

A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 14 November 2019, 9.30 am at Grimethorpe Pentecostal Church, Brierley Road, Grimethorpe, Barnsley S72 7EH.

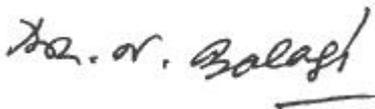
**AGENDA
(Public)**

Item	Session	GB Requested to	Enclosure Lead	Time
1	Housekeeping			
2	Apologies	Note		9.30 am 2 mins
3	Quoracy	Note		9.32 am 3 mins
4	Patient Story	Note	Patrick Otway	9.35 am 10 mins
5	Declarations of Interest relevant to the agenda	Assurance	GB/Pu 19/11/05 Nick Balac	9.45 am 5 mins
6	Patient and Public Involvement Activity Report	Assurance	GB/Pu 19/11/06 Kirsty Waknell	9.50 am 10 mins
7	Minutes of the meeting held on 12 September 2019	Approval	GB/Pu 19/11/07 Nick Balac	10.00 am 5 mins
8	Matters Arising Report	Note	GB/Pu 19/11/08 Nick Balac	10.05 am 5 mins
	Strategy			
9	Chief Officer's Report	Information	GB/Pu 19/11/09 Lesley Smith	10.10 am 10 mins
10	Cancer Programme Assurance	Information	GB/Pu 19/11/10 Hussain Kadarsha	10.20 am 10 mins
	Quality and Governance			
11	Safeguarding Adults Annual Report	Assurance	GB/Pu 19/11/11 Jayne Sivakumar	10.30 am 5 mins
12	Safeguarding Children Annual Report	Assurance	GB/Pu 19/11/12 Jayne Sivakumar	10.35 am 5 mins

13	Quality Highlights Report		Assurance	GB/Pu 19/11/13 Jayne Sivakumar	10.40 am 10 mins
14	Risk & Governance Exception Report		Assurance	GB/Pu 19/11/14 Richard Walker	10.50 am 10 mins
Finance and Performance					
15	Integrated Performance inc QIPP Delivery Update.		Assurance and Information	GB/Pu 19/11/15 Roxanna Naylor Jamie Wike	11.00 am 15 mins
Committee Reports and Minutes					
16	Committee Reports and Minutes				11.15 am 10 mins
	16.1	Minutes of the Finance and Performance Committee Meeting held on: <ul style="list-style-type: none"> • 4 July 2019, • 5 September 2019 • 3 October 2019 	Assurance	GB/Pu 19/11/16.1 Nick Balac	
	16.2	Minutes of the Audit Committee Held on 31 October 2019	Assurance	GB/Pu 19/11/16.2 Nigel Bell	
	16.3	Minutes of the Quality and Patient Safety Committee held on 15 August 2019	Assurance	GB/Pu 19/11/16.3 Sudhagar Krishnasamy	
	16.4	Minutes of the Membership Council held on 17 September 2019	Assurance	GB/Pu 19/11/16.4 Nick Balac	
	16.5	Primary Care Commissioning Highlights Report from meeting held on 26 September 2019 inc adopted minutes of 25 July 2019 meeting	Assurance	GB/Pu 19/11/16.5 Chris Millington	
	16.6	Minutes of the Equality and Engagement Committee from 8 August 2019 meeting.	Assurance	GB/Pu 19/11/16.6 Chris Millington	
	16.7	Minutes of the Health and Wellbeing Board held on 8 October 2019	Assurance	GB/Pu 19/11/16.7 Nick Balac	
	16.8	Minutes of the Joint Committee of Clinical Commissioning Groups Meeting held in public on: <ul style="list-style-type: none"> • 24 July 2019 • 25 September 2019 	Assurance	GB/Pu 19/11/16.8 Lesley Smith	
17	Questions from the Public on Barnsley Clinical Commissioning Group business		Note	Nick Balac	11.25 am 10 mins

18	Reflection on how well the meeting's business has been conducted: <ul style="list-style-type: none"> • Conduct of meetings • Any areas for additional assurance • Any training needs identified 	Assurance	Nick Balac	11.35 am 5 mins
General				
19	Date and Time of the Next Meeting: <ul style="list-style-type: none"> • Governing Body (public session) Thursday 16 January 2020, 9.30 am in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY 			11.40 am Close

Signed



Dr Nick Balac – Chairman

Exclusion of the Public:

The CCG Governing Body should consider the following resolution:

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

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

GOVERNING BODY

14 November 2019

Declarations 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 type="checkbox"/>
	<i>Information</i>	<input type="checkbox"/>	<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		
	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.		
	The table below details what interests must be declared:		

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.

Appendix 1 to this report details all Governing Body Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.

Additions / Removals

The following updates to Governing Body declarations have been made since the last meeting:

- Nick Balac has updated his DOI to include – Clinical Lead Primary Care South Yorkshire and Bassetlaw ICS (Commissioning).

Members should also declare if they have received any Gifts, Hospitality or Sponsorship.

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 – Governing Body Members Declaration of Interest Report

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:		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)	<input checked="" type="checkbox"/>	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: Governing Body

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

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)
		<ul style="list-style-type: none"> • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract
		<ul style="list-style-type: none"> • Member of the Royal College of General Practitioners
		<ul style="list-style-type: none"> • Member of the British Medical Association
		<ul style="list-style-type: none"> • Member of the Medical Protection Society
		<ul style="list-style-type: none"> • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		<ul style="list-style-type: none"> • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
		<ul style="list-style-type: none"> • Clinical Lead Primary Care South Yorkshire and Bassetlaw ICS (Commissioning).
Nigel Bell	Lay Member - Governance	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP
		<ul style="list-style-type: none"> • 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
John Harban	GP Governing Body Member	<ul style="list-style-type: none"> • GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley
		<ul style="list-style-type: none"> • AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services • Owner/Director Lundwood Surgical Services • Wife is Owner/Director of Lundwood Surgical Services • Member of the Royal College of General Practitioners • Member of the faculty of sports and exercise medicine (Edinburgh) • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Chair of the Remuneration Committee at Barnsley Healthcare Federation
M Hussain Kadarsha	GP Governing Body Member	<ul style="list-style-type: none"> • GP Partner in Hollygreen Practice
		<ul style="list-style-type: none"> • GP Partner in Lakeside Surgey, Goldthorpe (Partner in Company Alliance Primary Care LTD)

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG • Member of the British Medical Association • Director of YAAOZ Ltd, with wife
		<ul style="list-style-type: none"> • Malkarsha Properties Ltd (Director) • All Stars Medical - Dormant • Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe
Sudhagar Krishnasamy	Associate Medical Director	<ul style="list-style-type: none"> • GP Partner at Royston Group Practice, Barnsley
		<ul style="list-style-type: none"> • Member of the Royal College of General Practitioners • GP Appraiser for NHS England • Member of Barnsley LMC

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Member of the Medical Defence Union <hr/> <ul style="list-style-type: none"> • Director of SKSJ Medicals Ltd • Wife is also a Director <hr/> <ul style="list-style-type: none"> • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG <hr/> <ul style="list-style-type: none"> • Undertakes sessions for IHeart Barnsley
Jamie MacInnes	Governing Body Member	<ul style="list-style-type: none"> • GP Partner at Dove Valley Practice
		<ul style="list-style-type: none"> • Shareholder in GSK <hr/> <ul style="list-style-type: none"> • 3A Honorary Senior Lecturer <hr/> <ul style="list-style-type: none"> • Wife has a position as a Consultant Breast Surgeon with Leeds Hospital Trust.
Chris Millington	Lay Member	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018) • Partner Governor Barnsley Hospital NHS Foundation Trust (since 6 February 2019)

Name	Current position (s) held in the CCG	Declared Interest
Roxanna Naylor	Chief Finance Officer	<ul style="list-style-type: none"> Partner works at NHS Leeds Clinical Commissioning Group.
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> Provider of Corporate and Private healthcare and delivering some NHS Contracts.
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.
		<ul style="list-style-type: none"> Director of Janark Medical Ltd Practice is a Member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
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.
		<ul style="list-style-type: none"> Interim Accountable Officer NHS Sheffield CCG
Martine Tune (on secondment)	Chief Nurse (Acting)	<ul style="list-style-type: none"> Works on an ad-hoc basis for the Care Quality Commission as a Specialist Advisor.
		<ul style="list-style-type: none"> Husband is an employee of Rotherham NHSFT at the middle manager level.

In attendance:

Jayne Sivakumar	Deputy Chief Nurse	<ul style="list-style-type: none"> • Director of RJS Healthcare Ltd – a healthcare company which receives referrals from healthcare organisations.
		<ul style="list-style-type: none"> • Husband is a Consultant Surgeon at the Mid Yorkshire Hospital NHS Foundation Trust.
Richard Walker	Head of Governance and Assurance	<ul style="list-style-type: none"> • Nil
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> • Nil
Jeremy Budd	Director of Commissioning	<ul style="list-style-type: none"> • Director – Your Healthcare CIC (provision of community health services and social care services in SW London) • Director – Barnsley Estates Partnership Limited (LIFT Company for Barnsley) • Director – Barnsley Community Solutions (Tranche 2) Limited (LIFT Company for Barnsley) • Director – Barnsley Community Solutions (Tranche 3) Limited (LIFT Company for Barnsley) • Director Belenus Ltd (Dormant, non-trading)

Governing Body

14 November 2019

Patient and Public Involvement Activity 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 type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>
2. PURPOSE								
	<p>This report outlines the patient and public involvement activity we have carried out to help inform commissioning decisions and service development. It also focuses on wider community engagement events we have taken part in. The aim is to provide a one-stop-shop summary of recent and upcoming activity.</p>							
3. REPORT OF								
		Name	Designation					
	Executive	Lesley Smith	Chief Officer					
	Author	Kirsty Waknell	Head of Communications and Engagement					
4. SUMMARY OF PREVIOUS GOVERNANCE								
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p>							
	Group / Committee		Date	Outcome				
	NA							
5. EXECUTIVE SUMMARY								
	<p>We have been asking people to feedback on their experience of and views of the Barnsley Recovery College as we aim to better understand the role it plays in supporting people's mental health and wellbeing. Over 120 people fed back their views via surveys and face to face conversations.</p> <p>Barnsley Hospital is developing a new integrated purpose built unit for people accessing both the paediatric emergency department and the children's assessment unit. As part of this they are seeking views on four areas: environment; facilities; communication; and signage and information.</p>							

6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none">• <i>Note for information</i>

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:	1.2	
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)	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		
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)						
	<table border="1"> <tr> <td>Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td>NA</td> </tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?</td> <td>NA</td> </tr> </table>	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		
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)						
	<table border="1"> <tr> <td>Has a 14Z2: Patient and Public Participation Form been completed if relevant?</td> <td>NA</td> </tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?</td> <td>NA</td> </tr> </table>	Has a 14Z2: 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		
Has a 14Z2: 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						
	<table border="1"> <tr> <td>Has a Data Protection Impact Assessment (DPIA) been completed if relevant?</td> <td>NA</td> </tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?</td> <td>NA</td> </tr> </table>	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		
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						
	Procurement considerations						
	<table border="1"> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td>NA</td> </tr> <tr> <td>Has a Single Tender Waiver form been completed if appropriate?</td> <td>NA</td> </tr> <tr> <td>Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td>NA</td> </tr> </table>	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
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						
	<table border="1"> <tr> <td>Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td> <td>NA</td> </tr> </table>	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA				
Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA						
3.10	Environmental Sustainability						
	<table border="1"> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td>NA</td> </tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA				
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	
	This report gives an overview of our recent and future patient and public involvement activity in Barnsley CCG.	
2.	INVOLVEMENT ACTIVITY	
	Activity	Feedback/Outcomes/Next steps
	<p>Changes to our joint Access to Infertility Treatment policy</p> <p>We asked people about some proposed changes to the access to infertility treatment policy. Clinical Commissioning Groups (CCGs) in the Yorkshire and Humber area are considering some changes to our shared approach to supporting people who are experiencing infertility to access specialist interventions to help them conceive.</p> <p>A joint commissioning policy was developed in partnership with the Yorkshire and Humber Expert Fertility Panel (a panel predominantly made up of clinicians and fertility experts) and adopted in 2013. Recently, CCGs across the Yorkshire and the Humber agreed to work together again to update this policy in light of new NICE guidance and other policy changes.</p>	<p>The feedback period is now closed. This feedback is being reviewed by CCGs.</p> <p>In January 2020 (next Governing Body meeting date) the engagement will be presented and a decision taken about the amended policy.</p>
	<p>Dementia and me – feedback on promotional/information materials</p> <p>In Barnsley we are developing a Dementia and Me project for people living with dementia or caring for those living with dementia.</p> <p>To ensure that the style and tone of the materials is appropriate and attractive, we shared some draft branded materials for people to feedback on. This was carried out with partners across Barnsley. The response from the team working on this was: “We received a brilliant response from partners and thank you for helping with that.”</p>	<p>We received feedback from over 50 people living with dementia or caring for those living with dementia.</p> <p>The overall consensus was that the italicised font (on the phrasing ‘and me’) needed changing to make it easier to read. The colours needed to be darker and more contrasting. Overall people liked the flower and leaf design and understood the message.</p> <p>Here is a copy of the logo which has been developed for Dementia and me brand.</p> 

Activity	Feedback/Outcomes/Next steps
<p>World Mental Health Day 10 October 2019</p> <p>The CCG took part in and supported a number of activities in Barnsley for World Mental Health Day.</p> <p>ChilyPep and our OASIS members ran sessions for people in learning lounge based within Barnsley Town Hall. <i>(Featured on the photo).</i></p> <p>We also attended the Barnsley Mental Health Forum annual general meeting. The forum members noted their thanks to Patrick Otway our mental health services commissioner for his support and input over the previous year. The forum is run by service users of mental health and wellbeing services in Barnsley. Many thanks to the Forum Chair, Lynne Goddard and Forum committee members for their contributions to developing local services this year.</p>	
<p><u>Recovery College Review</u></p> <p>As an organisation, we have a responsibility to ensure that services are in line with guidance from the National Institute for Health and Care Excellence (NICE), are achieving their desired outcomes and are delivering the best value. To achieve this, the CCG often reviews services.</p> <p>During July 2019, the CCG carried out a desktop review the Exchange Recovery College based in Barnsley to understand more about how many people were using the college, how often, where people come from to use it.</p> <p>The Recovery College's aim is to improve wellbeing through learning. It is free to use and is open to all adults who would like to improve their mental wellbeing or knowledge to aid their work with others. They offer a range of courses and one-off workshops which all aim to improve wellbeing through learning.</p>	<p>The engagement consisted of:</p> <ul style="list-style-type: none"> • A survey for clinicians and tutors (19 responses) • A survey for learners and the public (85 responses) • A number of small focus groups carried out at the Recovery College with learners and staff. (20 participants). <p>All the feedback we received is currently being collated into an engagement report which will inform next steps and this will be shared with all respondents who provided us with their contact details and asked for a copy.</p>

Activity	Feedback/Outcomes/Next steps
<p><u>Frailty</u></p> <p>The Barnsley Patient Council members met in October to discuss and receive an update on the work we are doing as a CCG and across Barnsley in relation to identifying and supporting people with frailty.</p> <p>The session, run by CCG deputy chief nurse Jayne Sivakumar, incorporated a conversation about what members thought should be included in service specifications for care homes.</p>	<p>Members feedback was proper attention should be paid to:</p> <ul style="list-style-type: none"> • Hydration and nutrition – does it look appealing, are people supported to eat etc. Positive example given of the hospital food developments. • Support services: dental, opticians, inpatient, and podiatry need to go in. • How do we stop people getting institutionalised within 6 months – introduce activity co-ordinators. • Consistency of staffing – when agency staff don't know routine? • We need to pay care staff what they are worth. • Are the homes given sufficient funding to do their job? • Exercise suitable for all residents – help with physical side and also get people at their rooms. • How do we rate care homes e.g. 1 star to 5 stars for example • Minimum staff training regime. Moving and handling important. • People with complex needs often don't have a key worker. • Workers who go in need to co-ordinate their observations and look at performance. • Volunteers in care homes – could that be something to do?
<p><u>Barnsley Vision Strategy</u></p> <p>Following engagement earlier in 2019 the Barnsley Vision Strategy is due to be launched at the end of October.</p>	<p>The engagement report and strategy will be shared in the Barnsley CCG website.</p>
<p><u>Improving services for Barnsley children, adolescents and their families</u></p> <p>Barnsley Hospital is developing a new integrated purpose built unit for people accessing both the Paediatric Emergency Department and the Children's Assessment Unit.</p> <p>They would like to share plans with you and give people the opportunity to share their views and experiences of using services.</p> <p>Views will help to shape the design of the unit based around four key areas:</p>	<p>There are two public engagement events taking place on the following dates:</p> <p>Monday 11th November 2019, 6pm-8pm</p> <p>Thursday 14th November 2019, 4pm-6pm</p> <p>Car Parking will be available for the event and refreshments will be provided.</p> <p>If you would like to reserve a place at one of these events, please</p>

- Environment
- Facilities
- Communication
- Signage and Information

telephone 01226 436302 or email bhnftpatientexperience@nhs.net

Places are limited and will be offered on a first come first served basis. Children are welcome to attend the event with parent/carers. Please feel free to share this information with your wider networks where appropriate.

Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 12 September 2019 in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY.

MEMBERS PRESENT

Dr Nick Balac	Chairman
Dr Adebowale Adekunle	Member
Nigel Bell	Lay Member for Governance
Dr John Harban	Member
Dr M Hussain Kadarsha	Member
Dr Sudhagar Krishnasamy	Member & Medical Director
Dr Jamie MacInnes	Member
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Roxanna Naylor	Chief Finance Officer
Mike Simms	Secondary Care Clinician
Lesley Smith	Chief Officer
Dr Mark Smith	Member

IN ATTENDANCE

Jeremy Budd	Director of Commissioning
Lucy Hinchliffe	Commissioning & Transformation Project Co-ordinator (for minute references GB 19/09/09 & GB 19/09/10 only)
Kay Morgan	Governance & Assurance Manager
Patrick Otway	Head of Commissioning (Mental Health, Children's Maternity and Specialised Commissioning) (for minute references 19/09/10 to 19/09/10 to 19/09/13 only)
Jayne Sivakumar	Deputy Chief Nurse
Andrew Stevenson	Commissioning & Transformation Manager (for minute references GB 19/09/09 & GB 19/09/10 only)
Phil Strike	Digital Communications Officer
Richard Walker	Head of Governance and Assurance
Jamie Wike	Director of Strategic Planning and Performance

APOLOGIES

No Apologies

MEMBERS OF THE PUBLIC

Adrian Ashworth	Member of the Public (for minute reference GB 19/09/03 only)
Liz Baldwin	Member of the Public (for minute reference GB 19/09/03 only)
Peter Deakin	Barnsley Save our NHS
Ben Fyfield	Member of the Public (for minute reference GB 19/09/03 only)
Zena Ibbotson	Member of the Public (for minute reference GB 19/09/03 only)

Agenda Item		Action	Deadline
GB 19/09/01	HOUSEKEEPING		
	The Chairman informed all present at the meeting of the fire procedures for the meeting venue, including nearest fire exit and toilet facilities.		
GB 19/09/02	QUORACY		
	The meeting was declared quorate.		
GB 19/09/03	PATIENT STORY		
	<p>The Deputy Chief Nurse introduced the patient story which reflected the positive experience and outcomes for a patient receiving Husky Dog Therapy. The story also highlighted the importance of personalised care for patients' and the use of traditional / modern medicine and therapy to best meet the needs of patients.</p> <p>Rebecca Spearing, CHC Nurse Assessor Learning Disabilities provided a summary of the patient's condition including physiotherapy needs and how the patient used his Personal Health Budget to invest in Husky Dog Therapy. The Patient had benefited significantly from the therapy in terms of psychological and emotional wellbeing, coordination, core strength and muscle tone. The patient was now starting to use his left arm when stroking and cuddling the Husky and had managed to raise himself into a seated position all of which he had not done for a number of years.</p>		
	The patient's mother praised the beneficial aspects of the Husky Dog Therapy and expressed an invitation for members to attend a therapy session. Adrian Ashworth advised that his Husky Dog 'Thunder' works with children and adults of all ages and was also an end of life dog.		
	The Deputy Chief Nurse highlighted the amazing connection and bond that had been formed between the patient and Thunder. She thanked the Patient, his mother, carer, Husky Therapy Dog Owner and 'Thunder' for attending the Governing Body meeting. The Chairman requested members to reflect on the patient story for further discussion in private session.		
	The Governing Body noted the Patient Story.		

