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| **FREEDOM OF INFORMATION REQUESTS December 2018** |

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| **FOI NO: 1201** | **Date Received: 3 December 2018** |
| **Request :**Carers UK is conducting a review of how breaks for carers are funded through the Better Care Fund.As your CCG will be aware, clause 36 of the Better Care Fund guidance for 2017-19 states the following:“Former Carers’ Break Funding - The CCG minimum allocation to the BCF also includes, as in 2016-17, £130m of funds previously earmarked for NHS replacement care so that carers can have a break. Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers’ breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes. In doing so, local areas may wish to make use of An Integrated Approach to Identifying and Assessing Carer Health & Wellbeing, an NHS England resource that promotes and supports joint working between Adult Social Care services, NHS commissioners and providers, and third sector organisations.”Paragraph 6 of the Better Care Fund Operating Guidance includes a diagram which states that once the BCF budget is pooled under a section 75 agreement, the host body (LA/CCG) is responsible for:• Preparing audited accounts for the funds• Appointing an officer to manage the pool• Ensuring the fund is used in accordance with the approved BCF planConsidering these aspects of the planning and operating guidance:1. Is the CCG the ‘host body’ under local section 75 agreements relating to the BCF?2. What was the total pooled Better Care Fund budget for 2016-17 and 2017-18, including the CCG minimum allocation, grants and additional funding from the CCG or Local Authority?3. How much from the total pooled Better Care Fund budget was spent on carers’ breaks in 2016-17 and 2017-18?4. Did the CCG provide any funding for carers’ breaks outside of the Better Care Fund in 2016-17 and 2017-18? a. Either directly funded by the CCG? If yes, how much in each year?b. Or through the Local Authority? If yes, how much in each year?5. Please send your local Better Care Fund plan for 2017-196. What provision is made through health services for carers breaks? |
| **Response :**1. Is the CCG the ‘host body’ under local section 75 agreements relating to the BCF?   YES
2. What was the total pooled Better Care Fund budget for 2016-17 and 2017-18, including the CCG minimum allocation, grants and additional funding from the CCG or Local Authority?

16/17 = CCG £18,358,000    Local Authority=£2,331,000          17/18 = CCG £18,590,357   Local Authority=Excl IBCF £2,544,576, IBCF £9,395,3051. How much from the total pooled Better Care Fund budget was spent on carers’ breaks in 2016-17 and 2017-18?

16/17 = £710,00017/18 = £810,0001. Did the CCG provide any funding for carers’ breaks outside of the Better Care Fund in 2016-17 and 2017-18?
	1. Either directly funded by the CCG? If yes, how much in each year?

None provided* 1. Or through the Local Authority? If yes, how much in each year?

Local Authority to answer1. Please send your local Better Care Fund plan for 2017-19

Please see attached PDF file 1. What provision is made through health services for carers breaks?

Included in BCF |

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| **FOI NO: 1202** | **Date Received: 06 December 2018** |
| **Request :** |
| **Response :**Information Request 1: We do not commission a Specialist Adult Community Eating Disorder Service – these adults would be seen by our Community Mental Health teams.  Eating disorder in-patient placements for adults are funded on a spot purchase basis and form part of a managed budget overseen on the CCG’s behalf by our Mental Health Service Provider.Information Request 2: We do commission a Specialist Community Eating Disorder Service for children and young people.  In-patient beds for children and young people with eating disorder issues are commissioned on a spot purchase basis as and when appropriate.Information request 3:  1(b) – such placements can be with any appropriate provider but are usually with an Independent Hospital service provider; 2(a) – the service provider is South West Yorkshire Partnership NHS Foundation Trust (SWYPFT); 2(b) – SWYPFT or Independent Hospital Service provider as and when appropriate.Information request 4: 1(b) – there is no upper age limit; 2(a) & 2(b) – 18 years old and under at time of referralInformation request 5: 1(b) – the whole managed budget is £2m but very little of this funds eating disorder in-patient placements; 2(a) £143,000 per annum; 2(b) there is no specific budget as this is spot purchase onlyInformation request 6: Barnsley’s total population (as per 2018 JSNA (Joint Strategic Needs Assessment) is 243,341 – of this 52,888 are 18 years of age and under with 190,453  over 18 years of age |

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| **FOI NO: 1203** | **Date Received: 8 December** |
| **Request :**  |
| **Response :** |

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| **FOI NO: 1204** | **Date Received: 10 December** |
| **Request :****•** What incentive schemes your CCG/health board currently runs for general practices to reduce referrals with details about what they must achieve including any targets.  |
| **Response :**The CCG has a locally enhanced scheme in place for primary care to manage referrals appropriately. Practices are expected to use evidence-based pathways to refer to maintain a level of performance they achieved in 17/18. Policies for these areas are available <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm> |

