underspend, Appendix A sets out the movements from budget, however the majority of this underspend relates to the underutilisation of 18/19 accruals.</p> <p>Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance</p>																

	and Performance Committee and Governing Body.		
5.2	<p><u>ICS Transformation Funding</u></p> <p>We have now received funding from the South Yorkshire and Bassetlaw (SYB) ICS to support delivery of the General Practice Forward View (GPFV) and development of Primary Care Networks (PCNs) of £219k. Total available resource across the footprint is £2,395k. This funding will support the following schemes;</p> <ul style="list-style-type: none"> • GP Retention £59k, • Practice Resilience £37k, • Reception & Clerical Training £47k • Online Consultation £76k. <p>The remaining funding of £1,156k across SYB will be utilised to support Primary Care Network (PCN) development. From this £956k will be distributed to SYB CCGs, Barnsley CCG has received an allocation of £162k. The ICS will retain £200k of the total remaining funding which will fund Organisational Development programmes that can be delivered across SYB.</p> <p>Further allocations are available across the footprint for Training Hub £265k, Fellowship Core Offer £238k and Fellowship Aspiring Leaders £304k. The ICS Primary Care Board is looking at the way in which this will be allocated.</p>		
5.3	<p><u>2020/21 – 2023/24 Planning</u></p> <p>The CCG Finance and Contracting Team are currently developing the Long Term Financial Plan for 2020/21 -2023/24 which incorporates all aspects of the Network Contract Direct Enhanced Service (DES) and other known cost pressures funded from within the Primary Care Co-commissioning budgets. PCCC is aware that the budget for 2019/20 is above the CCG allocation for Co-Commissioning and funding from within CCG Programme budgets fund the shortfall against allocations. This pressure is expected to increase, however full details will be reported through Governing Body as part of the operational planning process which is expected to be in January 2020. Further details will be provided to PCCC once this work is complete.</p>		
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:		
	<ul style="list-style-type: none"> • Note the contents of the report 		
7.	APPENDICES / LINKS TO FURTHER INFORMATION		
	<ul style="list-style-type: none"> • Appendix A – Finance Monitoring Statement for 2019/20 		
<table border="1"> <tr> <td>Agenda time allocation for report:</td> <td>10 minutes.</td> </tr> </table>		Agenda time allocation for report:	10 minutes.
Agenda time allocation for report:	10 minutes.		

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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
2.	Links to statutory duties			
	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
2A.	Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)		Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			N/A

3.2	Management of Conflicts of Interest (s14O)	
	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?	N/A
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	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)?	Y
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	N/A
3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	N/A
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	N/A
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	N/A
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	N/A
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	N/A
	Has a Single Tender Waiver form been completed if appropriate?	N/A
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	N/A
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	N/A
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	N/A

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APPENDIX A

NHS BARNSELY CLINICAL COMMISSIONING GROUP
Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 8
FOR THE PERIOD ENDING 30th November 2019