Agenda Item		Action	Deadline
GB 19/09/04	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA		
	The Governing Body considered the Declaration of Interests, Gifts, Hospitality and Sponsorship Report. No new declarations were received.		
	The Governing Body noted the Declarations of Interest Report.		
GB 19/09/05	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT		
	The Lay Member for Patient and Public Engagement & Primary Care Commissioning introduced the Patient and Public Involvement Activity Report to the Governing Body. The Governing Body noted the feedback received in relation to Developing Integrated Community Health Services and Developing Children and Young People's Mental Health Services, to be further considered by the Governing Body under agenda items 10 'Neighbourhood Teams' and 11 'CAMHS Specification'.		
	Feedback received indicated that moving forward with integrated community health services would be the right thing to do in Barnsley. The Lay Member for Patient and Public Engagement & Primary Care Commissioning commented that looking after children of all ages with anxiety and mental health issues was challenging for parents. There is a real need to provide high level support and resilience for patients, parents and carers.		
	The Governing Body noted the content of the report.		
GB 19/09/06	MINUTES OF THE PREVIOUS MEETINGS HELD ON 11 JULY 2019		
	The minutes of the previous meetings held on 11 July 2019 were verified as a correct record of the proceedings.		
GB 19/09/07	MATTERS ARISING REPORT		
	The Governing Body noted the Matters Arising Report.		

Agenda Item		Action	Deadline
STRATEGY			
GB 19/09/08	CHIEF OFFICER'S REPORT		
	<p>The Chief Officer presented her report. Governing Body were pleased to note the CCG's 2018/19 NHS England and NHS Improvement annual assessment rating of 'outstanding' and the positive outcome from the Barnsley Place Review held on 22 May 2019.</p>		
	<p>Hospital Services Review</p> <p>Governing Body discussed the Hospital Services Review. The Chief Officer advised that the CCG had formally delegated decisions around HSR to the Joint Committee of Clinical Commissioning Groups.</p> <p>The Governing Body noted that for some specialties hosted clinical networks may not be sufficient and some reconfiguration may be required to ensure safe and sustainable services. It was recognised that reconfiguration can incur unintended consequences such as migration of staff.</p> <p>A practical approach, to progress transformation of services whilst monitoring emergence of particular risks before making decision on reconfiguration was put forward. The Chairman advised that lessons could be learnt from the reconfiguration of the Hyper Acute Stroke Units.</p> <p>The Chief Officer explained that a transformation approach can be achieved through network outreach, with staff moving rather than patients, the use of technology and end to end pathways. Different commissioners within South Yorkshire and Bassetlaw (SY&B) may commission network services for SY&B patients.</p>		
	<p>The Governing Body:</p> <p>Noted the outcome of the annual assessment and the Barnsley Place Review and the updates from the ICS Collaborative Partnership Board and the ICS Health Executive Group</p> <p>In relation to the HSR the Governing Body confirmed agreement:</p>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> • To continue to work on both transformation and reconfiguration options simultaneously up to the point where it becomes clear which option will deliver better outcomes for patients. • If transformation fails to address the workforce issues in the medium to long term then reconfiguration may have to be reconsidered. • To support the approach to monitor the progress of transformation, and any emerging risk, that is laid out in the paper. • To ask the HSR Programme Team to ensure that there was appropriate ongoing monitoring in place to test whether transformation was going for enough or whether reconfiguration would be necessary and appropriate. <p>Agreed Actions The Chairman and Chief Officer agreed to feedback the views of the Governing Body about the HSR to the Joint Committee of Clinical Commissioning Groups.</p>	NB/LS	14.11.19
GB 19/09/09	NEIGHBOURHOOD TEAMS		
	<p>The Director of Commissioning introduced the Neighbourhood Team Specification.</p> <p>The Director of Commissioning informed the Governing Body that:</p> <ul style="list-style-type: none"> • The need for and importance of a single point of access to services was the key feedback received from engagement. • The majority of mobilisation for the Specification will be from the South West Yorkshire Partnership NHS Foundation Trust (SYWPT). • The Programme Board will be chaired by Dr Nick Balac, CCG Chairman. <p>In response to questions raised it was clarified that workforce modelling will be constantly updated with population trends, care needs and skill requirements.</p>		
	<p>The Chief Officer commented that the specification supported safe patient discharges. However, admissions to hospital continue to rise and it was important to maintain and progress work to avoid inappropriate hospital admissions wherever possible. The Director of Commissioning commented that a combination of risk</p>		

Agenda Item		Action	Deadline
	<p>stratification, population health management, more community based support for patients and closer working within neighbourhood teams and between partners will assist in the early identification of patients at risk of admission and provision of appropriate interventions to avoid admissions.</p>		
	<p>Dr John Harban commented that true integration required robust information systems with Community Matrons providing links to the Primary Care Networks. The Deputy Chief Nurse highlighted that up to date information was critical for patient care and suggested the provision of a standard IM&T operating procedure as part of governance arrangements for the specification. An update on the IT to support the Neighbourhood Teams, sign up by practices, interoperability for Health and Social Care professionals to access, view and write to the patient record was requested.</p> <p>The Head of Governance and Assurance reported that interoperability arrangements between differing patient information systems across the networks was being addressed and aligned as part of the integrated care arrangements.</p>		
	<p>The Chief Finance Officer reported that the South West Yorkshire Partnership NHS Foundation Trust are reviewing corporate costs to potentially release some funding to support the development of the specification and delivery model. The Chief Officer advised that it was not an unreasonable ask to look at mobilising the integrated model of BREATHE and diabetes for the winter period.</p> <p>The chairman concluded discussion advising that the Neighbourhood Team Specification will bring together a 'single team' approach to provide integrated health care services for the people of Barnsley.</p>		
	<p>The Governing Body</p> <ul style="list-style-type: none"> • Approved the draft specification attached – Appendix 1 subject to a very small change to the wording of Aim 5 'To use innovation to drive quality, patient experience and value for money' (page 13) in the specification and agreement of this by Dr J Harban. • Agreed that an additional paper with regard to clock speeds and for subsequent inclusion in the final 		

Agenda Item		Action	Deadline
	<p>specification was not required.</p> <ul style="list-style-type: none"> • Noted the proposed phasing in the phasing schedule attached – Appendix 2. Include the BREATHE and Diabetes services in phase two and start to mobilise from April 2020. • Noted the draft Workforce Development Plan attached – Appendix 3 • Noted the Engagement Report attached – Appendix 4 • Noted the Mobilisation Assurance Framework attached – Appendix 5 • Noted the Equality Impact Assessment (EIA) attached – Appendix 6 <p>Agreed Actions</p> <ul style="list-style-type: none"> • <i>To amend and strengthen the wording in the specification, relating to Aim 5 ('To use innovation to drive quality, patient experience and value for money') regarding the sharing of patients information between Health professional involved with a patients care.</i> <p>NB: POST MEETING NOTE</p> <p><i>The wording was amended to read as follows - 'The provider is required to ensure that electronic systems are in place to actively share all patients' personalised care plans, notes, treatment and discharge information with GPs and other partners who are involved with the patient's care'.</i></p> <ul style="list-style-type: none"> • <i>To formally include the BREATHE service into phase one of Neighbourhood Teams Specification and progress via contractual route.</i> • <i>To establish Task and finish group to ensure BREATHE is integrated into Neighbourhood teams.</i> 		
GB 19/09/10	CAMHS SPECIFICATION		
	<p>The Head of Commissioning (Mental Health, Children's Maternity and Specialised Commissioning) presented the Children and Young People's Mental Health Specification. It was noted that the specification had been developed using the NHS standard model template, incorporating exemplar practice from other CCG models.</p>		

Agenda Item		Action	Deadline
	<p>The Governing Body considered the CAMHS Specification. Dr John Harban requested that a simple line diagram be included within the specification to illustrate the CAMHS pathway. In response to a question raised it was clarified that schools can make direct referrals to the CAMHS Service and work is ongoing with the Barnsley School alliance to ensure this message reinforced. A single point of access and convenience of appointment times was considered essential for the service.</p> <p>Discussion took place regarding the key performance indicators KPIs for the specification. The Chief Finance Officer advised that the KPIs should have a focus on access and waiting times to monitor and ensure the specification and be agreed/signed off prior to issue of the specification. It was recognised that additional investment will be required to address the backlog in the existing system.</p>		
	<p>The Governing Body approved the service specification subject to inclusion of key performance indicators and appointments structures.</p> <p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The Engagement Report • The Equality Impact Assessment • The Procurement Timeline. <p>Agreed action: <i>To establish a task and finish group (including Drs Jamie MacInnes/Mark Smith) to review KPI's for the specification and tie in with financial penalties.</i></p> <p><i>To share the draft KPIs with Governing Body Members for comment.</i></p>	<p>PO</p> <p>PO</p>	<p>14.11.19</p> <p>14.11.19</p>
<p>GB 19/09/11</p>	<p>COMMISSIONING OF CHILDRENS SERVICES QUARTERLY MONITORING REPORT</p>		
	<p>The Head of Commissioning (Mental Health, Children's Maternity and Specialised Commissioning) introduced a report updating the Governing Body on the work that has been undertaken since the March update in relation to the commissioning of Children's Health Services in Barnsley. The following main points were noted.</p>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> • NHS Specialist CAMHS – Of the 349 children waiting for assessment, the average waiting time between the initial assessment and start of treatment at 246 days was highlighted as an area of concern. • Future in MIND Local Transformation Plan – The excellent work of the young commissioners, focusing on the implications of the Long Term Plan for Children and Young People was highlighted. • Community Paediatric Therapy Services – The backlog of patients waiting for sensory workshops, follow-up advice/support, assessment and treatment will be cleared by 31 March 2019. • Acute Paediatric Services - The Governing Body considered the findings from the independent review of paediatric services provided by the Barnsley Hospital NHS Foundation Trust. It was noted that the price per episode of Barnsley’s Children’s Assessment Unit was high when compared to peer group, further work is being undertaken to review the ‘spend per head’, benchmarking and actual costs for the service. A new service specification is being developed with clear patient pathways to avoid paying for multiple same child admissions to the Children’s Assessment Unit. The Chairman stressed the importance of clinical input into the development of the specification. The Chief Officer commented that the specification should be submitted to the Children’s Executive Group in the first Instance and consider for integrated care working. • NHS England’s Palliative Care Service Specification Project. 		
	<p>The Governing Body noted the progress made and the risks highlighted.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • <i>To show case the work of the young commissioners, ‘OASIS’ as a patient story at the next meeting of the Governing Body on 14 November 2019.</i> • <i>To share the summary of slides providing feedback from the independent review of all paediatric services provided by the Barnsley Hospital NHS Foundation Trust with Governing Body and Member Practices.</i> • <i>To submit the Independent Review Summary for the</i> 	<p>PO</p> <p>PO</p> <p>PO</p>	<p>14.11.19</p> <p>14.11.19</p> <p>07.11.19</p>

Agenda Item		Action	Deadline
	<p><i>Community Paediatric Service to Clinical Forum in November 2019.</i></p> <ul style="list-style-type: none"> <i>To consider Paediatric Services Specification for integrated care working.</i> 	PO	14.11.19 (defer to 2020)
GB 19/09/12	LEARNING DISABILITIES – TRANSFORMING CARE/ASC/SEND		
	<p>The Head of Commissioning (Mental Health, Children’s Maternity and Specialised Commissioning) presented a report which outlined the Key issues within Learning Disability Services and an update on the Transforming Care Programme and the SEND (Special Educational Needs and Disability) agenda.</p> <p>The Chairman reported that ways to improve the uptake of Learning Disability Physical Health checks will be further discussed at the Membership Council on 17 November 2019. It was noted that the backlog of patients waiting on the autism assessment and diagnostic pathway will be eradicated over the next 12 months.</p>		
	<p>The Governing Body considered the key risk to the CCG highlighted within the report relating to the difficulty in recruiting a Designated Clinical Officer (DCO) for SEND (Special Educational Needs and Disability). In particular the CCG could receive a statement of action if there is a SEND inspection prior to the post being appointed or an alternative way of delivering the DCO post is in place. It was noted that the DCO can be a Learning Disability Nurse and occupational/physio therapist.</p> <p>The Chief Officer advised that the risk should be kept under review. There have been 2 failed recruitments to the DCO post. The intention is now to commission the DCO role from the Public Health 0-19 Service. A member of the 0-19 service will be designated as the DCO and the role will be delivered Monday to Friday rather than just the 22.5hrs that will be funded. This solution was supported by the SEND Oversight Board.</p>		
	<p>The Governing Body noted the contents of this report</p> <p><i>Agreed action</i> <i>To provide data regarding the backlog of patients to Mr</i></p>	PO	14.11.19

Agenda Item		Action	Deadline
	C Millington.		
GB 19/09/13	MENTAL HEALTH UPDATE		
	The Head of Commissioning (Mental Health, Children's Maternity and Specialised Commissioning) introduced a report outlining the key deliverables of the Five Year Forward View for Mental Health (FYFVMH) and the commitments of the NHS Long Term Plan and identifies the local progress made towards these ambitions given the significant investment for Mental Health Services agreed by the Governing Body in March 2019.		
	<p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The work being progressed in Barnsley to improve the numbers of people on GP SMI (Adult Severe Mental Illness) registers who have an annual physical health check. • The escalating costs of the THRIVE Model and work led by the CCG to consider other ways in which the principles of 'attachment theory' can be delivered to all schools in a cost effective manner. • Queried the provision of Bereavement support for people of all ages in Barnsley. 		
	<p>The Governing Body noted the contents of the report.</p> <p>Agreed actions <i>To present local and South Yorkshire & Bassetlaw regional suicide prevention plans to a future meeting of the Governing Body or Developmental session</i></p> <p><i>To provide the a report on Bereavement Support Services in Barnsley to the next meeting of the Governing Body on 14 November 2019</i></p>	<p>PO</p> <p>PO</p>	<p>31.01.20</p> <p>14.11.19</p>
QUALITY AND GOVERNANCE			
GB 19/09/14	QUALITY HIGHLIGHTS REPORT		
	The Governing Body received and noted the Quality Highlights report.		
GB 19/09/15	MCA DOLS POLICY		

Agenda Item		Action	Deadline
	<p>The Governing Body approved the Mental Capacity Act and Depreciation of Liberty Safeguards Policy. In response to a question raised it was clarified that all agency/temporary and locum staff had to undertake mandatory training including MCA DOLS, this was included in contracts and monitored.</p> <p>Agreed action To circulate the policy to Practices</p>	JS	4.11.19
GB 19/09/16	CONSENT POLICY		
	<p>The Governing Body approved the Consent Policy.</p> <p>Agreed action To raise awareness of the Consent Policy internally amongst CCG staff.</p>	JS	4.11.19
GB 19/09/17	ASSURANCE RETURNS TO REGIONAL EPRR		
	<p>The Director of Strategic Planning and Performance introduced the CCGs annual self- assessment and assurance process against the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) and update re EU Exit Preparations. All EPRR standards were rated as green.</p>		
	<p>The Governing Body</p> <ul style="list-style-type: none"> • Approved the EPRR self-assessment and statement of compliance for sign off and submission to NHS England • Noted the update in relation to EU Exit Preparations 		
GB 19/09/18	RISK AND GOVERNANCE EXCEPTION REPORT		
	<p>The Head of Governance and Assurance presented the Risk and Governance Exception Report to the Governing Body.</p> <p>The Governing Body</p> <ul style="list-style-type: none"> • Reviewed the summary of the GBAF for 2019/20, and determined that the risks are appropriately described and scored, and there is sufficient assurance that they are being effectively managed • Did not Identify any additional positive assurances 		

Agenda Item		Action	Deadline
	<p>relevant to the risks on the GBAF</p> <ul style="list-style-type: none"> • Reviewed the extract of the Corporate Risk Register and confirm all risks are appropriately scored and described, and did not identify any potential new risks • Noted the removal of risk 19/01 in relation to Dodworth Medical Centre • Approved the revised Committee Terms of Reference – Equality and Engagement Committee, Quality and Patient Safety Committee and Finance and Performance Committee. • Noted the Governing Body Work Plan/Agenda timetable and make any amendments as necessary. 		
FINANCE AND PERFORMANCE			
GB 19/09/19	INTEGRATED PERFORMANCE REPORT		
	<p>Performance</p> <p>The Director of Strategic Planning and Performance informed the Governing Body of the latest performance against key performance indicators by exception. It was noted that the CCG continues to work with the Barnsley Cancer Steering Board and Cancer Alliance to improve cancer waiting time performance across all pathways.</p>		
	<p>Finance</p> <p>The Chief Finance Officer presented the key messages from the Financial Report as at July 2019/20. Despite emerging pressures the CCG continues to forecast delivery of all financial duties. The meeting was informed that the Finance and Performance Committee had considered the emerging risks in relation to the delivery of efficiency plans, acute contracts, prescribing and continuing healthcare. Action plans are currently being developed for the non-elective work streams and demand management schemes to mitigate against the current forecast of non-delivery against targets.</p> <p>It was noted that although the forecast did capture winter pressures, demand could potentially exceed expected levels. Risk is currently reported to NHSE and is reported as being fully mitigated.</p> <p>The CCG's financial position will be further discussed by</p>		

Agenda Item		Action	Deadline
	the Governing Body in private session following the meeting in public session.		
	<p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The contents of the report including: 2019/20 performance to date • Projected delivery of all financial duties, predicated on the assumptions and mitigations required as outlined in this paper. • The current forecast position on the CCG's efficiency programme and the work being undertaken to mitigate against the risks of delivery. 		
COMMITTEE REPORTS AND MINUTES			
GB 19/09/20	COMMITTEE REPORTS AND MINUTES		
	<p>The Governing Body received and noted the following Committee minutes & assurance reports:</p> <ul style="list-style-type: none"> • Quality and Patient Safety Committee held on 20 June 2019 • Minutes of the Membership Council held on 23 July 2019 - The Governing Body was pleased to note the recent CQC rating of 'Good' for two Barnsley Practices. Also the opinion offered by a QCQ representative that 'Barnsley patients are lucky to have the calibre of General Practices within Barnsley'. • Assurance Report of the Primary Care Commissioning Committee 30 May 2019 • Assurance Report Equality and Engagement Committee 16 May 2019 • Minutes of the meeting of the South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board 10 May 2019 • Minutes of the Joint Committee of Clinical Commissioning Groups held in public session on 26 June 2019. 		