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| **FOI NO: 1205** | **Date Received: 10 December** |
| **Request :**Under the Freedom of Information Act, I would be grateful if you would provide me with copies of any Memorandum of Understanding that exists between your Local Authority and the Clinical Commissioning Group regarding the delivery and funding of Disabled Facilities Grants. |
| **Response :**The responsibility for commissioning and delivery of the Disabled Facilities Grant is the Local Authority Barnsley Metropolitan Borough Council. |

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| **FOI NO: 1206** | **Date Received: 10 December 2018** |
| **Request :**This is a request under the FOI Act. This is a request for Barnsley CCG. Please can you tell me whether your CCG is the lead commissioner for GP out of hours services in its area? If it is not the lead commissioner, please state what CCG is the lead commissioner and then do not respond to any further questions. If your CCG is the lead commissioner, please respond to the following: 1) What is the geographical patch the CCG commissions GP out of hours services for and how many patients does this cover?2) What is the name of the current provider of GP out of hours services for this patch?3) How many errors and serious incidents (or equivalent) were reported to the CCG relating to GP out of hours services, in the following:a. 2017b. 2018 (please provide the most up-to-date information possible and state up to which month this covers) 4) How many occasions has there been no GP cover in the OOH service provided because of a lack of available GPs, in:a. 2016b. 2017c. 2018 (please provide the most up-to-date information possible and state up to which month this covers) 5) Please provide copies of any reports on the service’s safety that have been produced in this period.6) If the CCG does not collect this information, please set out how it records and evaluates the safety of the service, and provide any information collected that supports this. |
| **Response :**This is a request under the FOI Act. This is a request for Barnsley CCG. Please can you tell me whether your CCG is the lead commissioner for GP out of hours services in its area? NHS Barnsley CCG is the Lead Commissioner.  If it is not the lead commissioner, please state what CCG is the lead commissioner and then do not respond to any further questions. If your CCG is the lead commissioner, please respond to the following: 1)      What is the geographical patch the CCG commissions GP out of hours services for and how many patients does this cover? The service covers the geographical area of Barnsley, is provided to the whole registered population of Barnsley and to people not registered with a primary medical service provider but residing within the Barnsley boundary.2)      What is the name of the current provider of GP out of hours services for this patch? Barnsley Healthcare Federation3)      How many errors and serious incidents (or equivalent) were reported to the CCG relating to GP out of hours services, in the following:a.      2017 - Noneb.      2018 (please provide the most up-to-date information possible and state up to which month this covers) – 1 serious incident - April to November 2018 4)      How many occasions has there been no GP cover in the OOH service provided because of a lack of available GPs, in:a.      2016 – Provider Care UK- Noneb.      2017 – Care UK to July 2017 – None.  From July 2017 – March 2018 Barnsley HealthCare Federation - Nonec.      2018 (please provide the most up-to-date information possible and state up to which month this covers)  None – April to November 20185)      Please provide copies of any reports on the service’s safety that have been produced in this period. Please see the CQC website for further information. The CCG monitors the provider performance as part of the APMS contract requirements in Schedule 2, section 4 and to ensure the provider complies with the reporting schedule in Annex 1.6)      If the CCG does not collect this information, please set out how it records and evaluates the safety of the service, and provide any information collected that supports this. See above. |

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| **FOI NO: 1207** | **Date Received: 13 September 2018** |
| **Request :**1. How many employees are working in the organisation? 2. Do you have an annual Intranet budget, and if so what is it? 3. If not, what is your annual IT budget for software?4. What is your current Intranet solution and how long has it been in use? 5. Who is responsible for managing your Intranet? and what are their contact details?6. Who are the key stakeholders responsible for the procurement of your Intranet? 7. Do you have a digital workplace strategy? |
| **Response :**1. How many employees are working in the organisation? 1382. Do you have an annual Intranet budget, and if so what is it? No specific budget for Intranet.3. If not, what is your annual IT budget for software? IT system is outsourced, no budget specified for software4. What is your current Intranet solution and how long has it been in use? Open source site. In place for five years.5. Who is responsible for managing your Intranet? and what are their contact details? Head of communications and engagement barnccg.comms@nhs.net 6. Who are the key stakeholders responsible for the procurement of your Intranet? CCG communications7. Do you have a digital workplace strategy? Here is the link to the current Barnsley digital roadmap http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Barnsley%20Digital%20Roadmap.pdf |