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	458,541	-	458,541	496,834	38,293	8.35%	Overspend includes a number of areas - Minor Surgery - underutilisation of 18/19 accruals of (£11k). FOT £20k over for 19/20 YTD actuals higher than expected. Learning Disability - underutilisation of 18/19 accruals of (£3k). FOT £13k over for 19/20 YTD actuals higher than expected. Specialist Allocation Scheme £19k overspend, the number of patients eligible for the scheme have increased.
GENERAL PRACTICE - APMS	1,222,245	-	1,222,245	1,227,115	4,870	0.40%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (October 2019). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes included in the position resulting in a £40k overspend on GMS and £5k overspend in APMS. The impact of the GMS/PMS review can also be seen within the FOT resulting in a £9k overspend on PMS contracts.
GENERAL PRACTICE - GMS	11,754,245	-	11,754,245	11,794,099	39,854	0.34%	
GENERAL PRACTICE - PMS	12,351,060	-	12,351,060	12,359,852	8,792	0.07%	
OTHER GP SERVICES	1,503,536	-	1,503,536	1,614,862	111,326	7.40%	Overspend includes a number of areas - Prescribing & Dispensing - underutilisation of 18/19 accruals of (£15k). FOT £63k over for 19/20 YTD actuals higher than expected. Telephone and Transport - underutilisation of 18/19 accruals of (£4k). FOT for 19/20 includes £10k for DPO as per National GP Guidance. Included in the FOT is £173k for N3/HSCN costs in GP Practices moved from admin & FOT overspend for other telephone costs of £4k. Locum & Sickness - underutilisation of 18/19 accruals of (£98k) actuals lower than expected. Seniority - FOT (£37k) YTD actuals lower than expected. Forecast includes £15k for GP Retention scheme as approved at Primary Care Co Commissioning Committee. Additional costs for sterile products for £7k included in the Forecast. Other minor movements of (£7k).
OTHER PREMISES	133,642	-	133,642	(91,121)	(224,763)	-168.18%	Underspend due to underutilisation of 18/19 accruals of (£124k) due to actuals been lower than expected. FOT (£101k) actuals lower than expected.
PREMISES COST REIMBURSEMENT	5,385,120	(22,291)	5,362,829	5,523,948	161,119	3.00%	Overspend relates to £68k from 18/19 relating three backdated rent reviews. Overspend of £93k for 19/20 due to review of current rent reimbursements taking place compared to previous and a percentage increase included in the forecast.
QOF	3,785,941	-	3,785,941	3,628,924	(157,017)	-4.15%	Underspend due to 18/19 QOF Achievement lower than expected (£187k). 19/20 QOF Achievement FOT £9k over and QOF Aspiration FOT £21k overspend YTD higher than expected.
Primary Care Network DES	1,195,584	-	1,195,584	1,186,955	(8,629)	-0.72%	Underspend due to underutilisation of 18/19 Extended Hours accruals of (£12k) actuals lower than expected. Quarter 1 Extended Hours £3k overspent actuals higher than expected.
TOTAL PRIMARY MEDICAL SERVICES	37,789,914	(22,291)	37,767,623	37,741,468	(26,155)	-153.48%	

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE
30 January 2020
CQC REPORT
PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><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"/>					
2.	PURPOSE											
	The purpose of this report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.											
3.	REPORT OF											
	<table border="1"> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> <tr> <td>Lead</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> <tr> <td>Author</td> <td>Terry Hague</td> <td>Primary Care Transformation Manager</td> </tr> </table>		Name	Designation	Lead	Julie Frampton	Head of Primary Care	Author	Terry Hague	Primary Care Transformation Manager		
	Name	Designation										
Lead	Julie Frampton	Head of Primary Care										
Author	Terry Hague	Primary Care Transformation Manager										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> <tr> <td>Quality and Patient Safety Committee</td> <td>02/10/2019</td> <td>Noted</td> </tr> <tr> <td>Primary Care Quality Improvement Group</td> <td>07/11/2019</td> <td>Noted</td> </tr> </table>			Group / Committee	Date	Outcome	Quality and Patient Safety Committee	02/10/2019	Noted	Primary Care Quality Improvement Group	07/11/2019	Noted
Group / Committee	Date	Outcome										
Quality and Patient Safety Committee	02/10/2019	Noted										
Primary Care Quality Improvement Group	07/11/2019	Noted										
5.	EXECUTIVE SUMMARY											
	<p><u>CQC Inspections - Good Ratings</u></p> <p>The following practices have been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> High Street Practice, Royston <p>High Street Practice, Royston was inspected on the 8 October 2019. In the report published on the 15 November 2019 the practice received a rating of Good overall and across all domains with the exception of services being effective which was rated as Requires Improvement. The practice had last been inspected in January 2016 and had been rated</p>											

as Good overall and across all domains with the exception of services being safe which was rated as Requires Improvement. The rating for the safe domain was amended to good following a re-inspection of this domain in January 2017.

The CQC completed an Annual review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Safe, Effective and Well-led when they completed the inspection in October.

You can read the report in full on the CQC's website at:

<https://www.cqc.org.uk/location/1-564371357>

- **Lundwood Medical Centre**

A CQC inspection took place on the 19 November 2019. In the report published on the 20 December 2019, the practice received a rating of 'Good' overall and across all domains with the exception of services being safe which was rated as Requires Improvement.

The CCG is liaising with the practice and is assured that an action plan has been developed and to offer support.

The practice had last been inspected in December 2015 and had been rated as Good overall and across all domains

You can read the reports in full on the CQC's website at:

<https://www.cqc.org.uk/location/1-585217311/reports>

- **The Dove Valley Practice**

The Dove Valley Practice was inspected on the 19 November 2019. In the report published on the 19 December the practice received a rating of Good overall.