Agenda Item		Action	Deadline
GB 19/09/21	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	<p>The Chairman requested questions from members of the public. The following comments questions and responses were noted:</p> <p>The Chair of Barnsley Save our NHS highlighted that the CAHMS public participation was an excellent example and model of how public participation should take place. The Chief Officer asked if the Chair of Barnsley Save our NHS would kindly share this feedback in appropriate forums. She further indicated that it was important for the CCG to focus and target its public participation resources to achieve good involvement and a wealth of feedback</p>		
	<p>The Chair of Barnsley Save our NHS made comment and read out a series of questions in succession, from himself, Mr Tony Nuttall and a member of the public as follows:</p> <ul style="list-style-type: none"> • Comment - A meeting with the CCG Chairman to discuss Primary Care Networks The Chair of Barnsley Save our NHS expressed a view that following the meeting with the CCG Chairman he still did not feel informed about PCNS or the depth of public involvement in the development of Neighbourhood Teams. • Question - Developing Neighbourhood Teams The advertised Drop in Sessions regarding 'Developing Neighbourhood Teams' were very poorly attended by Members of the public and the content of the sessions not as expected. How are the public expected to understand what is happening with Primary Care / Neighbourhood Networks? • Response - The member of the public's comments were noted and he was referred to earlier items on the agenda which had addressed the points he raised – agenda item 6, Patient and Public Involvement Activity Report, Developing Integrated Community Health Services and Agenda item 10 Neighbourhood Teams Services Review • Question - Risks associated with Public Involvement The public have to be aware of and understand involvement opportunities. Of the people eligible to 		

Agenda Item		Action	Deadline
	<p>contribute how many people in Barnsley are actually involved either face to face or in surveys for the Long Term Plan? The Governing Body should be aware that there is interest in how the CCG discharges its duties with regard to public involvement.</p> <ul style="list-style-type: none"> • Response - The member of the public's comments were noted and he was referred to an earlier item on the agenda which had addressed the points he raised – agenda item 6, Patient and Public Involvement Activity Report. • Question - CCG Preparations for BREXIT What is the CCG Plan for dealing with Brexit and what guidance is in place? Does the CCG have a nominated member responsible for Brexit? <p>Response - The Director of Strategic Planning and Performance indicated that as the CCG's Accountable Emergency Officer he was also responsible for EU Exit preparations. The previous agenda item 18 had provided the meeting with a comprehensive update on the CCG's EU Exit preparations.</p> <p>The CCG had been informed that all public messages around EU Exit will be nationally disseminated from the Department of Health and NHS England. The most recent message being that the public should carry on as normal and prescriptions will continue to be issued. The Chair of Barnsley Save our NHS was advised to share any particular concerns about EU Exit with the Director of Strategic Planning and Performance.</p> <ul style="list-style-type: none"> • The numbers of GPs in Barnsley – How many GPs does the CCG are required for Barnsley people and what proposals are there if any, to increase numbers. Response – The Chairman agreed to respond to this question in writing. • The Hospital Service Review & possibility of reducing the numbers of pediatric and maternity units in South Yorkshire and Bassetlaw. – It was asked what changes / proposals are there with regard to reducing the numbers of pediatrics and maternity units and how will this affect Barnsley? <p>Response - The Chief Officer advised that it was intended to retain all pediatrics and maternity units in</p>		

Agenda Item		Action	Deadline
	<p>South Yorkshire and Bassetlaw with a view to transforming services rather than reconfiguration of services. This had previously been discussed under agenda item GB 19/09/08 Chief Officer's Report - 'Hospital Services Review'.</p> <p>The Chief Officer commented that she was not aware of the introduction of personal budgets for maternity services but agreed to relay this to the HSR Team.</p> <p>The Chair of Barnsley Save our NHS was advised a number of agenda papers / reports and been considered earlier in the meeting which would help to provide information in response to the questions raised.</p> <ul style="list-style-type: none"> • Agenda item 6, Patient and Public Involvement Activity Report – including Developing Integrated Community Health Services • Agenda item 9, Chief Officer's Report – Hospital Services Review • Agenda item 10 Neighbourhood Teams Services Review • Agenda item 18 – Assurance returns to Regional EPRR & EU Exit. <p>Although noted that the Chair of Barnsley Save our NHS had not been present from the start of the meeting.</p>	LS	14.11.19
GB 19/09/22	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED		
	<p>The Governing Body noted that the business of the meeting had over run however, good and valuable discussion had taken place. The Governing Body Development Sessions provided an opportunity for detailed discussions rather than these taking place within Governing Body meetings.</p>		
	The Governing Body agreed to close the public session of the meeting and proceed to the private part of the agenda.		
GB 19/09/23	DATE AND TIME OF THE NEXT MEETING		
	<p>Thursday 14 November 2019 at 09.30 am at Grimethorpe Pentecostal Church, Grimethorpe, Barnsley, S72 7EH</p>		

**GOVERNING BODY
(Public session)**

14 November 2019

MATTERS ARISING REPORT

1. The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 12 September 2019.

Table 1

Minute ref	Issue	Action	Outcome/Action
GB 19/09/08	CHIEF OFFICER'S REPORT - Hospital Services Review The Chairman and Chief Officer agreed to feedback the views of the Governing Body about the HSR to the Joint Committee of Clinical Commissioning Groups	NB/LS	COMPLETE
GB 19/09/09	NEIGHBOURHOOD TEAMS To amend and strengthen the wording in the specification, relating to Aim 5 ('To use innovation to drive quality, patient experience and value for money') regarding the sharing of patients information between Health professional involved with a patients care. To formally include the BREATHE service into phase one of Neighbourhood Teams Specification and progress via contractual route. To establish Task and finish group to ensure BREATHE is integrated into Neighbourhood teams.	JB JB JB	COMPLETE - The wording was amended to read as follows - 'The provider is required to ensure that electronic systems are in place to actively share all patients' personalised care plans, notes, treatment and discharge information with GPs and other partners who are involved with the patient's care'. ONGOING – in progress with BHNFT. ONGOING – as above.

GB 19/09/10	CAMHS SPECIFICATION To establish a task and finish group (including Drs Jamie MacInnes/Mark Smith) to review KPI's for the specification and tie in with financial penalties. To share the draft KPIs with Governing Body Members for comment.	PO PO	COMPLETE COMPLETE
GB 19/09/11	COMMISSIONING OF CHILDRENS SERVICES QUARTERLY MONITORING REPORT To show case the work of the young commissioners, 'OASIS' as a patient story at the next meeting of the Governing Body on 14 November 2019. To share the summary of slides providing feedback from the independent review of all paediatric services provided by the Barnsley Hospital NHS Foundation Trust with Governing Body and Member Practices. To submit the specification for the Community Paediatric Service to Clinical Forum in November 2019. To submit the specification to the Children's Executive Group in the first Instance. To consider Paediatric Services Specification for integrated care working.	PO PO PO PO	COMPLETE – included in patient story. ONGOING – to be presented at Clinical Forum on 7 November 2019 then to Governing Body in January 2020. ONGOING – as above. ONGOING ONGOING
GB 19/09/12	LEARNING DISABILITIES – TRANSFORMING CARE/ASC/SEND To provide data regarding the backlog of patients to Mr C Millington.	PO	ONGOING – PO checking with CM to determine exactly what data is needed.

Minute Ref	Issue	Action	Outcome/Actions
GBPu 19/01/13 GB 19/03/06	MENTAL HEALTH 5 YEAR FORWARD VIEW BUSINESS CASE To submit NHSE evidence to the Clinical Forum re how an IAPT-LTC service can reduce acute healthcare costs associated with long term conditions.	PO	ONGOING – The IAPT Business Case does provide some of the evidence.
GB 19/03/10	CHILDRENS COMMISSIONING REPORT To clarify the figures in relation to costs of the revised over 11 years ASC pathway.	PO	ONGOING
GB 19/03/11	TRANSFORMING CARE UPDATE To ascertain the impact of re-provision and gain Governing Body approval.	PO	ONGOING - PO picking up with RN
GB 19/07/10	CERVICAL SCREENING ARRANGEMENTS To promote the new cervical screening service. To pick issues regarding cancer screening for women under 25 outside of the meeting with the member of the public.	KW JMcl	COMPLETE A letter has been sent to the member of the public explaining the position around cervical screening and dates for a potential meeting have been offered.

GOVERNING BODY

14 November 2019

REPORT OF THE CHIEF OFFICER

1.	THIS PAPER IS FOR		
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input checked="" type="checkbox"/>	<i>Assurance</i> <input type="checkbox"/>
	<i>Information</i> <input checked="" type="checkbox"/>		
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Lesley Smith	Chief Officer
	<i>Author</i>	Kay Morgan	Governance and Assurance Manager
3.	EXECUTIVE SUMMARY		
	<p>This report provides the Governing Body with:</p> <ul style="list-style-type: none"> • The South Yorkshire and Bassetlaw Joint Committee of Clinical Commissioning Groups Progress Report - Quarter 1 2019/20 • The Generic Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent & Emergency Care (IUEC)) • Information from the ICS Health Executive Group held on 8 October 2019 and the Collaborative Partnership Board held on 11 October 2019 <ul style="list-style-type: none"> ○ ICS System Leader Update ○ Developing South Yorkshire and Bassetlaw 5 Year Strategy for 2019-2024 & finance activity 		
4.	THE GOVERNING BODY IS ASKED TO:		
	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • For the South Yorkshire and Bassetlaw Joint Committee of Clinical Commissioning Groups Progress Report. <ul style="list-style-type: none"> ○ Note the current work of the JC CCG and delivery against the agreed work plan. • For the Generic Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent & Emergency Care (IUEC)) <ul style="list-style-type: none"> ○ Note the progress made to date on developing the needs of IUEC across Y&H. ○ Approve the 2019/21 Ambulance partnership framework. ○ Approve the Y&H IUEC collaborative commissioning MOU. ○ Support the plans to drive forward the strategic intentions and 		

	<p>timeline.</p> <ul style="list-style-type: none"> • For the ICS Health Executive Group and Collaborative Partnership Board Documents <ul style="list-style-type: none"> ○ Note the information provided
5.	APPENDICES
	<ul style="list-style-type: none"> • Appendix A - The South Yorkshire and Bassetlaw Joint Committee of Clinical Commissioning Groups Progress Report - Quarter 1 2019/20 • Appendix B - The Generic Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent & Emergency Care (IUEC)) <ul style="list-style-type: none"> B1 - Integrated urgent and emergency care services in Yorkshire and the Humber 2019-2021 - Strategic Partnership Framework B2 - Memorandum of Understanding for the Collaborative Commissioning of Integrated Urgent and Emergency Care Services Between Clinical Commissioning Groups Across Yorkshire and the Humber B3 - Yorkshire & Humber Integrated Urgent& Emergency Care (IUEC) Governance structure from April 2019 B4 - JSPB Work Programme 2019/20 <p>From the Collaborative Partnership Board (12 July 2019) and ICS Health Executive Group (9 July 2019)</p> <ul style="list-style-type: none"> • Appendix C - ICS System Leader Update (paper B) • Appendix D - Developing South Yorkshire and Bassetlaw 5 Year Strategy for 2019-2014 & finance activity (paper D & slides)

Agenda time allocation for report:	10 mins
---	---------

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	5.1 5.2
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	√
	To commission high quality health care that meets the needs of individuals and groups	√
	Wherever it makes safe clinical sense to bring care closer to home	√
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	√
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	√
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

**South Yorkshire and Bassetlaw Joint Committee
of Clinical Commissioning Groups**

JC CCG Progress Report - Quarter 1 2019/20

25 September 2019

Author(s)	Lisa Kell - Director of Commissioning, SYB ICS
Sponsor(s)	SYB JC CCG
Is the paper for Approval / Consideration / Noting	
For Consideration	
Purpose	
<p>This paper sets out the progress made by the Joint Committee during the first quarter of 2019/20 on:</p> <ul style="list-style-type: none"> • Implementing the delegated authority for specific decisions in the SYB integrated care system devolved to the JC CCG by the five Governing Bodies during the summer • The delivery of agreed JC CCGs joint priorities and work plan • The implementation of the revised Manual Agreement and Terms of Reference from July 2019 	
Background	
<p>Over the last four months the JC CCG has developed and agreed a work plan of system commissioning priorities and has reviewed the Manual Agreement and Terms of Reference to better support system working, enable single decision making and facilitate delivery of the priorities for 2019/20. The JC CCG terms of reference will be reviewed again in December 2019 to incorporate any further changes that are agreed by the Joint Committee.</p> <p>It is anticipated that the JC CCG work plan will expand over the coming year with new priority areas added as the future of commissioning in SYB develops.</p> <p>The Joint Committee will receive a quarterly progress report that will be shared with the Governing Bodies of the JCCCG.</p>	
Are there any resource implications (including Financial, Staffing, etc.)?	
N/A	
Recommendations	
<p>Members of the JC CCG are asked to:</p> <ol style="list-style-type: none"> 1. Consider the quarterly progress report and provide feedback on the progress in Quarter 1 2. Share the report with Governing Bodies to update members of the current work of the JC CCG and delivery against the agreed work plan. 	

SYB Joint Committee of CCGs

JC CCG Progress Report - Quarter 1 2019/20

1. Purpose

1.2 This paper provides a progress report on the work of the Joint Committee of CCGs during the first quarter of 2019/20, specifically on the three following areas:

- implementation of the delegated authority for specific decisions devolved to the JC CCG by the five Governing Bodies during the summer
- delivery of the agreed JC CCG joint priorities and work plan
- revised JC CCG Manual Agreement and Terms of Reference which commenced on 24th July 2019

2. JC CCG Progress to date

2.1 Over the last four months the JC CCG has focussed largely on updating its governance arrangements and agreeing a new set of priorities for 2019/20 following the near completion of the previously agreed joint committee priorities - stroke HASU and children's surgery and anaesthesia.

2.2 Since April the JC CCG and CCG Governing Bodies have worked together to develop and agree a joint work plan of system commissioning priorities supported by a set of agreed delegated decisions in order to enable single commissioner decision making.

2.3 The JCCCG Manual Agreement (MA) and Terms of Reference (ToR) has been reviewed with a six month tenure to allow them to be reviewed again in December 2019 incorporating any further changes as appropriate.

2.4 A quarterly update report will be provided to the JC CCG, Governing Bodies and the ICS to ensure CCGs and the wider system are sighted on the progress and work of the JC CCG.

3. JC CCG Highlights - April to August

3.1 New ToR and MA (for the period July to December 2019)

3.2 Introduction of the Joint Committee Sub Group (JCSG) to operationally support the work of the JC CCG

3.3 Membership changes for the two associate CCGs - NHS Wakefield CCG formally requested to leave the Joint Committee and from July are no longer members. Additionally the merger of the two Derbyshire CCGs, now NHS Derby and Derbyshire CCG, has been reflected into the revised ToR

3.4 Voting rights of the JC CCG members have been considered in line with the MA and ToR review with the agreement reached that only the 5 SYB CCGs of the JC CCG have a vote

3.5 All JC CCG meetings are now held in public (monthly)

3.6 Agreed JC CCG priorities for joint commissioning and managed through a delivery work plan and performance report (section 3.2 and Appendix 1)

3.7 Agreed delegation of specific decisions to support delivery of the work plan (section 3.3)

4. JC CCG Priorities - Work Plan Progress

4.1 The performance report attached in appendix 1 shows the delivery progress for each JC CCG priority. Key achievements to highlight for quarter 1 are:

- Stroke HASU successfully implemented in Rotherham – Barnsley HASU to be completed in October.
- Ongoing development of Hospital Networks through the Hospital Services Programme.
- Outpatient follow up pathways for high volume specialities developing (led by Doncaster CCG on behalf of SYB).

5. Delegated authority for single commissioner decision making

5.1 An update against the agreed delegated authority priorities is shown below

<i>*priorities consistent with the LTP</i>		
<u>2019/20 SYB System Commissioning Priorities requiring delegated authority</u>	<u>agreed delegation to the JC CCGs to:</u>	<u>Progress in Qtr 1</u>
System Contracting <ul style="list-style-type: none"> • 999 system lead contractor (YAS) for 4 SYB CCGs • 111 system lead contractor (YAS) for 5 SYB CCGs 	<ul style="list-style-type: none"> • develop and agree a % financial threshold of contract value against contract baseline for the lead contractor to negotiate on behalf of each CCG during contract negotiations. 	<ul style="list-style-type: none"> • S CCG developing the approach in preparation for the 2020/21 planning round • S CCG lead contractor MOU for the 5 CCGs to be completed by Oct 18
Outpatients <ul style="list-style-type: none"> • Review of outpatient follow ups across SYB by specialty, develop clinical protocols to standardise practice and reduce unwarranted variation * • Review of outpatient first appointments (as above) * 	<ul style="list-style-type: none"> • identify and agree the specialities in scope of the review • develop and sign off clinical protocols developed with SYB clinical engagement from both commissioners and providers and patients/ public as necessary • implement clinical protocols in Providers standard NHS contracts 2019/20 	<ul style="list-style-type: none"> • OP F/Up Specialities identified and pathway development is underway. Clinical protocols led by local clinicians in secondary care and primary care, being taken forward by the elective workstream and DCCG
Commissioning Outcomes <ul style="list-style-type: none"> • Commissioning for Outcomes – new stage 2 	<ul style="list-style-type: none"> • identify and agree the clinical priorities in the policy • sign off policy ensuring public consultation /engagement has taken place • implementation of protocols 	<ul style="list-style-type: none"> • existing policy updated in April • Not yet started for a new stage 2 policy

	and included formally in standard NHS contracts	
IVF	<ul style="list-style-type: none"> • Explore options for a SYB approach to the number of IVF cycles 	<ul style="list-style-type: none"> • develop IVF options appraisal and financial modelling for consideration by CCG Governing Bodies
Cancer	<ul style="list-style-type: none"> • Standard implementation of national cancer pathways across SYB to improve outcomes and equity of access* 	<ul style="list-style-type: none"> • implement standard cancer pathways in NHS provider contracts and across the 5 SYB places
Medicines and Prescribing	<ul style="list-style-type: none"> • Medicines optimisation – standardisation of policies across SYB 	<ul style="list-style-type: none"> • Identify opportunities for medicines standardisation • develop and sign off policies developed with SYB clinical engagement from clinicians, patients / public as necessary
Hospital Services Programme	<ul style="list-style-type: none"> • Governing Bodies agreeing next steps on the work programme of the Hospital Services Programme, 	<ul style="list-style-type: none"> • The conclusions on next steps on transformation and reconfiguration and implementation of these
		<ul style="list-style-type: none"> • Not yet started • Underway in all 5 places • work underway through the medicines optimisation workstream • Hosted Networks established. led by the Hospital Services Programme

6. Summary

6.1 The JC CCG has focussed on strengthening its governance arrangements and establishing priorities for 2019/20. Following agreement of these the focus will now shift to delivery of the priorities, expanding the work plan for 2020/21 and as joint commissioners supporting the development of future system commissioning arrangements in SYB.