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| **FOI NO: 1208** | **Date Received: 14 December 2018** |
| **Request :**1. Any care pathways for the investigation and management of patients with symptomatic palpitations and/or syncope referred to cardiac services in your trust by GPs. Of particular interest is the role and positioning of diagnostic investigations such as cardiac rhythm monitoring, cardiac imaging and cardiovascular performance assessment. 2. Details of both national and locally negotiated tariff arrangements applied to this service3. Does the GP have direct access to the cardiac monitoring service?4. Is the patient seen by a cardiologist before having the monitor attached?5. If not, who undertakes the process (e.g. technician, nurse etc)6. What is the first pass monitoring technology (e.g. 24hr, 48hr, 7-day event triggered etc)7. What happens after the first pass monitoring – are all seen by a cardiologist or is there a pre-appointment triage process?8. What other tests are ordered (e.g. 12-lead ECG, Echo etc), at which stage in the pathway and for which patients?9. What determines who is selected for 2nd pass monitoring and what technology is used for this?10. What determines who is discharged back to the GP?11. What is the current tariff for 24 hr, 48 hr, 7-day Holter Monitoring12. What is the tariff for referral to community cardiology investigation clinics13. What is the tariff for direct referrals for GPs for 24hr, 48 hr and 7-day Holter Monitoring |
| **Response :**1. Any care pathways for the investigation and management of patients with symptomatic palpitations and/or syncope referred to cardiac services in your trust by GPs. Of particular interest is the role and positioning of diagnostic investigations such as cardiac rhythm monitoring, cardiac imaging and cardiovascular performance assessment.

Local diagnostic pathway for atrial fibrillation attachedLocal primary care pathway for palpitations is currently under review and awaiting clinical commentPlease also contact Barnsley Hospital NHS Foundation Trust’s FOI team – barnsley@infreemation.co.uk1. Details of both national and locally negotiated tariff arrangements applied to this service

Please see Q11 below 1. Does the GP have direct access to the cardiac monitoring service?

     YES1. Is the patient seen by a cardiologist before having the monitor attached?
2. If not, who undertakes the process (e.g. technician, nurse etc)
3. What is the first pass monitoring technology (e.g. 24hr, 48hr, 7-day event triggered etc)
4. What happens after the first pass monitoring – are all seen by a cardiologist or is there a pre-appointment triage process?
5. What other tests are ordered (e.g. 12-lead ECG, Echo etc), at which stage in the pathway and for which patients?
6. What determines who is selected for 2nd pass monitoring and what technology is used for this?
7. What determines who is discharged back to the GP?

Q4-10    We do not hold this information – please contact Barnsley Hospital NHS Foundation Trust’s FOI team – barnsley@infreemation.co.uk 1. What is the current tariff for 24 hr, 48 hr, 7-day Holter Monitoring

Current locally negotiate tariff for 24h ECG has not been provided due to commercial confidentiality. We do not hold information on current tariff for 48h or Holter Monitoring – please contact Barnsley Hospital NHS Foundation Trust’s FOI team – barnsley@infreemation.co.uk1. What is the tariff for referral to community cardiology investigation clinics

Barnsley does not have any community cardiology investigation clinics1. What is the tariff for direct referrals for GPs for 24hr, 48 hr and 7-day Holter Monitoring

As Q11 above |

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| **FOI NO: 1209** | **Date Received: 17 December 2018** |
| **Request :** Could you inform us of whether service provision is available for children who stammer (between ages three and eighteen)? This includes information about the structure of the Speech & Language Therapy service commissioned and whether there are specialist services available specifically to children who stammer, e.g. dysfluency pathways and services. Where possible, please include details relating to any specified criteria for accessing this service, i.e. age range, community/clinic based service, exclusion criteria, geographical area covered. |
| **Response :**We provide a service to children and young people referred to our service, 0-18 years, who lives in the borough or who has a Barnsley GP.We accept all stammering referrals and encourage schools, parents, GP's and Health visitors to make a referral as soon as any stammering behaviour occurs. Typically, we see children within 3-8 weeks of referral.We have a website and information for parents and professionals is available to help them manage stammering when it first begins.The service is community clinic based but also includes a service in to school, if required and an offer of free training about recognising and managing stammering to relevant professionals and school staffThe whole team have competency in managing and working with children who have a stammer and their families.  In addition, we employ a specialist dysfluency therapist for 2.5 days per week. The Specialist Therapist provides training and ongoing supervision to the team and will see children and young people presenting with more complex difficulties: * **Stammering (<3 years since onset)**: Stammering remains unchanged/increasing following 6 week PCI (parent child interaction) and parent is effective and consistent in the delivery of special time

 * High risk and high parental/child concern.
* Needs **Lidcombe** (unless therapist is trained)
* **Complex stammering** any age including psychological elements or persistent stammerers with complex issues needing cognitive behavioural/ solution focussed approaches; covert stammering; psychological component
* **8-12s/ teens long term care package**
* Emotional/cognitive elements to the dysfluency
* Avoidance and covert features
* May be affecting two or more of:
	+ Intelligibility/communication
	+ Participation in daily life
	+ Confidence/self-esteem/ emotional wellbeing
* High parental/child concern rating
* Severity/ impact high