The practice had last been inspected in December 2014 and had been rated as Good overall and across all domains with the exception of services being safe which was rated as Requires Improvement. The rating for the safe domain was amended to good following a re-inspection of this domain in December 2016.

The CQC completed an Annual review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Effective and Well-led when they completed the inspection in November.

You can read the report in full on the CQC's website at:

<https://www.cqc.org.uk/location/1-550650216>

The CCG will write to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.

CQC Inspections – Requires Improvement Ratings

The following practices have been inspected and received a rating of 'Requires Improvement'.

	<ul style="list-style-type: none"> Caxton House Surgery <p>A CQC inspection took place on the 16 October 2019. In the report published on the 6 December 2019, the practice received a rating of 'Requires Improvement' overall. The Safe, Caring and Responsive domains are rated Good with Effective and Well-led domains being rated as requires improvement.</p> <p>The practice had last been inspected in February 2019 and had resulted in a rating of Inadequate overall. The safe, effective and well-led domains had been rated inadequate at this inspection, with responsive being classified as requires improvement and the caring domain rated as good.</p> <p>The CCG is liaising with the practice for assurance that an action plan is progressing and to offer support.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-537684078</p> The Rose Tree Practice <p>A CQC inspection took place on the 2 October 2019. In the report published on the 27 November 2019, the practice received a rating of 'Requires Improvement' overall. The Effective, Caring and Responsive domains are rated Good with Safe and Well-led domains being rated as requires improvement.</p> <p>The practice had last been inspected in February 2019 and had resulted in a rating of Inadequate overall. The safe and well-led domains had been rated inadequate at this inspection, with effective, caring and responsive being classified as requires improvement.</p> <p>The CCG is liaising with the practice and is assured that an action plan is progressing and to offer support, particularly during a period of structural change.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-585047377/reports</p>
	<p>CQC Inspections Completed/Planned</p> <p>The CQC have also completed inspections of the practice listed below. Details of the outcome and their report will be shared when published.</p> <ul style="list-style-type: none"> Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service were inspected 14 and 15 November 2019 The Kakoty Practice was inspected in December 2019. Lakeside Surgery is due to be inspected shortly following completion of their registration <p>Assurance regarding the outcome of these will be brought to the next possible committee meeting.</p>
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the Good rating from the CQC inspection for Dove Valley Practice

	<ul style="list-style-type: none"> • Note the Good rating from the CQC inspection for Lundwood Medical Centre and assurance of an action plan for the Safe domain which is rated as Requires Improvement • Note the Good rating from the CQC inspection of High Street Practice Royston and assurance of an action plan for the Effective domain which is rated as Requires Improvement • Note the awaited CQC reports for: <ul style="list-style-type: none"> ○ Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service ○ The Kakoty Practice ○ Lakeside Surgery
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	None

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

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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:			2.1
2.	Links to statutory duties			
	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
2A.	PCCC - Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA

3.2	Management of Conflicts of Interest (s14O)	
	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	Discharging functions effectively, efficiently, & economically (s14Q)	
	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	Improving quality (s14R, s14S)	
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

CONTRACTUAL ISSUES REPORT
PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<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"/>			
<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"/>					
2.	PURPOSE											
	The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.											
3.	REPORT OF											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Lead</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> <tr> <td>Author</td> <td>Terry Hague</td> <td>Primary Care Transformation Manager</td> </tr> </tbody> </table>				Name	Designation	Lead	Julie Frampton	Head of Primary Care	Author	Terry Hague	Primary Care Transformation Manager
	Name	Designation										
Lead	Julie Frampton	Head of Primary Care										
Author	Terry Hague	Primary Care Transformation Manager										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	The matters raised in this paper have been subject to prior consideration in the following forums: <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Not Applicable</td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Not Applicable					
Group / Committee	Date	Outcome										
Not Applicable												
5.	EXECUTIVE SUMMARY											
	PMS Contract Changes <ul style="list-style-type: none"> None received GMS Contract Changes <ul style="list-style-type: none"> Chapelfield Medical Centre Barnsley CCG has received an application to remove one GP partner Dr A Mistry from Chapelfield Medical Centre contract from 30 June 2020 due to retirement. The practice is a GMS practice with 10,540 patients and currently has 3 											