7. Recommendations

7.1 Members of the JC CCG are asked to:

- Consider the quarterly report and provide feedback on the progress made in Quarter 1
- Share the report with Governing Bodies to update members of the current work of the JC CCG and delivery against the agreed work plan.

Lisa Kell
 Director of Commissioning
 SYB ICS

SYB JC CCG Joint Commissioning Priorities 2019/20 - RAG Performance report Qtr 1 appendix 1

	Off plan, risk mitigation plans required		On plan		Not yet started
	At risk of not achieving		Completed		

ICS Programme	Commissioning Priority	Tasks	lead CCG	deadline	Comments	A	M	J	J	A	S	O	N	D	J	F	M	A					
Urgent and Emergency Care	999/111 SYB lead Contractor	1. SCCG already lead contractor for SYB	Sheffield CCG/ BH	ongoing																			
		2. Develop 111 & 999 'SYB system contracting MOU' to act on behalf of SYB CCGs		June																			
		3. SYB CCGs and JCSG sign off MOU		Sep																			
		4. Sheffield CCG to commence planning for SYB 111 on behalf of 5 CCGs and 999 4 CCGs in planning round 20/21		Sep																			
		5. Develop contract value thresholds for contracting round 20/21		Sep																			
		6. Establish process with SYB AOs/ DoCs to manage significant disputes outside the agreed MOU thresholds virtually		Sep																			
		7. Public engagement to be done through CCGs/ Governing Bodies in line with legal requirements and best practice, undertaken as necessary		Oct																			
		8. Y&H 999 111 MOU with G Huddersfield CCG lead commissioners 999 (not Bassetlaw) and 111		Sep																			

Escalation to JCSG Comments:

ICS Programme	Commissioning Priority	Tasks	lead CCG	deadline	Comments	A	M	J	J	A	S	O	N	D	J	F	M	A						
Electives	Out-patient follow ups	1. Clinical engagement and development of follow up guidelines for initial 10 specialities at Doncaster Place	Doncaster CCG	July																				
		To develop , refine and implement an agreed SYB ICS Outpatient Follow Up Clinical Policy		2. DCCG & DBTHFT to implement guidelines across initial 10 specialities	Oct																			
				3. Follow up guidelines to be disseminated across ICS and discussed with specialities at place	Sept																			
				4. Potential ICS clinical reference Group for any changes to guidelines	Oct																			
	5. Implementation of Guidelines across ICS			Dec																				
	To develop and pilot a standard operating procedure for Patient Led Follow Up appointments. Improving choice for patients and reducing the number of Face 2 Face acute follow up appointments where appropriate			6. Place Audit and review of implementation of guidelines to inform contracting of follow up activity for 2020/21	Mar 20																			
				7. Doncaster Place engagement and development of guidelines for next tranche of specialities	Jan 19																			
				8. Tranche 2 Follow up guidelines to be disseminated across ICS and discussed with specialities at place	Feb 19																			
				9. OP ICS Clinical Reference Group established	March 19																			
		10. Development of Patient Led Follow Up (PLFU) guidelines and standard operating procedures at Doncaster Place		Oct																				
		11. Implementation of PLFU pilots at Doncaster Place		Dec																				
		12. Dissemination of findings and refined standard operating procedures of PLFU across ICS for decision as to place implementation		Jan 19																				
Escalation to JCSG Comments:																								
Electives	Commissioning for outcomes CfO – NEW (tranche 2) Policy	1. Develop a tranche 2 CfO Policy 2019/20 SYB to be implemented consistently in SYB	Rotherham CCG	Sep																				
		2. Evaluate the existing CfO policy	IFR Team	Mar																				
		3. Ensure robust clinical engagement from SYB in the development of new priorities in tranche 2 policy	Rotherham CCG	Jun																				
		4. Patient and public engagement plan to date has been via individual CCGs, ICS to lead going forwards		Ongoing																				
Escalation to JCSG Comments:																								

	Theatre utilisation & efficiency		TBC	Oct																	
Escalation to JCSG Comments:																					
Medicines Optimisation (MO)	Over the counter prescribing	1. Some over the counter policies already developed and introduced across CCGs through the MO workstream	Rotherham CCG	Apr	A successful patient engagement campaign has been completed. Stage 2 of this campaign is about to launch.																
		2. Develop the list of medicines further to expand opportunities for equitable SYB approach		Jun	A common list of products that CCGs will switch to has been agreed. Each CCG has incorporated this into their QIPP programmes																
		3. Patient and public involvement to take place in line with legal requirements and best practice		ongoing																	
Escalation to JCSG Comments:																					
Medicines Optimisation (MO)	Gluten free	1. A SYB Gluten Free policy to be developed for adults	Rotherham CCG	Sep	A patient consultation exercise across SYB is planned ICS coms / engagement are developing this exercise.																
		2. Patient and public involvement to take place in line with legal requirements and best practice		Ongoing																	
Escalation to JCSG Comments:																					
Engagement exercise needs careful wording to consider outcome. Conslutation already held in Sheffield, will endorse engagement exercise locally																					
Medicines Optimisation (MO)	Avastin	<p>1. Consider SYB implementation of Avastin,</p> <p><i>The patents of the existing drugs expire in 2022. The on-cost required to supply and distribute Avastin (increase in aseptic capacity) and the on-going legal issues will decrease the timespan in which a significant financial efficiency exists.</i></p> <p><i>A more realistic opportunity could be to refocus this work stream on ensuring that the ICS are in a position to be earlier adopters of any potential bio- similar agents that come to market post the patent expiry of the existing agents.</i></p> <p><i>Further efficacies could be obtained through improved planning for the future anticipated increases in demand and a review of the skill mix in current service models.</i></p>	Rotherham CCG	July	<p>Significant barriers still exist these included.</p> <p>Supply</p> <p>Lack of product supplier/lack of local aseptic capacity/ lack of and the prohibitive cost of obtaining stability data/</p> <p>Legal</p> <p>The pharmaceutical company have appealed against the original decision the appeal will not be considered until early 2020.</p> <p>Unclear whether if any ligation was brought would be against the</p>																

Population Health	QUIT	1. Reducing smoking prevalence and tobacco dependency –patients targeted in hospital setting and directed to smoking cessation service	ICS	TBC																		
	Homelessness	2. Complex lives and sleeping rough pilot		TBC																		
Escalation to JCSG Comments:																						
Stroke HASU	Stroke HASU	1. Sheffield CCG Lead contractor (already underway) – Standardised quality and outcomes achieved through same service specification implemented in all HASU providers	Sheffield CCG	ongoing																		
Escalation to JCSG Comments:																						
Rotherham change live, Barnsley on course for October																						
Mental Health & Learning Disability	Perinatal Mental Health Pathway	1. Development of a specialist community perinatal mental health service across Doncaster, Rotherham and Sheffield	Doncaster CCG	Oct																		
		2. Design a provider led outreach service model, and co-ordinate delivery working jointly with the service providers		Nov																		
		3. Define contract requirements for the new service model and implement in 2019/20 20/21 contracts		Dec																		
		4. Patient and public involvement to take place in line with legal requirements and best practice		Ongoing																		
Escalation to JCSG Comments																						
Mental Health & Learning Disability	AHD ASD service	1. Develop an ICS-wide adult ASD and ADHD service	Doncaster CCG	Dec																		
		2. Patient and public involvement to take place in line with legal requirements and best practice		Ongoing																		
Escalation to JCSG Comments:																						
Mental Health & Learning Disability	Transforming Care (LD)	1. Development of Individual Placement and Support (IPS) for people with severe mental illness, in the context of an ICS mental health employment strategy	Doncaster CCG	Oct																		
		2. Patient and public involvement to take place in line with legal requirements and best practice		Ongoing																		
Escalation to JCSG Comments:																						
Hospital Services Programme	Secondary care consistency in transformation ie policy / stds,	1. Supporting the HSP ICS work programme to implement the agreed recommendations of the HSR	ICS	Mar 20																		
	Supporting the implementation	2. JC CCG to consider commissioning models that support hosted networks and changes to service provision (reconfiguration and service transformation)		Mar 20																		

	of Hosted clinical networks Any SYB agreed plans for reconfiguration	3. Patient and public involvement to take place in line with legal requirements and best practice		Ongoing																
Escalation to JCSG Comments:																				
Specialised Commissioning (NHSE) with ICS	Chemotherapy delivery	1. Spec Com membership on JC CCG and include as part of JC CCG ToR & Manual Agreement 2. Outline of plan for the priorities being drafted together 3. Patient and public involvement to take place in line with legal requirements and best practice	Spec Com with ICS	Mar 20																
	Complex Neurological Rehabilitation	1. TBC		Mar 20																
Escalation to JCSG Comments:																				
MH / LD & Spec Com	CAMHS tier 4	Develop Single pathway for CYP tier 3.5 and 4																		
Escalation to JCSG Comments:																				

**Yorkshire and the Humber Collaborative Commissioning –
Integrated Urgent & Emergency Care (IUEC)
Barnsley Governing Body meeting**

September 2019

1.0 Purpose

The purpose of this paper is to:

- Explain the rationale for revising the Integrated Urgent & Emergency Care (IUEC) commissioning arrangements for Y&H.
- Gain approval from each of the Yorkshire & the Humber (Y&H) Clinical Commissioning Groups (CCGs) commissioning the Yorkshire Ambulance Service (YAS) to provide 999 ambulance and/or Integrated Urgent Care (IUC) services to a revised partnership framework and collaborative commissioning agreement.
- Set out how the IUEC commissioning intentions will be enacted in the context of the revised approach.

2. Background

In the spring of 2016, Y&H CCGs each approved a Governing Body paper setting out the then ambulance commissioning strategy and the associated collaborative commissioning agreements (Memoranda of Understanding (MOU)). The strategy and MOUs have been updated taking into account changes to the evolving commissioning geographies and the journey towards integration captured under the umbrella of Integrated Urgent and Emergency Care (IUEC).

3. What is the scope of integrated urgent and emergency care in Y&H?

IUEC encompasses a wide range of services beyond those directly provided by YAS. A key feature is that no matter whether someone seeking help has done this via 999 or 111 or through NHS 111 on line, the pathway of care should be seamless whether the clinical end point is a service within a primary care network, a GP out of hours service, an acute trust service, a mental health service or some other service. The scope is set out in the partnership framework at Appendix 1.

To ensure this happens changes are being made to back office processes for example, improved access to patient records, improved access to clinical support, the ability to book immediately into appointment slots and access to a wide range of local clinical and social care services on a 24/7 basis.

4. What has been achieved since 2016?

Notable progress has been made in the past three years in respect of ambulance commissioning across Y&H:

- a) YAS was rated by the Care Quality Commission (CQC) as 'requires improvement' in 2015 and has since been rated as 'good'.
- b) The NHS 111 service in Y&H was launched in 2013 as a stand-alone clinical service for those needing urgent help fast. The service, provided by YAS and commissioned across all Y&H CCGs had become (until the service ceased in March 2019) one of the better performing NHS 111 services in England.
- c) Y&H CCGs have, from April 2019, replaced the NHS 111 services with an Integrated Urgent Care (IUC) service. This, in line with national guidance, includes a NHS 111 call handling and clinical advice service (CAS). YAS provide a 'core' CAS within the context of a Y&H wide CAS made up of different providers across Y&H (all of whom are expected to work collaboratively). The service reflects our belief that it isn't about what number has been dialled but what sits behind the entry point.
- d) A NHS 111 on line service, which provides an alternative into IUEC without necessarily making a call, is fully available across Y&H.
- e) Further investment has been made into YAS 999 services. Y&H CCGs invested £180.2m in 2015/16 into YAS 999 services and this had increased to £211.6m in 2019/20.
- f) A Joint Partnership Panel (JPP) was established to coordinate the renegotiation of the 999 contract with YAS. For 2020/21 it will be expanded to cover both the 999 and IUC contracts for 2020/21.
- g) The YAS 999 service has evolved in line with the national direction of travel and is fast becoming one of the best performing trusts in England against the new (Ambulance Response Programme (ARP)) national quality indicators. YAS are contracted to provide a service on a Y&H footprint. YAS met all national performance standards in March 2019 with the exception of category 4 (low acuity) where it was 9 seconds off.
- h) Y&H commissioners established a Joint Strategic Commissioning Board (JSCB) to oversee the strategic commissioning of IUEC services on a Y&H footprint. This has evolved to become a Joint Strategic Partnership Board (JSPB).
- i) Y&H commissioners have established an IUEC Clinical Assurance Group (CAG) in line with national guidance looking along IUEC pathways of care.
- j) Y&H CCGs have agreed a revised decision making process for YAS IUEC matters and this is included in a revised collaborative commissioning agreement (Appendix 2) covering YAS 999 and IUC services commissioned from YAS.

5.0 Rationale for revising our commissioning arrangements

The current ambulance commissioning strategy for Y&H was developed in 2016 (extant until April 2019) alongside a MOU for YAS 999 and 111 collaborative commissioning. Together, these frameworks set the broad strategic direction for NHS 111 and 999 commissioning and the associated scheme of delegation for coordinating commissioners and associate CCGs.

Since 2016, four fundamental changes to the commissioning landscape have impacted on ambulance commissioning arrangements, meaning that they required review. These are:

- (i) The development of Sustainability Transformation Partnerships (STP) and Integrated Care System (ICS) footprints.
- (ii) The requirement to move away from a stand-alone NHS 111 'service' to deployment of the 111 and 999 telephone numbers as a gateway to a single integrated urgent and emergency care system (encompassing multiple providers).
- (iii) The implications of the Ambulance Response Programme (ARP) upon existing ambulance operational models, blurring traditional boundaries between A&E and PTS services and requiring greater integration with place based care pathways.
- (iv) The publication of a national commissioning framework <https://www.england.nhs.uk/wp-content/uploads/2018/09/commissioning-framework-and-national-urgent-and-emergency-ambulance-services-specification.pdf> for ambulance services in 2018 aimed at improving consistency of approach across ambulance commissioners in England.

6.0 Our New Approach

In context of the above, YAS and commissioners have committed to a more collaborative and strategic approach moving forward. The need to involve a wider range of urgent and emergency care providers and the new approach will see all parties working together to:

- **Vision** - Agree a shared vision for the ambulance service's role in IUEC, exploring opportunities for greater provider integration beyond traditional organisational or contractual boundaries. This may evolve into a more formal alliance of providers working together. A work programme builds upon a joint set of commissioning intentions, key phases of work with appropriate linkages to STP/ICS plans and milestones to transform the service as part of an IUEC system.
- **Action** – Provide strategic level oversight and assurance to the development (through contract management board) of (i) investment to deliver the ambulance

response standards (ARP) and (ii) transformation of the ambulance service to achieve the aims of IUEC as part of the whole system

- **Evaluation** - Agree a shared set of metrics which we will collectively use to evaluate the system-wide impact of investment and resultant transformation as well as overall demand and performance of the ambulance service.

Role of the Joint Strategic Partnership Board (JSPB)

In light of an agreement reached at a joint workshop with Y&H commissioners and YAS in June 2018, it was agreed that we continue to develop a more partnership approach at JSCB - now to be renamed JSPB - and contractual matters are to be taken through the IUEC Contract Management Board (CMB).

The role of the JSPB will be to provide strategic oversight and assurance in relation to investment decisions and delivery plans implemented through the CMBs. This approach will specifically encompass:

- Oversight of the delivery of the commissioners strategic intentions
- Co-production and assurance of delivery of the providers responses to the agreed commissioning intentions as a whole system
- Oversight of the national IUC and 999 specification and associated performance standards

The revised JSPB arrangements will aim to address and balance multiple and potentially conflicting requirements as follows:

- The need for commissioning and for Y&H IUEC provider organisations to collaborate to deliver genuine transformation of health and social care systems
- The need to appropriately reflect and balance a diversity of requirements, models and views including regional resilience, STP / ICS / NHS E and place based delivery plans
- The need to maintain separate contract governance arrangements for IUEC and PTS and other services contributing to our integrated urgent and emergency care system in order to provide assurance to commissioners

The JSPB will support the development of trust and transparency across all parties through:

- Appropriate senior leadership and stewardship
- Wider system engagement
- Clear and co-ordinated work plans with the IUEC CMB, ensuring a strong evidence base to inform decision-making
- Senior and consistent representation at relevant groups
- Consistent engagement with STP/ICS Urgent & Emergency Care Programme Boards/Networks

Revised governance arrangements

The onus is on the sub regional representative at both the JSPB and CMB meetings to bring a mandate for the area they represent and to have fully discussed the financial implications of any recommendations prior to the meetings of the JSCB. Sub regional groups, where these exist, need to gather intelligence from their ICS/STP partnership boards and networks thereby informing the JSPB. The JSPB membership sets the strategy and it is enacted through the IUEC CMB and the IUEC Development Group. This ensures there is a bottom up approach connecting sub regional leadership across Y&H.

A scheme of delegation (to coordinating commissioner(s)) incorporated within a revised Y&H IUEC collaborative commissioning MOU will reflect that decisions with financial implications will be made at ICS/STP and CCG level.

A revised governance structure for joint strategic commissioning of the ambulance service and IUEC is shown at Appendix 3. The arrangements are reflected in the revised terms of reference for each group. The structure and membership of each group aims to reconcile the need for regional and sub regional discussions, and the need to develop a transformational dialogue alongside the performance management arrangements already in place.

Sitting below the JSPB the key groups include:

Group	Frequency	Purpose
Y&H IUEC Development Group (SG)	Monthly as required	Service and clinical development
Y&H IUEC Contract Management Board (CMB)	Bi-monthly	Contractual matters
Y&H IUEC Clinical Assurance Group (CAG)	Bi-monthly	Quality and patient safety along the total pathway of care
YAS Joint Partnership Panel (JPP)	Fortnightly as required during the period of contract negotiations	Task and finish group overseeing contract negotiations for the YAS 999 and IUC contracts

The responsibility for meeting our obligations for place based patient and public engagement lies with local system leaders. Service reconfiguration and development will be clinically led using the skills and experience of our local teams.

New commissioning intentions 2019/21

Appendix 1 sets out the Y&H partnership framework (commissioning intentions) for IUEC for the three years 2019-21. We intend that the JSPB owns the framework for the IUEC system across Y&H. Strategic decisions will therefore be enacted at this level.

7.0 How we aim to execute the strategy

A work programme (Appendix 4) owned by the ICS/STPs and NHS E, covering the key IUEC transformation priorities for 2019/20 has been developed and implemented overseen through the IUEC CMB with key milestones and risks overseen by JSPB.

Following the publication of the NHS England national ambulance commissioning framework a review was undertaken by Audit Yorkshire of the Y&H IUEC contracting and commissioning support functions. A plan to take forward the recommendations, published in May 2019, is being developed and will be brought to a future JSPB meeting.

This paper was approved in draft by the Y&H JSPB in June 2019.