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| ​**Year** | **​Total referrals** | **​Fluency referral** | **​%** |
| ​2016 | ​1859 | ​178 | ​9.5 |
| ​2017 | ​1974 | ​157 | ​8 |
| ​2018 | ​1924 | ​160 | ​8.3 |

 Looking at data for the past 3 years, the % of referrals we receive for fluency has remained constant at around 8-9%. This maps well onto known incident rates for fluency where you would anticipate that at any one time 5% of children in a setting will stammer, 1/3 will resolve without help, 1/3 will resolve with help and then a further 1/3 will have a confirmed stammer into adulthood. |

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| **FOI NO: 1210** | **Date Received: 18 December 2018** |
| **Request :**We would like to know what procurement opportunities will be offered out for tender during 2019/20 (both those coming to the end of their Contract term and also any new pieces of work which may be being considered)Specifically, we would like to know:

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| PROCUREMENT OPPORTUNITY TYPE | TITLE OF PROCUREMENT | TENDER PORTAL TO BE USED | EXPECTED DATE OF RELEASE |
| Eating Disorders (in-patient and community) |  |  |  |
| Supported Living (including Learning Disability, Mental Health, Physical Health, Long Term Conditions) |  |  |  |
| Enhanced Supported Living (including Learning Disability, Mental Health, Physical Health, Long Term Conditions) |  |  |  |
| Mental Health (including Dementia, Complex Dementia, Rehabilitation, Mental Health Training) |  |  |  |

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| **Response :**

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| PROCUREMENT OPPORTUNITY TYPE | TITLE OF PROCUREMENT | TENDER PORTAL TO BE USED | EXPECTED DATE OF RELEASE |
| Eating Disorders (in-patient and community) |  All current tenders awards and associated information are available in the public domain. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> |  <https://www.nhssourcing.co.uk/web/login.shtml> |  All CCG procurements are advertised via contracts finder as and when a decision is taken to put a service out to the market. |
| Supported Living (including Learning Disability, Mental Health, Physical Health, Long Term Conditions) |   All current tenders awards and associated information are available in the public domain. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> |  <https://www.nhssourcing.co.uk/web/login.shtml> |  All CCG procurements are advertised via contracts finder as and when a decision is taken to put a service out to the market. |
| Enhanced Supported Living (including Learning Disability, Mental Health, Physical Health, Long Term Conditions) |   All current tenders awards and associated information are available in the public domain. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>  |  <https://www.nhssourcing.co.uk/web/login.shtml> |  All CCG procurements are advertised via contracts finder as and when a decision is taken to put a service out to the market. |
| Mental Health (including Dementia, Complex Dementia, Rehabilitation, Mental Health Training)  |   All current tenders awards and associated information are available in the public domain. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> |  <https://www.nhssourcing.co.uk/web/login.shtml> |  All CCG procurements are advertised via contracts finder as and when a decision is taken to put a service out to the market. |

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| **FOI NO: 1211** | **Date Received: 20 December 2018** |
| **Request :**1. Do you have a list of procedures of limited clinical value?- If yes, does this currently include either a) a multidisciplinary Tier 3 or b) a Tier 4 weight management service?- When were each of these added to the list of procedures of limited clinical value?  2. How many a) multidisciplinary Tier 3 and b) Tier 4 weight management services have you decommissioned in each of the past 5 calendar years?- Please provide details of these.  3. Please list all the a) multidisciplinary Tier 3 and b) Tier 4 obesity services that you have commissioned in the past calendar 5 years. 4. How many patients have received either a) a multidisciplinary Tier 3 or b) a Tier 4 weight management service in each of the past 5 calendar years in your CCG area? |
| **Response :**1. Do you have a list of procedures of limited clinical value? Yes- If yes, does this currently include either a) a multidisciplinary Tier 3 or b) a Tier 4 weight management service? No- When were each of these added to the list of procedures of limited clinical value?  2. How many a) multidisciplinary Tier 3 and b) Tier 4 weight management services have you decommissioned in each of the past 5 calendar years? None- Please provide details of these.  3. Please list all the a) multidisciplinary Tier 3 and b) Tier 4 obesity services that you have commissioned in the past calendar 5 years. Tier 3 Weight Management services provided by South West Yorkshire NHS Foundation Trust (SWYPFT); Tier 4 Weight Management Services provided by Sheffield Teaching Hospital NHS Trust 4. How many patients have received either a) a multidisciplinary Tier 3 or b) a Tier 4 weight management service in each of the past 5 calendar years in your CCG area? The Tier 3 Weight Management service receives approximately 650 referrals each year. Of these approximately 45 / 50 are referred to Tier 4 services for Bariatric Surgery. |