	<p>contract holders.</p> <p>This removal does not require an amendment to the contract due to it being a GMS contract so this item is to note for information only.</p>
	<p>Pseudo Dynamic Purchasing System for GP Services</p> <p>NHS England and NHS Improvement is launching a new online procurement tool which will include a list of pre-approved GP providers that local commissioners can invite to deliver their local GP service needs, including caretaker services. This approach, known as a Pseudo Dynamic Purchasing System (PDPS), is planned to be live from January 2020.</p> <p>The new online procurement tool provides two main 'lots' for securing GP services, Lot 1 for routine GP services and Lot 2 for caretaker services. The length of time of the PDPS is 4 year period.</p> <p>The key drivers, objectives and benefits of the system are to establish a procurement portal/platform; available to all local commissioners where APMS services can be procured when needs arise; aiming to achieve cost and non-cost benefits for commissioners and providers by creating a quicker, easier and leaner process. The initiative is not a replacement for local commissioner's roles and responsibilities for planning their procurement projects.</p> <p>An information fact sheet produced by NHSE has been shared with all GPs for information inviting them to apply to join the PDPS. Ideally providers would be encouraged to apply to maximise the PDPS. Once vetted the length of time on the PDPS is a 4 year period.</p> <p>Barnsley CCG currently has 4 APMS contracts in place for routine GP services with Lakeside Surgery, BHF Brierley Medical Centre; Highgate Surgery and Lundwood Surgery. These contracts expire 7/11/2024, 30/11/20, 31/03/31 and 31/03/31 respectively. Additionally a caretaker contract is already in place procured on a SYB foot print.</p> <p>Consideration will need to be given to use of the PDPS for future procurement of APMS contracts. Procurement support will continue to be provided to the CCG through NHS South Yorkshire Procurement Service.</p>
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note - the planned removal of Dr Ajay Mistry from the Chapelfield Medical Centre contract due to retirement Note - the launch of the new Pseudo Dynamic Purchasing System for GP Services online procurement tool
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> None

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

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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:			2.1
2.	Links to statutory duties			
	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
2A.	PCCC ONLY - Links to delegated primary care commissioning functions			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (<i>place ✓ beside all that are relevant</i>):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc.)	✓	Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA

3.2	Management of Conflicts of Interest (s14O)	
	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	Discharging functions effectively, efficiently, & economically (s14Q)	
	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	Improving quality (s14R, s14S)	
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/>
2.	PURPOSE		
	<ul style="list-style-type: none"> To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives. To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately. 		
3.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
4.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	N/A		
5.	EXECUTIVE SUMMARY		
	Introduction In common with all committees of the CCG, the Primary Care Commissioning Committee 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.		

Assurance Framework

The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. The GBAF is refreshed at the start of each financial year then reported to every meeting of the Governing Body as part of the Risk & Governance Exception Report.

Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care Commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

- 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 workforce
 - Workforce and capacity shortage, recruitment and retention
 - Under development of opportunities of primary care at scale, including new models of care
 - Not having quality monitoring arrangements embedded in practice
 - Inadequate investment in primary care
 - Independent contractor status of General Practice.

Risk Register

The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.

The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract risk register of risks associated with the Primary Care Commissioning Committee.

There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), two yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.

Additions / Removals

There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.

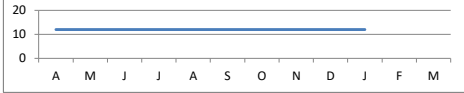
Members are asked to review the risk detailed on Appendix 2 to ensure that the risk is being appropriately managed and scored.