8.0 Recommendations

Members of the Governing body are asked to:

- Note the progress made to date on developing the needs of IUEC across Y&H
- Approve the 2019/21 Ambulance partnership framework
- Approve the Y&H IUEC collaborative commissioning MOU
- Support the plans to drive forward the strategic intentions and timeline

Appendices

Appendix 1: Y&H IUEC strategic partnership framework 2019-21

Appendix 2: Y&H IUEC collaborative commissioning MOU

Appendix 3: Y&H IUEC governance structure

Appendix 4: JSPB work programme 2019/20

Integrated urgent and emergency care services in Yorkshire and the Humber 2019-2021 - Strategic Partnership Framework

1.0 Purpose

This document is designed to provide an overview of the Strategic Commissioning Intentions of the STPs/ICSs in Yorkshire and the Humber (Y&H) in relation to integrated urgent and emergency care (IUEC) services 2019-2021. The document is for use by both commissioners and providers.

Significant work has been undertaken over the past 18 months and this document builds upon the outputs of these endeavours and the national ambulance commissioning framework with the intention that this links clearly and builds upon local plans.

The aim of this document is to support and complement:

- Our local place (ACPs) / STP/ ICS strategies and plans.
- Our contract negotiation arrangements and procurement plans.
- Providers' strategic intentions.
- Delivery of the national integrated urgent care specification and associated KPIs and standards.

2.0 Introduction

IUEC services involving health and social care partners is paramount for sustainability, reducing duplication, improving clinical care and patient experience. Availability of resources is a significant challenge to the health and social care system and therefore heighten our ambition to work more collaboratively. We need to ensure we add value and are more efficient in our planning.

Why we are doing this:

The Y&H model of IUEC commissioning and provision is changing. The new NHS standards helpfully suggest greater working across geographies. Opportunistically, we are working with two ambulance trusts in Y&H. This enables us as a group of commissioners to share our collective ambitions, benchmark and reduce variation and enable us to deliver more consistency to the public and our citizens.

It is essential that our strategic intentions support **STP/ICS plans** and local place based plans whilst meeting local needs and local realities through 'bottom up' design. Commissioning intentions need to be bold and focussed and support consistency across the Y&H footprint where this makes sense. We recognise that commissioners and providers have a great deal in common between them and this document aims to ensure that we deliver on the

commonality acknowledging that there will always be differences (due to geography, population health, etc) around the margin.

This document sets our clear priorities which we agree need to be undertaken at a Y&H level to ensure our patients get the right care when they need it. Our commissioning intentions wish to highlight a consistent urgent and emergency care response particularly across the Y&H patch for cardiac, stroke, respiratory, frailty, fallers and those with mental health conditions ensuring evidence improved outcomes for our patients.

Delivering this vision requires whole system transformation. We recognise the need to work differently to deliver urgent and emergency care in this context. Our approach will be clinically focussed, ensuring high quality care for patients and developing the future workforce to meet the changing and complex landscape of health and social care.

2.1 Local Structures

It is explicit that STPs/ICS have a coordinating role, working interdependently with their local places.

We recognise that local A&E Delivery Boards which sit in each place have a significant role to play. This covers issues around A&E, Delayed Transfers of Care (DTOCs), stranded and super stranded patients and seasonal planning. This document predominately focusses on an integrated approach across the Y&H patch working with our 999/IUC providers and in and Out of Hours (OOH) primary care.

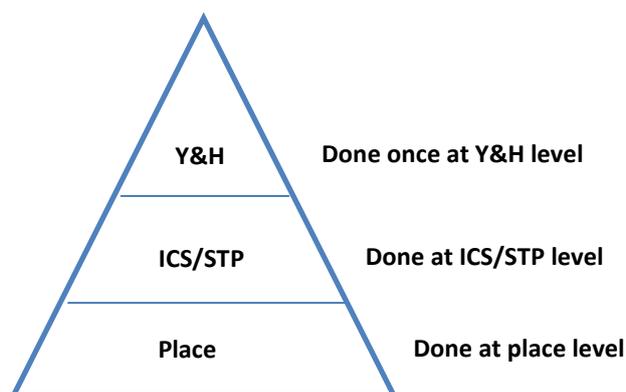


Fig.1 Commissioning framework

Y&H system leaders (both commissioners and providers) will work in partnership and collaboration and our governance arrangements will reflect this.

The commissioning of IUEC services will be overseen by a Joint Strategic Partnership Board (JSPB) (formerly known as the JSCB) working in association with the Y&H Urgent and Emergency Care Programme Boards of each of the STP/sICs. Contractual transactions will sit with the relevant contract management boards.

Complementing and building on the service developments across the Yorkshire and Humber region, this strategy is intended to bring thinking together in a way that enables commissioners and providers to collaborate on service strategies to make the vision set out in this document a reality.

2.2 Scope of this Framework

Within the scope of this framework are the following:

- a) 111 on line
- b) 111 call handling
- c) The 'core' Clinical Advice Service (CAS) and wider CAS
- d) Direct booking from 999/111
- e) 999 ambulance matters
- f) IUC services including GP OOH services
- g) Digital services and enablers where they impact IUEC
- h) Pathway redesign including social care which has an impact on the above
- i) Mental health services which have an impact on the above
- j) DOS development and management

Excluded from scope (except where there is an impact on the above) are:

- i. Development of Urgent Treatment Centres (UTCs)
- ii. Hospital services including A&E 4 hour waits, length of stay and super stranded patients and hospital to home services
- iii. GP access including extended access
- iv. Care home services

3 Strategic Context

This document sits within the context of a number of strategic influences. These include:

- National priorities.
- Evolving commissioning geographies.
- The impact of service reconfigurations.
- Challenge of integration within constrained resources.

- System interoperability.
- Reduction in variation on clinical care and outcomes.
- Regional (ambulance, patient transport, 111, blood and transplant, specialised commissioning) vs local (place).
- Movement to capitated budgets and associated contractual arrangements (risk share).
- Differing demographic issues including urban vs rural.
- Development of provider alliances/ integrated local clinical hubs.
- Stakeholder collaboration (integration, openness and transparency).
- The NHS Long Term Plan.
- The Ambulance Improvement Programme and its subgroups

A further key development is the evolution of Integrated Care Systems (ICS), which will increasingly take on responsibility for transacting the regulatory and oversight functions of NHSE and NHSI, managing their own resources and performance through a mutual accountability framework. The further integration of NHSE and NHSI themselves will lead to the introduction of a more streamlined single oversight framework.

4. Our Y&H Integrated Urgent & Emergency Care Vision

Our vision is:

To improve the outcomes and experience for the local populations by providing the right care at the right time in the right place on 100% of occasions.

Transformation of our IUEC services will enable us to achieve our ambition of financially and clinically sustainable health and social care services designed around the patient.

We want to deliver the above in a way that meets the needs of local people and support them to lead healthier lives for longer. As more people develop long-term conditions it is crucial that our focus is as much about promoting population health and wellbeing as it is about preventing disease.

By 2021 we aim to:

- Deliver on an ambitious integrated urgent care (IUC) specification providing a single point of access for patients, carers and health care professionals.
- Ensure local areas can deliver the NHS constitution standards relevant to IUEC and national contractual requirements relating to IUC and 999 services including the new ambulance quality standards.
- Have implemented the national recommendations on ambulance commissioning and provision (published September 2018).

- Contribute to an improvement in outcomes for patients including but not limited to cardiac, trauma, sepsis, stroke, mental health, respiratory and falls.
- Create an effective balance between regional and local service provision.
- Ensure robust and effective collaborative provider arrangements.
- Support local community engagement to ensure services meet the needs of local populations, building and strengthening community resilience.
- Drive the opportunities new technology, such as access to health and care records to enhance patient care.
- Maximise the opportunity that an integrated care workforce offers.
- Reduce variation in clinical practice without stifling innovation.
- Ensure systems are resilient in accordance with national EPRR standards.

5. Commissioner Intentions

To support the aims above we intend to focus on three core areas:

Prevention: Interventions that safely reduces avoidable demand

- We expect and encourage patients to self-care wherever possible and use the available resources such as online services and local pharmacy services.
- We expect commissioners to look at the opportunities to manage services ‘upstream’ e.g. population health management, those with long term conditions, non-injury falls and with end of life needs.
- We expect providers to consider the needs of their service users and opportunities that might exist to make every contact count.

Triage and advice: Assessment of need and signposting to the most appropriate services

- Simplification of the ‘single point of telephone or digital access’ in line with the requirements of the NHS Long Term Plan.
- Manage calls and digital contacts in a way that more appropriately places the patient in either health and/or social care.
- From the patients’ perspective, seamless services which will be achieved via integration and reduced duplication.
- Utilisation of technology and the continued development of a shared care record to enable simultaneous viewing.
- Enhancing our multidisciplinary approach for example linking services to pharmacies, drug and alcohol and mental health services.
- Providing the facility for direct booking from 111/999 into urgent and planned services
- Provision of suitable clinical advice services to those who need it, ensuring patients are not passed from one clinician to another (consult and complete model of care).

Treatment and flow: Streamlining pathways and processes

- Provide alternatives to traditional A&E care such as the provision of care by non-ambulance staff or at different facilities such as Urgent Treatment Centres (UTCs). This is particularly pertinent to low acuity 999 calls which make up about 25% of call volumes.
- Development of alternative pathways of care which are effective and safe.
- Maximise flow within care pathways to enhance patient experience and reducing hospital stay where appropriate.
- Services will be provided locally however as medicine advances this might mean some services are better provided in specialist centres.
- Treatment services provided locally, at scene or coordinated with partners including the voluntary sector.
- Where transport is required consideration is given to safe non-ambulance transportation.

6. Governance

This document is aligned to the changes that are currently taking place across Y&H in relation to the development of STPs/ ICS. To ensure that this happens we intend to undertake a number of actions including:

- A commissioned external review of current arrangements against the national ambulance commissioning framework.
- A review of the various existing fora used for contracting and commissioning to ensure these are fit for purpose.
- Revision of existing Memorandum of Understanding (MOUs) to support decision making.
- Review the support resources required to support commissioning processes detailed above.

7. Next steps

In light of the developing commissioning landscape, commissioners will need to review and strengthen their governance arrangements and support structures. Additionally, local ICS/STP work plans may also need to be revised. There will need to be some enabling actions taken to support providers in remodelling services and support them as we move to a more integrated urgent & emergency care service response across health and social care.

This document will be considered for approval by the STP/sICS and their local governance arrangements following discussion within each sub region during spring 2019 and, as necessary, at CCG governing bodies.

Memorandum of Understanding
for the
**Collaborative Commissioning of Integrated Urgent
and Emergency Care Services**

Between
Clinical Commissioning Groups
Across
Yorkshire and the Humber

11th September 2019

This agreement is dated the 11th day of September 2019

between

The Clinical Commissioning Groups listed in Schedule 5, each a "**Party**" and together the "**Parties**".

Contents

1. Introduction and background	3
2. The Services	3
3. Objectives	3
4. Decision-Making and Resolving Disagreements	4
5. Roles and responsibilities	6
6. How the Parties will work together	7
7. Collaborative costs and resources	7
8. Charges and liabilities	8
9. Variations, Joining the Collaborative and Termination.....	8
10. Confidential Information and Data Protection	9
11. Freedom of Information	9
12. Status	9
13. Signatures	9
Schedule 1 Definitions	13
Schedule 2 Lead Officers for ICS/STP sub-regional footprints	14
Schedule 3.1 Y&H Joint Strategic Partnership Board Terms of Reference.....	16
Schedule 3.2 Y&H IUEC Contract Management Board Terms of Reference.....	19
Schedule 3.3 Y&H collaborative governance arrangements.....	24
Schedule 4 Scheme of Delegation	25
Schedule 5 Parties for IUC and YAS 999 services	27

1. Introduction and background

- 1.1. The Clinical Commissioning Groups (CCGs) across Yorkshire and the Humber (Y&H) share a vision to deliver the best possible care and outcomes for their local populations. This Memorandum of Understanding sets out how the CCGs will work together to commission integrated urgent and emergency care services.
- 1.2. The CCGs have worked together over a number of years to plan, procure and manage the performance of integrated urgent and emergency care services. The establishment of Integrated Care Systems/Sustainability and Transformation Partnerships (ICS/STPs) has changed the architecture that supports this collaborative working.
- 1.3. The Parties have agreed to develop this revised Memorandum of Understanding to clarify collaborative decision making and strengthen joint working arrangements. The Parties have agreed that they will use the governance arrangements in their respective ICS/STP to agree an ICS/STP level position on all relevant decisions. The Y&H Joint Strategic Partnership Board (JSPB) will act as the forum for bringing together ICS/STP positions into a collaborative decision across Yorkshire and Humber. This Agreement also underpins the wider governance arrangements that have been established across Y&H and which are set out at Schedule 3.3.
- 1.4. This Agreement shall commence on the date of signature of the Parties and will be reviewed annually.

2. The services

- 2.1. This Agreement sets out a framework for collaborative decision-making for commissioning Integrated Urgent and Emergency Care Services. Not all of the Parties commission all of these services collaboratively in Yorkshire and Humber. The Parties, and which services they commission collaboratively, are set out in Schedule 5.
- 2.2. NHS Greater Huddersfield CCG, on behalf of those Parties indicated in Schedule 5, is a signatory to a single contract with Yorkshire Ambulance Service NHS Trust for the provision of Integrated Urgent Care (IUC) services in each Party's area
- 2.3. NHS Wakefield CCG, on behalf of those Parties indicated in Schedule 5, is a signatory to a single contract with Yorkshire Ambulance Service NHS Trust for the provision of 999 services in each Party's area.
- 2.4. For the avoidance of doubt, this Agreement covers only those services that are commissioned jointly. It excludes all services that are commissioned locally by the Parties.

3. Objectives

- 3.1. The overarching objective of this Agreement is to enable the collaborative commission of Integrated Urgent and Emergency Care Services which meet the health needs of the people of Yorkshire and Humber, in accordance with local and ICS/STP plans.

- 3.2. This collaborative approach will enable the Parties to take a strategic view of issues affecting local populations, ensuring a clear focus on health outcomes. It will enable the integration of other health and social care services to achieve the outcomes set out in relevant ICS/STP strategic system plans, and/or Urgent and Emergency Care Network (UECN) delivery plans.
- 3.3. It will enable the delivery of the national Integrated Urgent Care and urgent and emergency ambulance specifications and ensure that services meet all relevant national standards and guidance and that:
 - services provide the best possible performance and quality
 - services are cost effective and provide best value for money
 - patients, service users, their carers and families have been appropriately engaged

4. Decision-making and resolving disagreements

- 4.1. The Parties agree that there are two different levels of decision-making covered by this agreement and set out in Schedule 4 - CCG decisions made in collaboration and Lead Contractor decisions. Decisions on matters which relate only to one Party are reserved to that Party.

CCG decisions made in collaboration

- 4.2. The Parties agree to establish ICS/STPs as the forums for establishing a collective view. They agree that they will use the governance and decision-making arrangements in their respective ICS/STP to agree an ICS/STP level position on the collaborative decisions set out in Schedule 4. The Y&H Joint Strategic Partnership Board will act as the forum for bringing together these ICS/STP positions. The terms of reference of the JSPB are set out in Schedule 3.
- 4.3. The agreed decision making process is as follows:
 - Each ICS/STP will agree a collective ICS/STP level view, using the decision making mechanisms of that ICS/STP (for example, a Joint Committee of CCGs)
 - The views of each ICS/STP will be brought together at Yorkshire and Humber level for consideration by the JSPB.
 - For a collaborative decision to be agreed across Yorkshire and Humber, unanimity will be required across all ICS/STP areas. (For the avoidance of doubt, this means that each ICS/STP has an equal veto on any proposal)
 - Where the JSPB is unable to agree a collaborative position across Yorkshire Humber, the dispute resolution set out in Clauses 4.9-4.11 will be applied.

- 4.4. The Parties agree that this approach is compatible with, but does not require, formal delegation by the Parties of their commissioning responsibilities to an ICS/STP forum. The Parties acknowledge that in the absence of formal delegation, decisions remain reserved to each CCG, but agree that they will make every endeavour to agree a common position through their ICS/STP governance arrangements.
- 4.5. The Parties agree that, over time, and where not already in place, they will move towards formal delegation to an ICS/STP forum.
- 4.6. The Parties agree that this approach relies on a shared commitment to collaborative working and that they will work in accordance with the roles and responsibilities set out in Section 5 and the principles and behaviours set out in Section 6. The Parties agree that the dispute resolution procedure at Clauses 4.9-4.11 will be applied if collaborative agreement cannot be reached.

Lead Contractor Decisions

- 4.7. Each Party agrees to ensure that the matters set out as Lead Contractor Decisions in Schedule 4 are delegated effectively and lawfully to the Lead Contractor. The Parties acknowledge that the Lead Contractor is able to:
 - make Lead Contractor Decisions and such decisions will bind all of the Parties;
 - take appropriate action under the Commissioning Contract in relation to Lead Contractor Decisions without reference to the Parties or the Lead Officers
- 4.8. The Lead Contractor shall chair meetings of the Contract Management Board (CMB), through which the Provider shall be held to account, for example by developing improvement plans with providers, including hospital trusts, integrated care organisations and primary care networks via the appropriate ICS/STP representative. The CMB shall not have any authority in and of itself to make decisions which bind the Parties, it is a forum in which:
 - Lead Contractor Decisions may be made and/or implemented by the Lead Contractor; and
 - CCG Decisions made in collaboration may be implemented by the Lead Contractor.

The Terms of Reference of the CMB are attached at Schedule 3.2.

Dispute resolution

- 4.9. Where any dispute arises between the Parties (including the Lead Contractor) the Parties must use their best endeavours to resolve that dispute informally.
- 4.10. If any dispute is not resolved under Clause 4.9, any Party in dispute may refer the dispute to the Chief Officers of the relevant Parties, who will co-operate to recommend a resolution to the dispute within ten (10) Working Days of the referral.

4.11. Where any dispute is not resolved under Clauses 4.9 or 4.10, any Party in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the Parties in dispute.

5. Roles and responsibilities

5.1. Each Party will:

- participate in discussions at meetings of the ICS/STP of which they are a member;
- agree with other members of the relevant ICS/STP two representatives ("**Lead Officers**", as set out at Schedule 2), ideally one clinical and one managerial, to represent the ICS/STP at meetings of the JSPB;
- ensure the relevant Lead Officers have considered all documentation and are fully prepared to discuss matters at meetings of the JSPB;
- make all reasonable efforts to require their Lead Officers to inform the other Lead Officers in advance if a relevant Lead Officer is unable to attend meetings of the JSPB;
- ensure its Lead Officers engage with all other Lead Officers and attendees, if relevant, in matters related to this Agreement;
- communicate openly and in a timely manner about concerns, issues or opportunities relating to this Agreement; and
- respond promptly to all requests for, and promptly offer, information or proposals relevant to the operation of the Collaboration.

The Lead Contractor

5.2. The Lead Contractor, on behalf of the Parties, will focus on transactional and contract management matters in relation to the Commissioning Contract. In line with Schedule 4 (Scheme of Delegation), the Lead Contractor, will manage and maintain the Commissioning Contract. It will monitor quality, activity and finance so as to obtain best performance, quality and value from the Services on behalf of the Parties. The Lead Contractor will act reasonably in undertaking its role and will have regard to guidance from the JSPB in exercising its delegated authority.

5.3. The Lead Contractor shall chair the Contract Management Board, which shall be the primary mechanism through which the Lead Contractor will hold the Provider to account on behalf of the Parties and enact Lead Contractor Decisions and CCG Decisions made in collaboration.