6.	THE COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> Review and agree that the risks are being appropriately managed and scored. 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix 1 – GBAF Appendix 2 – Risk Register (extract) 	
Agenda time allocation for report:		5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register	
	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	
2.	Links to statutory duties	
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
3.1	Clinical Leadership	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
3.2	Management of Conflicts of Interest (s14O)	
	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	Discharging functions effectively, efficiently, & economically (s14Q)	
	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	Improving quality (s14R, s14S)	
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: Deliver investment into Primary Care Improve Infrastructure Ensure recruitment/retention/development of workforce Address workload issues using 10 high impact actions Improve access particularly during the working week, more bookable appointments at evening and weekends. Every practice implements at least 2 of the high impact 'time to care' actions Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews Develop and maintain PCN with 100% coverage by 30 June.2019 and support the transition and further development of the PCNs				Highest quality governance		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 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					
				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		JH		Clinical Lead		NB	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Jan-20		
Initial	3	4	12					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.			
Current	3	4	12								
Appetite	3	4	12								
Approach	TOLERATE										
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
Support practices to complete HEE Workforce Analysis tool. Ensure all practices install APEX and use this for capacity and demand assessment. This will also help to inform the workforce requirements. Those practices not utilising the APEX tool will be required to use the National Workforce Tool for monitoring workforce data.				All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE. All practices (with 1 exception) has agreed to install and use the APEX tool. The installation process is monitored via the SYB D2 Group to ensure compliance and rigorous monitoring. APEX use is to be incentivised through the 2019/20 PDA to maintain workforce data.				In progress			
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				BEST programme and Programme co-ordination being led by BHF				Ongoing			
Development of locality working through the establishment of PCN's				6 Neighbourhood Networks have been agreed with the support of a single super Primary Care Network worked by the GP Federation. These are co-terminous with previous CCG and Local Authority localities (submission completed) and signing up to the new Network Framework Agreement and Network Contract DES. This supports the transition and development of formal Primary Care Networks to deliver the primary care elements of the NHS Long Term Plan. Meetings are set for the year to ensure that the PCNs are able to meet regularly.				In progress			
BHF - Existence of strong federation supports Primary Care at Scale				BHF contract monitoring, oversight by PCCC				Ongoing			
Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life) Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care. This service has now extended to include high intensity users.				Monitored through PDA Contract monitoring of My Best Life's contract is monitored regularly. The 2019-20 PDA ensures that each practice continues to have a "My Best Life Champion". Social Prescribing is a key element in the Long Term Plan and a new cohort of Link Workers will support PCNs to deliver the requirements.				Ongoing			
Programme Management Approach of GPFV & Forward View Next steps				GPFV assurance returns submitted quarterly to NHSE. Regular updates on progress are reported to PCCC as per PCCC work plan.				Ongoing			
Care Navigation roll out - First Port of Call Plus				BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns				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. 18/19 results to be reported to Membership Council Spring 2019. Results show that BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement.				Ongoing			
SY Workforce Group in place; ICS has a workforce hub and a workforce lead for Barnsley the workforce hub is a collaboration with CCG's, HEE, providers and Universities.				BCCG is represented on the group. BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care.				Ongoing			
Gaps in assurance						Positive assurances received					
None identified											
Gaps in control						Actions being taken to address gaps in control / assurance					
RR 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 CCG and BHF work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward. Practices encouraged to look at skill mix with innovative recruitment. Recruitment of phase 2 Clinical Pharmacist completed The Primary Care Network and underpinning 6 Neighbourhood Networks are established and have started to work on elements of the Network Contract DES and Long Term Plan					

RISK REGISTER – January 2020

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)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	16	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	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			
CCG 14/10	2, 5, 6	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	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. The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley. NHS England has published an Interim People Plan to support the workforce challenge. The CCG's Primary Care Development Workstream	Head of Primary Care. (Primary Care Commissioning Committee)	Governing Body	4	4	16	01/20	January 2020 - 3 conditional offers to Clinical Pharmacists by BHF as part of the Additional Roles via the Network Contract DES. December 2019 - Recruitment of additional roles underway as part of the Network Contract DES. 2020-21 PDA is under development. November 2019 There are a	02/20

			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
		services could be further away from their home.				<p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists & 2 technicians in March 2019.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p>							<p>number of staffing initiatives included within the Network Contract DES and across the ICS that aim to recruit staff to support GP practices. Work is underway with the PCN and ICS to facilitate this.</p> <p>This further mitigation helps to reduce the risk.</p> <p>October 2019 There are a number of current local initiatives to support the Primary Care workforce, these include: Nurse VTS scheme, New GP contract roles, GP retention, clinical pharmacist programme and Advanced Clinical Practitioner</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			
													courses. These initiatives will continue to be built on and embedded to support primary care recruitment and retention.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	11/19	<p>November 2019 The CCG continues to effectively manage its delegated responsibility.</p> <p>August 2019 The CCG continues to effectively manage its delegated responsibility.</p> <p>May 2019 The CCG continues to effectively manage its delegated responsibility.</p>	02/20

			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
													February 2019 – Recruited staff now in post will support the CCG to meet its delegated responsibilities.	

PRIMARY CARE COMMISSIONING COMMITTEE

30 January 2020

DRAFT PCCC ANNUAL ASSURANCE REPORT 2019-20

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<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"/>	
2.	PURPOSE		
	<ul style="list-style-type: none"> The Primary Care Commissioning Committee Annual Assurance Report 2019-20 is attached for the Committee's consideration and approval. 		
3.	REPORT OF		
		Name	Designation
	Executive Leads & Authors	Richard Walker	Head of Governance & Assurance
		Julie Frampton	Head of Primary Care
4.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	N/A		
5.	EXECUTIVE SUMMARY		
	All of the CCG's Committees are required to produce an Annual Assurance Report for submission to the Audit Committee and subsequently the Governing Body. The purpose of the reports are to provide the Accountable Officer, and the Governing Body, with assurance that the Committees have discharged the responsibilities delegated to them in their Terms of Reference and have managed the key risks within their remit. In addition, an annual report from the committee is required as part of the Delegation Agreement and it is intended that this report will meet that requirement and will be provided to NHS England.		

6.	THE COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none">Consider and approve the Draft PCCC Annual Assurance Report 2019-20	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none">Appendix 1 – Draft PCCC Annual Assurance Report 2019-20	
Agenda time allocation for report:		5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	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:			ALL
2.	Links to statutory duties			
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	Management of Conflicts of Interest (s14O)			
	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	Discharging functions effectively, efficiently, & economically (s14Q)			
	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	Improving quality (s14R, s14S)			
	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	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
3.10	Environmental Sustainability	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2019/20

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 2019/20 the Committee has met four times. All meetings were quorate. The membership and attendance of the Primary Care Commissioning Committee **to date** during 2019/20 is set out in the table below.

Name	Role	Meetings attended
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	4/4
Sarah Tyler*	Lay Member for Accountable Care	1/2
Nigel Bell	Lay Member for Governance	4/4
Mike Simms	Governing Body Secondary Care Clinician	4/4
Lesley Smith	Chief Officer	3/4
Richard Walker	Head of Governance and Assurance	3/4
GP Clinical Advisers (non-voting)		
Dr Nick Balac	Chair of the Governing Body	1/4
Dr Sudhagar Krishnasamy	Medical Director	4/4
Dr Mark Smith	Elected Governing Body Member	4/4

*Sarah Tyler resigned effective from August 2019 so was only eligible to attend 2 meetings of PCCC. This position remains vacant.

- 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 September 2019 with a further discussion in November 2019. The following changes have been discussed and agreed by the Committee and **will be** presented for Governing Body's consideration and approval in January 2020 (*changes shown below in italics*):

Ref	Proposed change
Introduction	<p>4. It is a committee comprising representatives of the following organisations:</p> <ul style="list-style-type: none"> • NHS Barnsley CCG; • Healthwatch Barnsley (non-voting attendee); • Barnsley Metropolitan Borough Council (non-voting attendee) and • <i>NHS England (NHSE) (non-voting attendee)</i>
Membership	<p>22. The Committee shall consist of:</p> <ul style="list-style-type: none"> • Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair) • Lay Member for Governance (<i>Vice Chair</i>) • Lay Member for Accountable Care (<i>currently vacant</i>) • Governing Body Secondary Care Clinician • Chief Officer • Head of Governance and Assurance
Vice Chair	<p>25. <i>The Vice Chair of the Committee shall be the Lay Member for Governance. To preserve the integrity of his role as Conflicts of Interest Guardian, when chairing the PCCC in the absence of the Chair, the Lay Member for Governance will relinquish the chair to the Secondary Care Clinician for any items which come up for discussion or decision and in relation to which material interests have been declared in order that he can form an objective view as to the appropriateness of the management of those declared conflicts.</i></p>
Decisions	<p>47. <i>The Committee will present its minutes to NHS England (North) area team of NHS England after each meeting for information, by sharing them with NHSE's nominated representative on the committee. An assurance report will be presented to the Governing Body of the CCG after each meeting along with adopted minutes of the business transacted in public. The committee will also provide an Annual Assurance Report to the Governing Body at the end of each financial year.</i></p>

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 At its meeting in November 2019 PCCC received a report which provided the Committee with the findings from the CCG Committee Effectiveness Survey in respect of the Primary Care Commissioning Committee. The findings from the survey responses demonstrated an overall consensus from Members that the Committee was working effectively and that there were no findings which would suggest any immediate major actions to improve the effectiveness of the Committee.