6. How the parties will work together

Principles

- 6.1. The Parties have agreed a set of principles and behaviours that shape how they will work in collaboration. They will:
- act in the best interests of patients and the public;
 - work toward a reduction in health inequality and improvement in health and well-being;
 - focus on quality;
 - seek best value for money, productivity and effectiveness;
 - act in good faith and behave in a positive, proactive and inclusive manner;
 - learn from best practice and seek to develop as a collaborative to achieve the full potential of the relationship;
 - share information and resources and work collaboratively to identify solutions, eliminate duplication, mitigate risk and reduce cost; and
 - promote innovation and develop towards a level of commissioning that is equal to best international practice.

Ways of working

- 6.2. The Parties agree to adopt ways of working that support this collaborative approach. They will account to the other Parties for the performance of their respective roles and responsibilities set out in Clause 5.1. In particular they will;
- feed back in a timely way on all relevant ICS/STP level discussions and require their respective ICS/STP leads to respond in a timely way to draft Yorkshire and Humber-level documents and proposals.
 - highlight at an early stage any issues where they envisage difficulties in agreeing a common position across Yorkshire and Humber and, where appropriate, propose an alternative approach.
- 6.3. To support this way of working, proposals and documents presented to the Parties and their respective ICS/STP leads for comment and response shall be concise and indicate clearly the action required and timescales for response.

7. Collaborative costs and resources

- 7.1. The Parties agree to make payments due in accordance with the provisions of the Commissioning Contract/s.
- 7.2. Parties to the 999 Commissioning Contract will set aside £22,000 per year to reimburse costs incurred by the Lead Contractor as set out at 7.3 below. Parties which are not parties to the 999 Commissioning Contract each agree to set aside £11,000 per year to reimburse costs incurred by the Lead Contractor as set out at 7.3. below.

- 7.3. The Lead Contractor will agree and pay the following costs in respect of the Collaborative:
- audit fees;
 - legal fees;
 - fees for consultancy fees including expenses;
 - booking of facilities for meetings of the JSPB; and
 - fees relating to initiatives and contributions to support the National Ambulance Commissioners Network.
- 7.4. The Lead Contractor shall pay such costs incurred as set out in Clause 7.3 and recharge each Party its share of the costs proportionately according to the relevant Party's CCG population as a proportion of the total population of all of the CCGs combined.
- 7.5. Staff costs associated with the management of the Commissioning Contract will be managed separately to the costs set out in Clause 7.3. Each Party agrees to pay their share of the costs proportionately according to the Party's CCG population as a proportion of the total population of all of the CCGs.
- 7.6. The Parties shall ensure prompt payment of their share of such costs set out in this Clause 7.1 to the Lead Contractor and in any event shall pay such shares within 30 days of receipt of a claim for payment from the Lead Contractor.

8. Charges and liabilities

- 8.1. Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this Agreement. Parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions

9. Variations, joining the collaborative and termination

- 9.1. This Agreement, including the Schedules, may only be varied by written agreement of all the Parties
- 9.2. The Parties may agree to include additional CCGs as Parties. In such cases, the Parties will cooperate to enter into the necessary documentation and revisions to this Agreement if required.
- 9.3. Where a Party terminates its participation in the Commissioning Contract/s, that Party's participation in this Agreement shall automatically terminate on the same date. Any Party may terminate its participation in this Agreement by giving the other Parties notice in writing.
- 9.4. In the event that this Agreement expires, is terminated (whether in full or in part) or a Party leaves the Collaborative (the "Exiting Party"), the Parties agree to cooperate to ensure an orderly wind down of their joint activities as set out in this Agreement.

9.5. The Parties shall at all times act in such a manner as not to adversely affect the delivery of the Services.

10. Confidential Information and data protection

10.1. Except as required by law, each Party agrees at all times to keep confidential any and all information, data and material which that Party may receive or obtain in connection with the operation of this Agreement.

10.2. The Parties agree to provide or make available to each other sufficient information concerning their own operations and actions to enable the efficient operation of the Collaborative

10.3. The Parties acknowledge their respective duties under the Data Protection Act (DPA) and shall give all reasonable assistance to each other where appropriate or necessary to comply with such duties. The Parties shall ensure that Personal Data is safeguarded at all times in accordance with the DPA and other relevant data protection legislation.

11. Freedom of information

11.1. Each Party acknowledges that the other Parties are subject to the requirements of the Freedom of Information Act and each Party shall assist and co-operate with the others (at their own expense) to enable the other Parties to comply with their information disclosure obligations.

12. Status

12.1. The Parties acknowledge that they are all health service bodies for the purposes of section 9 of the NHS Act 2006. Accordingly, this Agreement shall be treated as an NHS Contract and shall not be legally enforceable.

12.2. Nothing in this Agreement shall create or be deemed to create a legal partnership under the Partnership Act 1890 or the relationship of employer and employee between the Parties or render any Party directly liable to any third party for the debts, liabilities or obligations of any other Party.

13. Signatures

13.1. This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same document.

13.2. The expression "counterpart" shall include any executed copy of this Agreement transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

13.3. No counterpart shall be effective until each Party has executed at least one counterpart.

SOUTH YORKSHIRE AND BASSETLAW

**NHS BARNSELY
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS BASSETLAW
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS DONCASTER
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS ROTHERHAM
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS SHEFFIELD
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

WEST YORKSHIRE AND HARROGATE

**NHS AIREDALE, WHARFEDAILE AND
CRAVEN CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS BRADFORD CITY
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS BRADFORD DISTRICTS
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS CALDERDALE
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS GREATER HUDDERSFIELD
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS HARROGATE AND RURAL DISTRICT
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS HAMBLETON, RICHMONDSHIRE AND
WHITBY CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS LEEDS
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS NORTH KIRKLEES
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

**NHS WAKEFIELD
CLINICAL COMMISSIONING GROUP**

Authorised Officer **Date**

Schedule 1

Definitions

“Agreement”	This agreement between the Parties, comprising the Memorandum of Understanding together with all Schedules.
“CCG decisions made in collaboration”	Has the meaning set out in Schedule 4.
“CMB”	The Yorkshire and Humber Contract Management Board, the role and Terms of Reference for which are set out in Schedule 3.2.
“Commissioning contract/s”	<p>The contract between NHS Greater Huddersfield CCG and the Parties indicated in Schedule 5 for the provision of Integrated Care Services in each Party’s area.</p> <p>The contract between NHS Wakefield CCG and the Parties indicated in Schedule 5 for the provision of 999 services in each Party’s area.</p>
“Dispute resolution”	Has the meaning set out in Clauses 4.9-4.11
“ICS/STP”	<p>The health and care partnerships in:</p> <ul style="list-style-type: none">• Humber, Coast and Vale• South Yorkshire and Bassetlaw• West Yorkshire and Harrogate.
“JSPB”	The Yorkshire and Humber Joint Strategic Partnership Board, the role and Terms of Reference for which are set out in Schedule 3.1.
“Lead Contractor/s”	<p>NHS Greater Huddersfield CCG for the provision of Integrated Care Services.</p> <p>NHS Wakefield CCG for the provision of 999 services.</p>
“Lead Contractor decisions”	Has the meaning set out in Schedule 4.
“Lead Officer”	The 2 representatives who represent their respective ICS/STP at meetings of the JSPB, as set out at Schedule 2.
“Provider”	Yorkshire Ambulance Service NHS Trust

Schedule 2

Lead Officers for ICS/STP sub-regional footprints

1. Parties

The table below sets out the ICS/STPs, the managerial and clinical Lead Officers for each ICS/STP and the Parties that are included in each ICS/STP and are represented by the Lead Officers:

ICS/STP	Contact details of Lead Officers	Party
Humber Coast and Vale	<p>Clinical lead Andrew Phillips Email: andrew.phillips4@nhs.net</p> <p>Managerial lead Richard Dodson Email: richard.dodson@nhs.net</p>	<p>NHS East Riding of Yorkshire Clinical Commissioning Group ("East Riding of Yorkshire CCG")</p> <p>NHS Hull Clinical Commissioning Group ("Hull CCG")</p> <p>NHS North East Lincolnshire Clinical Commissioning Group ("North East Lincolnshire CCG")</p> <p>NHS North Lincolnshire Clinical Commissioning Group ("North Lincolnshire CCG")</p> <p>NHS Scarborough and Ryedale Clinical Commissioning Group ("Scarborough and Ryedale CCG")</p> <p>NHS Vale of York Clinical Commissioning Group ("Vale of York CCG")</p>
South Yorkshire and Bassetlaw	<p>Clinical lead Email:</p> <p>Managerial lead Email:</p>	<p>NHS Barnsley Clinical Commissioning Group ("Barnsley CCG")</p> <p>NHS Bassetlaw Clinical Commissioning Group ("Bassetlaw CCG")</p> <p>NHS Doncaster Clinical Commissioning Group ("Doncaster CCG")</p> <p>NHS Rotherham Clinical Commissioning Group ("Rotherham CCG")</p> <p>NHS Sheffield Clinical Commissioning Group ("Sheffield CCG")</p>

<p>West Yorkshire and Harrogate</p>	<p>Clinical lead</p> <p>Adam Sheppard</p> <p>Email: Adam.Sheppard@wakefieldccg.nhs.uk</p> <p>Managerial lead</p> <p>Email:</p>	<p>NHS Airedale, Wharfedale and Craven Clinical Commissioning Group ("Airedale, Wharfedale and Craven CCG")</p> <p>NHS Bradford City Clinical Commissioning Group ("Bradford City CCG")</p> <p>NHS Bradford Districts Clinical Commissioning Group ("Bradford Districts CCG")</p> <p>NHS Calderdale Clinical Commissioning Group ("Calderdale CCG")</p> <p>NHS Greater Huddersfield Clinical Commissioning Group ("Greater Huddersfield CCG")</p> <p>NHS Harrogate and Rural District Clinical Commissioning Group ("Harrogate and Rural District CCG")</p> <p>NHS Leeds Clinical Commissioning Group ("Leeds CCG")</p> <p>NHS North Kirklees Clinical Commissioning Group ("North Kirklees CCG")</p> <p>NHS Wakefield Clinical Commissioning Group ("Wakefield CCG")</p> <p>For IUC/999 decision-making only:</p> <p>NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group ("Hambleton, Richmondshire and Whitby CCG")</p>
---	---	--

Schedule 3.1
Yorkshire and Humber Clinical Commissioning Groups/ICS/STP

Yorkshire and Humber Joint Strategic Partnership Board

Terms of Reference

Name of Group:	Yorkshire and Humber Joint Strategic Partnership Board (Y&H JSPB)
Key Definitions:	
Accountable To:	Yorkshire and Humber Joint Commissioning Committees
Role and Purpose:	<p>The primary role of the JSPB shall be to determine transformational decisions regarding the Services, including:</p> <ul style="list-style-type: none"> • Oversight of the delivery of the commissioners strategic intentions; • Co-production and assurance of delivery of the providers responses to the agreed commissioning intentions as a whole system; • Delivery of the national IUC specification and associated performance standards for clinical advice and direct booking; • the medium to long term planning for the integration of the Service; and • service redesign to further integrate the Services with other health and social care services to achieve the outcomes set out in the relevant Sustainability and Transformation Plans and associated Digital Roadmaps and Urgent and Emergency Care Network Delivery plans of the Parties. <p>Patient transport services are excluded from the remit of the JSPB except insofar as they have an impact on the services in scope.</p>
Accountability and Reporting:	<p>In accordance with this Agreement the JSPB will undertake the following actions:</p> <p>Planning for the provision and transformation of the Services to meet the health needs of the relevant local population on a place basis in accordance with the local ICS/STP plans and respective commissioning intentions and ambitions;</p> <p>Oversight of Strategic Commissioning Intentions of the CCGs in Yorkshire and the Humber in relation to work undertaken around Urgent and Emergency Care Networks, including Ambulance Services;</p> <p>Ensure that strategic intent agreed by the CCGs in Yorkshire and the Humber is captured and reflected contractually; and</p> <p>Consider different delivery models to seek to provide equity of performance across both urban and rural area.</p>
Accountability and Reporting:	The JSCB is accountable to the Y&H CCGs on financial matters and will provide copies of approved meeting minutes to JSPB members to inform commissioning decisions.
Chair and Membership:	<p>Chairperson A representative of the YAS 999 or IUC coordinating commissioner will be responsible for chairing the CMB.</p> <p>Membership The Core membership is as described below. In the event that a member is unable to attend an appropriate deputy should represent them. Members are expected to make all reasonable efforts to attend meetings.</p>

	<p>Apologies for absence from meetings shall be notified, in advance of the relevant meeting wherever possible, to either the Chair or administrative support and will be formally recorded in the minutes. Non-attendance were apologies have not been received will also be formally recorded.</p> <ul style="list-style-type: none"> • CEO YAS • Director of Urgent Care & Integration YAS • Medical Director YAS • Director of Operations YAS • Provider lead clinician – NHS 111 call handling and core clinical advice service • AO Coordinating commissioner - YAS • AO Coordinating commissioner - NHS 111 call answering and core CAS • SYB Representatives: CCG JCC representative and ICS UEC representative • HCV Representatives: CCG JCC representative and ICS UEC representative • WYH Representatives: CCG JCC representative and ICS UEC representative • HRW CCG representative on behalf of the D, D, T, H,R and W STP • Y&H Programme Lead – IUEC & YAS Commissioning • ICS/STP clinical leaders x 3 • NHS England Commissioning Representative • NHS England by invitation
<p>Conduct:</p>	<p>Members of the JSPB and those in attendance will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct and the Standards for members of NHS boards and governing bodies, Citizen's Charter and Code of Practice on Access to Government Information.</p> <p>All members will have due regard to, and operate within, the prime financial policies, Standing Orders, the constitution and other policies and procedures of their employing organisation.</p>
<p>Voting:</p>	<p><i>Each two Lead Officers from each ICS/STP shall have one vote between them.</i></p> <p><i>If the Chief Officers of the two Lead Commissioner / Contractors are members of the JSPB (but not Lead Officers) then they will not have a vote.</i></p> <p><i>The Parties acknowledge that there needs to be unanimity across all Lead Officers in order for JSPB Decisions to be determined.</i></p> <p><i>Where unanimity is not reached, the Parties agree that the matter will be referred to dispute resolution.</i></p> <p><i>Decisions regarding finance and investment that affect only that Party will be made by each Party.</i></p>
<p>Quoracy:</p>	<p>Meetings shall be quorate when the Chair, a YAS executive Director and a representative of each ICS/STP are present.</p> <p>In circumstances where a Lead Officer is unable to attend a meeting, or they have a conflict of interest which required them to be excluded from a meeting, the Chair of their nominating ICS/STP may send to a meeting of the JSPB a deputy (a "Deputy") to take the place of a Lead Officer. Where a Deputy is sent to take the place of the Lead Officer, references in these terms of reference to Lead Officer shall be read as references to the Deputy.</p> <p>Members of the JSPB may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior agreement from the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.</p>

Servicing and Administration:	<p>NHS Wakefield CCG will service the meetings. Meetings will be formally recorded. Finalised meeting agendas, previous draft minutes and papers will be circulated to members at least five working days in advance of the meeting.</p> <p>All parties may submit agenda items for inclusion with a view to agreeing a joint agenda. The final agenda for each JSPB meeting will be agreed by the Chair prior to circulation to the wider group membership. Each party will nominate a representative who will be responsible for agreement of the agenda on behalf of their organisation.</p> <p>Minutes will be drafted within five working days following the meeting and approved by the Chair for sharing with the Members within 7 working days.</p>
Declarations of Interest:	<p>Declarations of Interest will be made at the first meeting and amendments/changes requested at subsequent meetings.</p> <p>If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Board's consideration has been completed.</p> <p>Declaration of interest will be a standing agenda item at every meeting. A Declaration of Interest (DOI) Register will be maintained and updated according.</p>
Distribution of Minutes:	<p>Minutes will be circulated to JSPB members.</p>
Frequency of Meetings:	<p>Bi-monthly as appropriate. Meetings will be booked annually in advance of the start of the financial year, and a schedule of meetings circulated to all members.</p>
Linkages with other for a including sub-groups:	<p>The JSPB has the authority to establish formal sub-groups and/or short-term working groups as and when required to support the effective delivery of the contract. The scope, membership and frequency of any such groups must be jointly agreed by the Coordinating Commissioner and Provider prior to commencement of the group.</p> <p>The JSPB may receive matters from the IUEC Programme Steering Group in reference to the design and delivery of integrated urgent and emergency care services.</p> <p>The JSPB will receive feedback, as appropriate, from any sub regional fora such as local IUEC quality and performance groups, A&E Delivery Board or UECNs. In this instance the relevant representative will be invited to attend the JSPB.</p>
Monitoring and Compliance:	<p>An annual work programme will be developed to monitor the operation and effectiveness of the JSPB.</p>
Review Date:	<p>These Terms of reference will be reviewed annually, or as and when legislation or best practice guidance is updated.</p> <p>Any amended Terms of Reference will be agreed by the Board prior to sharing.</p> <p>The next scheduled review date is September 2020</p>
Date of Approval:	<p>These Terms of Reference have been approved and signed off by _____ on the 2019</p>

Schedule 3.2

Yorkshire and Humber Clinical Commissioning Groups/STP/ICS Yorkshire and Humber IUEC Contract Management Board

Terms of Reference

Name of Group:	Yorkshire and Humber IUEC Contract Management Board (YAS IUEC CMB)
Key Definitions:	The Coordinating Commissioners – NHS Wakefield and NHS Greater Huddersfield CCGs will act as a Coordinating Commissioner to bring together commissioners from across the Yorkshire and Humber region to deliver a coordinated YAS IUEC contract management function.
Accountable To:	Yorkshire and Humber Joint Strategic Partnership Board (Y&H JSPB).
Role and Purpose:	<p>The primary purpose of the YAS IUEC CMB will be overseeing the management of the contracts between Yorkshire & Humber commissioners and Yorkshire Ambulance Service NHS Trust, for the provision of IUEC services. This includes responsibility for two distinct service contracts:</p> <ul style="list-style-type: none"> • Yorkshire and Humber 999 Service • Yorkshire & Humber Integrated Urgent Care: 111 Call Handling & Core Clinical Advice Service <p><i>It is recognised that the geographic boundaries and relevant commissioners for each service will differ. Whilst the IUEC CMB is a single body, it will at all times ensure that these differences in contractual scope are recognised and respected. This will include ensuring that decision making reflects the different constituencies and requirements of each contract, and that particular attention is paid to areas where only one contract may apply.</i></p> <p>The YAS IUEC CMB will be responsible for the overall governance of the above contracts, ensuring that service performance, quality and delivery of outcomes are in accordance with the terms of each agreement.</p> <p>In particular CMB will:</p> <ul style="list-style-type: none"> • Provide Executive Director leadership for the governance of each contract, including oversight of service activity, quality, finance and performance, and joint management of arising issues. • Work in partnership to provide a robust and consistent approach to contract management in compliance with the governance requirements of the NHS Standard Contract and national guidance. Work in conjunction with the Joint Strategic Partnership Board (JSPB) to develop and implement the strategic direction for IUEC Services in Yorkshire and Humber, including service developments and compliance with local, regional and national strategic aims.

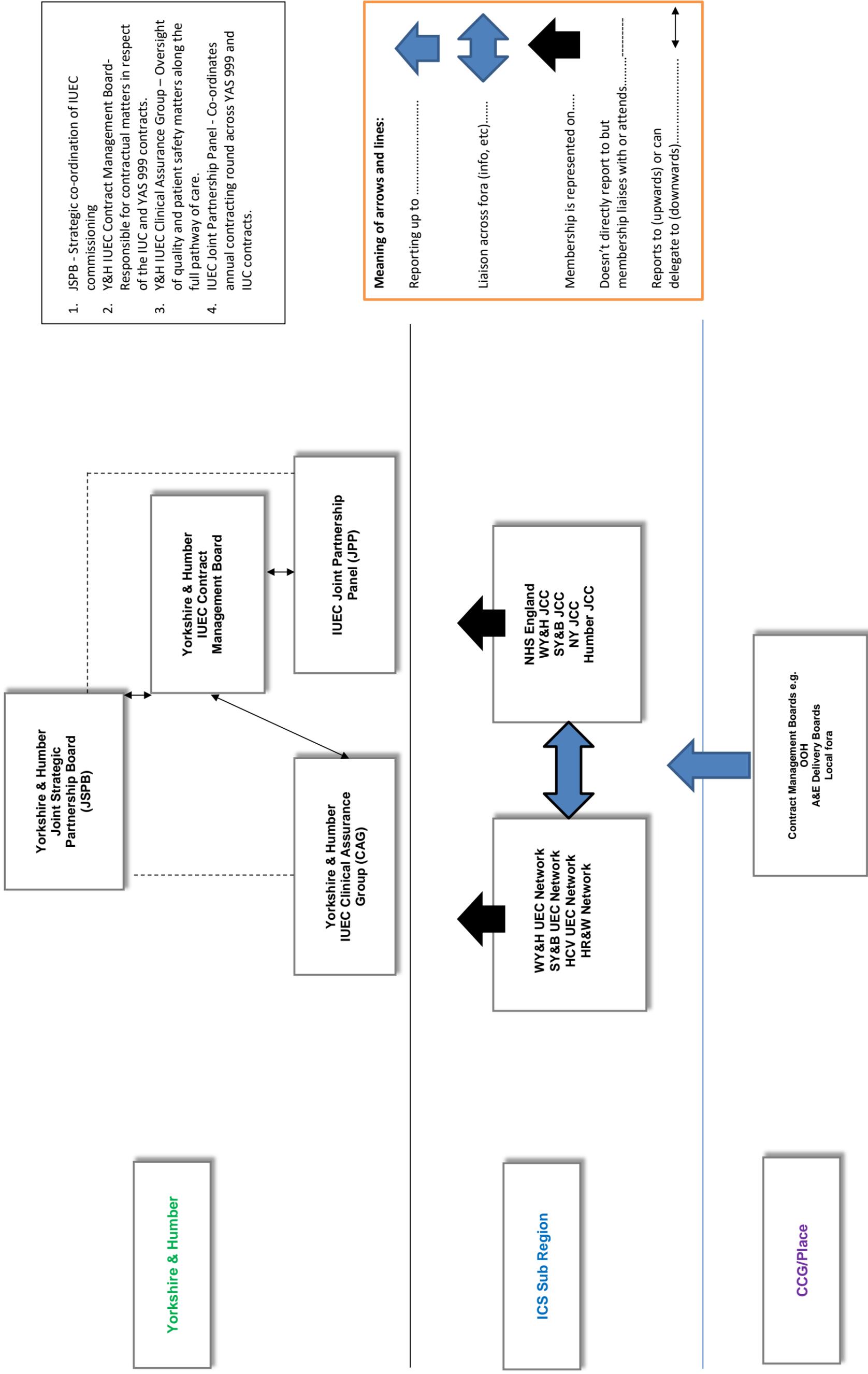
	<ul style="list-style-type: none"> • Make recommendations to Y&H JSPB regarding strategic direction and priorities for service development and/or investment. • Ensure appropriate communication between the Commissioners of each service, as well as the Y&H JSPB, Y&H Urgent and Emergency Care Networks (UECNs) and other local fora.
Responsibilities:	<p>The YAS IUEC CMB has responsibility for:</p> <p>Contract Assurance</p> <ul style="list-style-type: none"> • Review, on an exceptions basis (where the likely impact is considered to be material), contract performance including local and national performance requirements, quality indicators, CQUIN and activity and finance, as set out within each contract • Monitor the progress of the delivery of agreed service developments through service development and implementation plans. • Monitor information and data quality under the provisions of the contracts, ensuring delivery of agreed data quality implementation plans. • Ensure that provider and commissioner adhere to national tariff and planning guidance, as applicable; and jointly agree any local deviations. Resolve pricing and activity queries for locally priced activity. • Receive reports and review any recommendations made by the Y&H Clinical Assurance Group (CAG) with regard to service quality and risks, including: complaints, incidents, compliance with contract quality and patient safety standards, as well as input from regulators and professional bodies. • Oversee reconciliation processes associated with contract finance and activity plans, CQUIN or local incentive schemes, as appropriate for the terms of each agreement. <p>Contract Development</p> <ul style="list-style-type: none"> • Identify contractual priorities and ensure the development of revised specifications for incorporation into the contracts. • Oversee the effective implementation of relevant national guidance, service developments and performance standards <p>Performance Management</p> <ul style="list-style-type: none"> • Receive escalation reports from other relevant groups e.g. CAG, or directly from either party, where quality or performance deviates materially from agreed standards and specifications, investigate the causes and agree remedial actions including regular reporting where appropriate. • Oversee any contractual performance management process and monitor delivery of any actions agreed to resolve contractual notices.

	<ul style="list-style-type: none"> • Receive regular reports on progress against current Remedial Action to ensure delivery of actions agreed within Remedial Action Plans and where necessary ensure that non-compliance is escalated within their respective organisations and mitigation is put in place where actions are not delivered. <p>Contract Variations</p> <ul style="list-style-type: none"> • Track the progress of contract variations and ensuring any variations follow agreed contractual processes and timescales; ratifying contract variations where appropriate. <p>Contract Negotiation</p> <ul style="list-style-type: none"> • Provide oversight of any contract negotiation process, including identification of key negotiation priorities and establishment of negotiation teams / working groups as required. 		
<p>Accountability and Reporting:</p>	<p>The YAS IUEC CMB is accountable to the Y&H JSPB and will provide copies of approved meeting minutes to the JSPB to inform commissioning decisions.</p> <p>See the June 2019 organisational chart.</p>		
<p>Chair and Membership:</p>	<p>Chairperson A representative of one of the coordinating commissioner (s) will be responsible for Chairing the CMB.</p> <p>Membership The Core membership is as described below. In the event that a member is unable to attend an appropriate deputy should represent them. Members are expected to make all reasonable efforts to attend meetings although a dial in facility may be provided upon request.</p> <p>Apologies for absence from meetings shall be notified, in advance of the relevant meeting wherever possible, to either the Chair or administrative support and will be formally recorded in the minutes. Non-attendance where apologies have not been received will also be formally recorded.</p> <p>YAS IUEC CMB Membership</p> <table border="1" data-bbox="497 1525 1283 2020"> <tr> <td data-bbox="497 1525 715 2020">On behalf of Commissioners</td> <td data-bbox="715 1525 1283 2020"> Chief Finance Officer Coordinating Commissioner Y&H IUEC Programme Lead IUEC quality lead 999/IUEC Contracts lead 999/IUEC Finance lead Nominated representatives – WYH, SYB and HCV ICS/STPs Coordinating commissioner – Director of Quality Other commissioning representatives as required. NHSs England NHS England (dental) </td> </tr> </table>	On behalf of Commissioners	Chief Finance Officer Coordinating Commissioner Y&H IUEC Programme Lead IUEC quality lead 999/IUEC Contracts lead 999/IUEC Finance lead Nominated representatives – WYH, SYB and HCV ICS/STPs Coordinating commissioner – Director of Quality Other commissioning representatives as required. NHSs England NHS England (dental)
On behalf of Commissioners	Chief Finance Officer Coordinating Commissioner Y&H IUEC Programme Lead IUEC quality lead 999/IUEC Contracts lead 999/IUEC Finance lead Nominated representatives – WYH, SYB and HCV ICS/STPs Coordinating commissioner – Director of Quality Other commissioning representatives as required. NHSs England NHS England (dental)		

	<table border="1" data-bbox="499 199 1284 488"> <tr> <td data-bbox="499 199 715 488">On Behalf of Yorkshire Ambulance Service</td> <td data-bbox="715 199 1284 488">Director of Finance Operational Director Director of Quality, Governance & Performance Assurance Contracts Lead YAS representatives (999 and IUC) including clinical representation</td> </tr> </table> <p data-bbox="464 528 1441 629">It is essential that place/sub-regional discussions (which will be within sub committees of local Urgent and Emergency Care Programme Boards (UEPB)) and those within NHS E Dental are appropriately reflected in CMB and JSPB.</p> <p data-bbox="464 669 839 701"><u>Commissioner representation</u></p> <p data-bbox="464 703 1385 806">Each ICS/STP footprint is required to send one representative at Executive Director level to the IUEC CMB meetings. This person is also responsible for liaison on IUEC matters across their UECN/STP/ICS footprint.</p>	On Behalf of Yorkshire Ambulance Service	Director of Finance Operational Director Director of Quality, Governance & Performance Assurance Contracts Lead YAS representatives (999 and IUC) including clinical representation
On Behalf of Yorkshire Ambulance Service	Director of Finance Operational Director Director of Quality, Governance & Performance Assurance Contracts Lead YAS representatives (999 and IUC) including clinical representation		
Conduct:	<p data-bbox="464 842 1449 987">Members of the YAS IUEC CMB and those in attendance will abide by the ‘Principles of Public Life’ (The Nolan Principles) and the NHS Code of Conduct and the Standards for members of NHS boards and governing bodies, Citizen’s Charter and Code of Practice on Access to Government Information.</p> <p data-bbox="464 990 1449 1093">All members will have due regard to, and operate within, the prime financial policies, Standing Orders, the constitution and other policies and procedures of their employing organisation.</p>		
Quoracy:	<p data-bbox="464 1131 1449 1234">The YAS IUEC CMB will be quorate with at least one Executive Director from the coordinating commissioners and at least two representatives from any other Y&H CCG/ ACS/STP footprint and one YAS Executive Director.</p> <p data-bbox="464 1276 1449 1422">Members of the YAS IUEC CMB may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior agreement from the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.</p>		
Servicing and Administration:	<p data-bbox="464 1451 1449 1597">NHS Greater Huddersfield CCG will service the meetings. Meetings will be formally recorded. Finalised meeting agendas, previous draft minutes and papers will be circulated to members at least five working days in advance of the meeting.</p> <p data-bbox="464 1639 1449 1807">All parties may submit agenda items for inclusion with a view to agreeing a joint agenda. The final agenda for each CMB meeting will be agreed by the Chair prior to circulation to the wider group membership. Each party will nominate a representative who will be responsible for agreement of the agenda on behalf of their organisation.</p> <p data-bbox="464 1850 1449 1917">Minutes will be drafted within five working days following the meeting and approved by the Chair for sharing with the Members within 7 working days.</p>		
Declarations of Interest:	<p data-bbox="464 1951 1449 2020">Declarations of Interest will be made at the first meeting and amendments/changes requested at subsequent meetings.</p>		

	<p>If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Board's consideration has been completed.</p> <p>Declaration of interest will be a standing agenda item at every meeting.</p> <p>A Declaration of Interest (DOI) Register will be maintained and updated according.</p>
Distribution of Minutes:	Minutes will be circulated to YAS IUEC CMB members.
Frequency of Meetings:	Bi-Monthly. Meetings will be booked annually in advance of the start of the financial year, and a schedule of meetings circulated to all members.
Linkages with other fora including sub-groups:	<p>The YAS IUEC CMB has the authority to establish formal sub-groups and/or short-term working groups as and when required to support the effective delivery of the contract. The scope, membership and frequency of any such groups must be jointly agreed by the Coordinating Commissioner and Provider prior to commencement of the group.</p> <p>The YAS IUEC CMB will receive feedback from the IUEC Clinical Assurance Group (CAG) formally 'Joint Quality Board' on escalated matters. This does not waive the requirement for the YAS IUEC CMB to address all quality and patient safety matters within its remit.</p> <p>The YAS IUEC CMB may receive feedback, as appropriate, from any sub regional fora such as local YAS IUEC/YAS IUEC quality and performance groups, A&E Delivery Board or UECNs. In this instance the relevant representative may be invited to attend the YAS IUEC CMB.</p>
Monitoring and Compliance:	An annual work programme will be developed to monitor the operation and effectiveness of the YAS IUEC CMB.
Review Date:	<p>These Terms of reference will be reviewed annually, or as and when legislation or best practice guidance is updated.</p> <p>Any amended Terms of Reference will be agreed by the Board prior to sharing.</p> <p>The next scheduled review date is September 2020</p>
Date of Approval:	These Terms of Reference have been approved and signed off by _____ on the 2019

Schedule 3.3 Yorkshire & Humber Integrated Urgent & Emergency Care (IUEC) Governance structure from April 2019



Schedule 4

Scheme of delegation

1. CCG decisions made in collaboration

1.1. The table below sets out CCG Decisions which will be made in collaboration. The Parties agree to make every endeavour to take these decisions in accordance with a common position agreed through the governance arrangements of their respective ICS/STP and the JSPB, as set out in Section 4.

Transformational	Finance	Contractual
Agree arrangements for delivery of the commissioners' strategic intentions.	Negotiate and recommend the Finance schedule for the annual Commissioning Contract	Final approval of the terms of the annual Commissioning Contract
Agree arrangements for assuring the delivery of the providers responses to the agreed commissioning intentions as a whole system	Agree the re-investment of in year contractual penalties (financial) in terms of spend and reasons for spend	Ratify variations to the Commissioning Contract (excluding variations that only affect a single Party)
Agree the range of services to be commissioned from the Provider and how they are to be commissioned.	Additional in-year investment from CCGs	Agree communications activity relating to matters governed by the Commissioning Contract
Agree medium to long term planning for the integration of the Service		Approve proposals for CQUIN indicators
Agree service redesign to further integrate the Services with other health and social care services.		Agree actions if concerns are identified about actual and contracted activity levels.

1.2. The table below sets out the matters that the Parties have agreed are CCG Decisions which are reserved to each Party.

Finance	Contractual
Payment of Extra Contractual Journeys that only relate to that Party	Ratify variations to the Commissioning Contract that only affect that Party
	Resolve issues between the Party and the Provider that do not impact on any other Party

2. Lead Contractor Decisions

2.1. The table below sets out Lead Contractor Decisions which are delegated to the Lead Contractor. Under the agreed collaborative working arrangement these matters will normally have been the subject of wider consultation and will have been discussed as part of regular CMB business. However, to avoid doubt, by exception, Lead Contractor Decisions can be made by the Lead Contractor without reference back to each Party or to the Lead Officers.

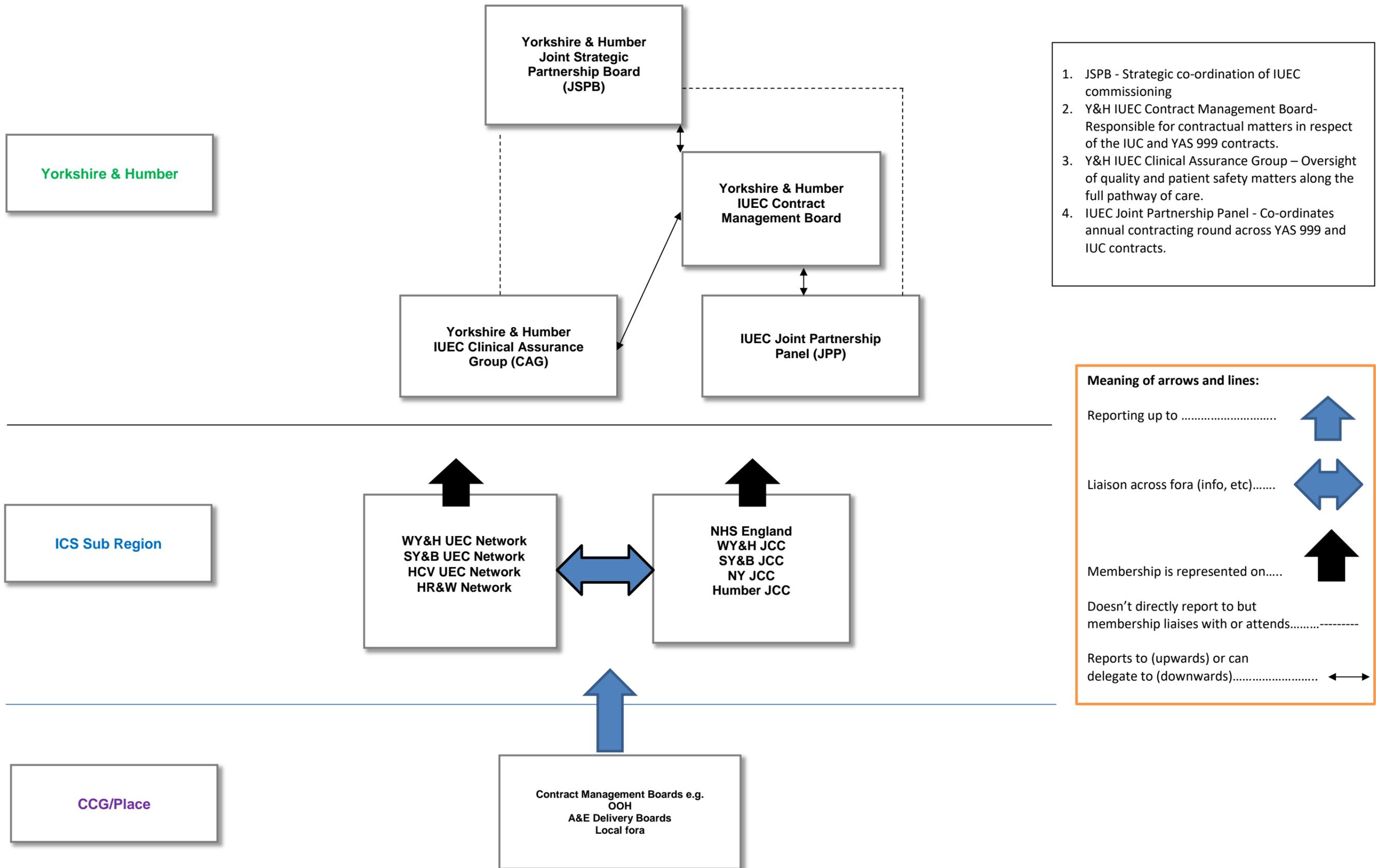
Finance	Quality	Contractual
Award of additional central funding investment e.g. SRG monies	Approval of in-year evidence and make recommendation for payment	Issue of formal notices under the contract e.g. application of contractual sanctions
Approval of in-year agreement to pay CQUINs	Sign off of Serious Incidents	Co-ordination of contractual action and agreement of remedial action plans
Payment of costs related to commissioning and contracting support	Liaison with CQC/NHS England/Improvement	Liaison with NHS E/I
	Quality schedules for each contract e.g. CQUINs	Issue of in-year contract variations
	Agree measures to manage demand for services if demand is increasing	Contract negotiations
	Agree actions if clinical quality concerns are identified	Resolve issues escalated from UECN meetings
	Agree changes in clinical and quality assurance practice to enhance patient care	
	Agree actions relating to high level external enquiry reports if concerns are identified	
	Agree action to be taken to address key issues in relation to incidents and serious incidents	