3.4 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. In accordance with this mandate the CCG's internal auditor, 360 Assurance, is currently undertaking a review of the CCG's arrangements for primary care commissioning and contracting. It is expected that the report will be completed by March 2020.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the PCCC's work during 2019/20 include:

- Supporting local Practices to prepare for and respond to full CQC inspections and the new Annual Reviews – see paragraph 4.2 below.
- Providing oversight of the financial and contractual aspects of the PDA
- Taking part in the South Yorkshire and Bassetlaw procurement of Emergency APMS contract (this framework now has 7 potential providers on for emergency GP contract procurement with 6 expressing an interest in Barnsley)
- Undertook and completed an AQP procurement for Vasectomy and Carpel Tunnel with Nerve Conduction Studies and secure additional providers
- Implemented the Home Visiting service following a procurement process
- Overseeing the opening and commencement of Primary Medical Services operating from Burleigh Medical Centre
- Overseeing the local process for providing additional capacity in primary care at Easter and for the winter
- Supporting the CCG in managing conflicts of interest.

4.2 Of particular note was the support provided to the following practices where they had received ‘inadequate’ ratings resulting from CQC inspections during 2019/20. The Practices were:

- Dodworth Practice (Apollo Court) – New contract holders varied onto this contract and started to provide Primary Medical Service from April 2019 following the CQC inspection and “inadequate” rating. The practice has seen a massive improvement and on revisits by the CQC has been commended for the rapid improvement and has been asked to be a site of “best practice” in how to work towards improving quality quickly and safely
- Caxton House Surgery – a lot of work has gone into supporting this single handed practice which was rated “Inadequate”. The work continues and the practice has now achieved “Good” in 3 domains and “Requires Improvement” in the remaining 3 domains
- Rose Tree Practice – following the CQC inspection the practice has seen the retirement of its Senior Partner and the Practice Manager leave the practice. A lot of support for the new Practice Manager has helped the practice to improve and achieve “Good” in 3 domains and “Requires Improvement” in the remaining 3 domains.

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 branch/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 2019/20
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 2019/20
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 2019/20, and no practices have closed

Approving practice mergers	There have been no proposals for practice mergers for approval in 2019/20
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 2019/20
Dispersing lists of GP Practices	Would be raised through the contractual issues report - none required in 2019/20
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 2019/20
List cleansing in relation to GP Practices	No such requests have come to the Committee during 2019/20
<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 Primary Care Strategy is currently being refreshed for 2019- 2023 due to the changes from the Long Term Plan and Network Contract DES aimed at supporting Primary Care
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 of conflicts of interest	Decisions have been taken in 2019/20 AQP for Vasectomy and Carpel Tunnel with Nerve Conduction Studies and for the Home Visiting Service

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 early in 2019/20 one GBAF risk continues to be allocated to the PCCC for oversight, as follows:

- Risk ref 2.1 - 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 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.

- 6.3** The risk was rated as 12 (amber – high) at the start of the year and has 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 the risk.

Corporate Risk Register

- 6.4** The PCCC began the year with six risks on its risk register, of which one was rated as red ('extreme'). There are currently five risks on the Committee's 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** During the year the following risk was re-allocated from Primary Care Commissioning Committee to Audit Committee:

- If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 (updated 2017) there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.

- 6.6** There is currently one remaining re ('extreme') risk on the PCCC risk register as follows:

Risk	Mitigation
<p>14/10: If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce there is a risk that:</p> <p>(a) Some practices may not be viable,</p> <p>(b) Take up of PDA or other initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>	<p>Practices continue to report their workforce figures and these are presented and monitored through the quality dashboard.</p> <p>A new cohort of Clinical Pharmacists has been employed to support practices and the CCG has supported 2 VTS Nurse posts based within the Barnsley Healthcare Federation.</p> <p>The Network Contract DES has also supported Primary Care Networks with additional roles and for 2019/20 Social Prescribing Link Workers and Clinical Pharmacists are set for recruitment.</p>

7. CONCLUSION

- 7.1** This report has demonstrated how, during 2019/20, 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