Schedule 5
Parties for IUC and YAS 999 services

Party	Address of principal office of Party	Services covered by this Agreement	
		IUC	YAS 999
Humber Coast and Vale			
NHS East Riding of Yorkshire Clinical Commissioning Group	Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	✓	✓
NHS Hull Clinical Commissioning Group	2 nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY	✓	✓
NHS North East Lincolnshire Clinical Commissioning Group	Athena Building & Olympia House, Saxon Court, Gilbey Road, Grimsby, South Humberside, DN31 2UJ	✓	
NHS North Lincolnshire Clinical Commissioning Group	The Health Place, Wrawby Road, Brigg, South Humberside, DN20 8GS	✓	
NHS Scarborough and Ryedale Clinical Commissioning Group	Scarborough Town Hall, St Nicholas Street, Scarborough, North Yorkshire, YO11 2HG	✓	✓
NHS Vale of York Clinical Commissioning Group	West Offices, Station Rise, York, YO1 6GA	✓	✓
South Yorkshire and Bassetlaw			
NHS Barnsley Clinical Commissioning Group	Hillder House, 49-51 Gawber Road, Barnsley, South Yorkshire, S75 2PY	✓	✓
NHS Bassetlaw Clinical Commissioning Group	Retford Hospital, North Road, Retford, Nottinghamshire, DN22 7XF	✓	
NHS Doncaster Clinical Commissioning Group	Sovereign House, Heavens Walk, Doncaster, South Yorkshire, DN4 5HZ	✓	✓
NHS Rotherham Clinical Commissioning Group	Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire, S66 1YY	✓	✓
NHS Sheffield Clinical Commissioning Group	722 Prince of Wales Road, Darnall, Sheffield, South Yorkshire, S9 4EU	✓	✓
West Yorkshire and Harrogate			
NHS Airedale, Wharfedale and Craven Clinical Commissioning Group	Millennium Business Park, Station Road, Steeton, West Yorkshire, BD20 6RB	✓	✓
NHS Bradford City Clinical Commissioning Group	Scorex House (West), 1 Bolton Road, Bradford, BD1 4AS	✓	✓

NHS Bradford Districts Clinical Commissioning Group	Scorex House (West), 1 Bolton Road, Bradford, BD1 4AS	✓	✓
NHS Calderdale Clinical Commissioning Group	5 th Floor, F Mill, Dean Clough Mills, Halifax, West Yorkshire, HX3 5AX	✓	✓
NHS Greater Huddersfield Clinical Commissioning Group	Broad Lea House, Dyson Wood Way, Bradley, Huddersfield, West Yorkshire, HD2 1GZ	✓	✓
NHS Harrogate and Rural District Clinical Commissioning Group	1 Grimbald Crag Court, St James Business Park, Knaresborough, North Yorkshire, HG5 8QB	✓	✓
NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group	Hambleton District Council, Civic Centre, Stone Cross, Northallerton, North Yorkshire, DL6 2UU	✓	✓
NHS Leeds Clinical Commissioning Group	Suites 2-4, Wira House, Wira Business Park, Leeds, West Yorkshire, LS16 6EB	✓	✓
NHS North Kirklees Clinical Commissioning Group	4 th Floor, Empire House, Wakefield Old Road, Dewsbury, West Yorkshire, WF12 8DJ	✓	✓
NHS Wakefield Clinical Commissioning Group	White Rose House, West Parade, Wakefield, West Yorkshire, WF1 1LT	✓	✓

Yorkshire & Humber Integrated Urgent & Emergency Care (IUEC) Governance structure from April 2019



1. JSPB - Strategic co-ordination of IUEC commissioning
2. Y&H IUEC Contract Management Board- Responsible for contractual matters in respect of the IUC and YAS 999 contracts.
3. Y&H IUEC Clinical Assurance Group – Oversight of quality and patient safety matters along the full pathway of care.
4. IUEC Joint Partnership Panel - Co-ordinates annual contracting round across YAS 999 and IUC contracts.

Meaning of arrows and lines:

- Reporting up to
- Liaison across fora (info, etc).....
- Membership is represented on.....
- Doesn't directly report to but membership liaises with or attends.....
- Reports to (upwards) or can delegate to (downwards).....



JSPB Work Programme 2019/20

11 March 2019



Introduction

The Ambulance Response Programme (ARP) was initially published as a national ambition in July 2017. ARP has since been embedded as a fundamental pledge within the NHS constitution, with the expectation that local systems would implement the new standards from 2018/19.

ARP introduces an entirely new set of performance standards for ambulance services, which will deliver benefits for patient outcomes, as well as improvements in service quality and responsiveness. The new standards are also expected to bring major system benefits by reducing conveyances to hospital and supporting more patients to remain in the community. However, the scale of required change is daunting, since ARP means that Ambulance Trusts must build significant new capacity and introduce new ways of working at a time of considerable financial restraint across the NHS.

NHSE/NHSI shared planning guidance confirms that ARP delivery remains a national priority; underlined by new contract financial sanctions in 2019/20 for failure to achieve ARP standards if no provider control total has been agreed.

What was achieved in 2018/19

Within Yorkshire and the Humber, clear progress has been made towards ARP delivery during 2018/19. With Commissioner support and internal investment, YAS has expanded its frontline staffing, ambulance fleet, and has increased the clinical capacity within its Emergency Operations Centre. These changes have been delivered within planned timescales, and YAS is on target to achieve its locally-agreed trajectories for the most urgent categories of patient need.

However, despite this progress there is still a considerable gap to bridge between current performance and the required national standards.

Joint planning for 2019/20

To meet this challenge, YAS and a panel of commissioners have worked together over the last 6 months to review the implementation of the initial plans and to jointly develop proposals for the next stage of ARP implementation.

In order to sustainably deliver ARP while also responding to ongoing increases in demand, Commissioners and YAS have jointly developed a programme of transformation for 2019/20 based on three pillars:

1. System wide partnership – to deliver new integrated service models and pathways
2. YAS internal efficiencies - including Carter efficiencies and new ways of working
3. New investment in additional ambulance service capacity

2019/20 provides an opportunity to deliver system wide change that can help mitigate increasing year on year demand and improve patient outcome and experience through the achievement of ARP standards.

Section 1: System Development, Efficiency & Integration

YAS Lead: Nick Smith
Commissioning Leads: ICS/CCG Leads

1.1 Introduction

ARP provides a unique opportunity to significantly enhance the existing 999 operating model to enable greater integration with emergency and urgent care across the healthcare system of Yorkshire and Humberside.

The scale of ARP means that it cannot be delivered by ambulance services working in isolation, and it cannot be realistically delivered through investment alone. Delivering the benefits of ARP affordably will require system-wide cooperation, including:

- Renewed focus on improving hospital handover times
- Developing improved pathways at the interface between YAS, primary care and community services
- Working with CCG and ICS partners to co-produce alternative service delivery models that will support patients to be treated in their own homes, or in the community, with only the sickest patients being transported to Emergency Departments
- Development of the wider Y&H IUC clinical advice model and associated digital enablers

Such an approach will allow ARP to be delivered in a cost effective way that provides benefits for patients and efficiencies across the wider healthcare system.

We will agree in advance how we will evaluate and monitor the implementation and impact of any changes proposed below.

1.2 Ambulance handovers at acute trusts

Reduction in handover delays is a key requirement of the NHS planning guidance - 100% in 30 mins in 2019/20. ORH Modelling assumes that handover targets will be consistently met across Yorkshire and Humber.

Delayed handover has an impact in both financial terms and in terms of patient experience. It is estimated that in 2018/19 the lost man hours equates to a value of c£2m.

NHS I have a lead role for issues of a provider to provider nature and specifically handover delays. NHS E/I organised a hospital handover workshop in February 2019. This brought together commissioners, acute trusts, ambulance services and system regulators develop an approach to meeting the requirements of the national handover guidance (Jan 2019). A Y&H plan to deliver the 30 minute handover target will be prepared and made available for consideration by JSCB in April 2019.

What we are recommending:

CCGs/ICSs commit to developing plans with NHSI to achieve the requirements of the 2019/20 planning guidance in respect of ambulance handover.

1.3 Care out of hospital - Alternative Care Pathways

The YAS EOC and IUC CAS are in a unique position to work jointly with commissioners to identify areas of Yorkshire and Humber where additional pathways could be developed. Increased availability of such alternatives will improve patient experience, increased ambulance service capacity and provide system wide financial benefits as a result of reduced conveyances to ED. This is a key requirement of the 2019/20 planning guidance.

Pathways should be commissioned and developed locally. We believe that there are opportunities for secondments *from* CCGs to work within YAS during 2019/20 to link our services into local pathways. Local knowledge and relationships are critical to speedy development of key pathways.

What we are recommending:

We recommend in priority order these following pathways are reviewed by Y&H commissioners (in association with providers) and the pathways are made accessible to YAS on a consistent and resilient basis during 2019/20:

- a) Access to falls teams
- b) Access to local mental health services – including preparation towards NHS 111 as the single point of access to crisis services (as per the 2019/20 planning guidance)
- c) Access to Urgent Treatment Centres (UTC)
- d) Access to non-clinical community support services/ social care
- e) Access to COPD/Respiratory pathways
- f) Access to epilepsy and diabetic services

We expect the methodology developed to redesign these pathways to be used in 2020 onwards for further redesign schemes.

1.4 New Service Delivery Models – Y&H Pilots

There are a number of schemes that are currently being tested across areas of Yorkshire and Humber that could, subject to joint evaluation, be delivered at scale providing system wide benefits.

The schemes set out below all have potential to deliver system impacts that will support ARP delivery and offset demand increases – reducing the overall cost of achieving ARP.

What we are recommending:

During 2019/20, we recommend that Y&H commissioners and YAS jointly evaluate the current pilots, share good practice and agree a service development plan to extend or embed successful service models.

1.4a Care Homes

YAS has co-produced a small number of schemes with local partners that assist care homes to support patients without the need to dispatch an ambulance. One of these has been focused on the provision of specialist equipment and training for care homes when patients fall, thus avoiding a call through to 999.

Initial evaluation has identified system wide benefits through reducing conveyances and improving patient experience. It is possible to deploy these schemes at scale. The scheme can be delivered through direct investment in care home providers rather than additional investment in YAS.

1.4b Mental Health Services

The 10 Year NHS Plan clearly articulates the need for innovation in the provision of mental health services, especially in acute situations out of hospital. YAS has been recognised as a national leader in the provision of Hear and Treat mental health services but we believe there are opportunities to maximise the benefits further. A significant number of attendances to ED are as a result of limited access to Mental Health services. In addition patients are often conveyed inappropriately (i.e. police car) to places of safety.

There are innovative schemes that have proven to be effective in other parts of England using mobile mental health teams in urban areas. Further joint work is needed to develop a pilot programme to test this service model within Yorkshire & Humber. During 2019/20 YAS and commissioners will co-produce a pilot proposal to test this model within a high volume areas of mental health demand.

1.4c Hospital/Ambulance Liaison Officers (HALO)

In addition to the hospital handover programme described in Section 1.2, we believe that the Hospital/Ambulance Liaison Officer (HALO) role is critical to reduce handover delays at emergency departments. There have been many models of HALO tried and tested within the UK and we believe the most successful model is one that is a true interface between the emergency departments (ED) and the arriving ambulances. The role should be ring fenced as to be independent and not used to fill workforce gaps in either ED or YAS.

The HALO role would also be instrumental in identifying alternative pathways that would reduce attendances and influencing ambulance crew decisions and support 'Fit to Sit' initiatives.

Experience suggests that all large EDs should have an HALO in place from 0800 until 0200, 7 days per week. We would suggest that Hull, York, Bradford, Leeds, Sheffield, Wakefield and Rotherham are the initial sites. Pilots have been ongoing in many of these sites throughout winter 2018/19. The results of these pilots will be shared with commissioners early in 2019/20 to inform future service development plans.

1.4d Mainstream rotational Specialist Paramedic (SP) schemes

As part of the journey to achieve ARP standards YAS recognise the challenges of growing demand, increases in patients with complex needs and general system pressures spanning health and social care.

To meet these challenges YAS will require changes to the existing skill mix and a coordinated approach to provision of education to our operational workforce. This will support

appropriate conveyance and improve retention of skilled staff. A key component of this will be gaining maximum benefit from the paramedic role and the further development of the Specialist Paramedic role.

YAS and its partners have trialled and funded various schemes that have used paramedics with additional skills working differently across the health economy. Examples include the long standing Sheffield ECP scheme and the more recent Leeds primary care rotational Specialist Paramedic role.

YAS and local commissioners have recently evaluated these schemes and have now identified preferred models for use in urban and rural areas. For example:

- Extending the existing urban ECP model across other areas of Yorkshire and Humber, linked with a rotational element into primary care, could significantly increase non conveyance (from 30% to 70%), reduce paramedic attrition and allow opportunities for the development of paramedic prescribing.
- Similarly, extending the rural scheme currently operating in Northallerton to other areas would provide increased non conveyance and also an opportunity to offer specialist support to the wider clinical team.

In 2019/20 YAS would like to work with commissioners to consolidate the schemes into a proposal for an urban and rural model that can be extended and embedded across the Trust. This will be a key proposal for transforming the workforce within YAS not only moving towards ARP delivery but also enabling YAS to play an enhanced role in out of hospital care, providing system wide benefits and efficiencies.

1.4e Fully Integrated Transport

There are models across the UK where close integration between PTS and A&E can create significant system benefits and efficiencies. Joint commissioning would reduce overhead, allow longer term investment and improve flow both in and out of hospitals.

Due to current contractual arrangements opportunities to maximise efficiency are lost especially around on-day discharge, Inter Facility Transport and HCP admissions.

In line with the NHS Long Term Plan we believe that there is an opportunity to develop an innovative and truly integrated emergency, urgent and planned patient transport service rather than independently commissioned services that encourages inefficiency and delay through its design.

This is necessarily a longer term development, however in 2019/20 we will progress the strategic discussion at JSCB with a view to jointly agreeing a proposal and initial steps which deliver benefits within the 2-3 year timeframe described in this paper.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

11 October 2019

Author(s)	Andrew Cash, Chief Executive, South Yorkshire and Bassetlaw Integrated Care System		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input checked="" type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of September 2019.			
Recommendations			
The SYB Collaborative Partnership Board (CPB) and SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

8 October 2019

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of September 2019.

2. Summary update for activity during September 2019

2.1 Place Reviews: Quarter Two

Building on the learning from our approach to Place Reviews in Quarter One, the Quarter Two Reviews took place during September. Discussions during this round focused on one or two key areas on performance, allowing for a 'deeper dive' on issues that were of particular importance for Places. These included cancer waiting time standards, the referral to treatment time standard, suicide, winter and resilience and urgent and emergency care (including the four hour standard). Transformation discussions focused on extended access in primary care, winter planning, primary care strategy, population health management, and progress on the digital agenda.

2.2 South Yorkshire and Bassetlaw ICS Five Year Strategic Plan

We submitted our draft Five Year Strategic Plan narrative, alongside five year plans for finance, activity and workforce (the 'Strategic Planning Tool') and five year trajectories at ICS level for Long Term Plan (LTP) metric (the 'Strategic Planning LTP Collection template') to NHS England and Improvement on Friday 27th September.

The Plan has been developed with the SYB cross-system LTP Task and Finish Group with Place and Sector representation which has provided oversight and co-ordination throughout the process. The Plan has been informed from each Place via the Accountable Care Partnership directors with SYB ICS Programme Directors and Workstream Leads contributing from a System perspective, reviewing Place submissions, identifying gaps and consolidating or selecting material to create the SYB narrative. An LTP Finance Group has overseen the development and population of the financial model and existing regional teams co-ordinated the workforce aspect of the submission.

In addition to feedback from NHS England and Improvement on the draft Plan on October 7th, we are also meeting with ICS' and STPs from North East and Yorkshire on 2nd October as part of a peer to peer review. We are also sharing the draft Plan with the public, patients, staff and stakeholders for any further comments before our final submission on November 15th.

2.3 ICS Guiding Coalition and the Long Term Plan

Our next Guiding Coalition is scheduled for the morning of Tuesday 8th October at the Keep Moat Stadium in Doncaster where we will share the findings from the final engagement report and our draft refreshed vision in our Five Year Plan. We will pay particular focus to prevention, population health, primary care, workforce, digital and working closely with the voluntary sector. All ongoing feedback will inform the final submission of the Plan on November 15th 2019.

2.4 National and Regional ICS Leaders Update

The North East and Yorkshire STP/ICS Leaders Network met on 2nd October and focused on feedback from the NHS Executive Board meeting, preparing for winter, EU Exit, capital, CCG mergers and ICS development.

At the national STP/ICS Leaders Development event on 25th September, which was led by Amanda Pritchard, Chief Operating Officer at NHS England and Improvement, discussions included the Long Term Plan planning process, stakeholder feedback on the ICS maturity matrix, Ipsos MORI research on engaging with communities (South Yorkshire and Bassetlaw's work within the Hospital Services Review features as a positive case study) and an operating model for workforce.

2.5 Yorkshire Cancer Research support for the QUIT business case

I am pleased to share with you the good news that Yorkshire Cancer Research (YCR) Board has confirmed its support for the QUIT business case. This is a substantial investment into one of our flagship prevention work programmes, and will enable us to implement a step change across Acute and Mental Health Trusts in our work to reduce tobacco addiction.

We will now begin negotiations with YCR around the contract content, along with agreeing branding and communications arrangements, final evaluation plans and other associated requirements. This news is therefore embargoed for the time being, and I will let you know when we are in a position to make a public announcement.

2.6 National Award for South Yorkshire and Bassetlaw Healthwatches

I am delighted to let you know that the engagement work that the local Healthwatches in South Yorkshire and Bassetlaw carried out on the NHS Long Term Plan won the Healthwatch England Outstanding Achievement Award. Healthwatch Doncaster, which led the SYB approach, picked up the award on behalf of the five Healthwatches at their Annual Conference earlier this month. This is fantastic news and a great reflection of the excellent partnership working that we have in place.

2.6 Improving Outcomes for people with Respiratory Conditions

Respiratory conditions contribute significantly to inequalities in health outcomes; and non-elective admissions for respiratory conditions are the highest of any single clinical programme and have risen every year for the last seven years. There are many opportunities to improve the treatment of respiratory conditions which will impact on these outcomes and the STP/ICS leaders in the North agreed to prioritise the respiratory clinical programme to support work across the region and the requirements to improve respiratory care in the NHS Long Term Plan, specifically to:

- Detect and diagnose respiratory problems earlier;
- Provide structured education and self-management for people with newly diagnosed respiratory conditions;
- Receive and use the right medication;
- Expand access to pulmonary rehabilitation services;
- Improve the response to patients with pneumonia.

As the lead for the programme on behalf of the North STP and ICS leaders group I established a North respiratory task group across 7 ICSs, which launched in May with an event to share good practice and expertise attended by over 170 people. Since May the task group has developed a range of excellent interventions and innovative service models that could be delivered at scale across the North of England to improve care and outcomes.

The SYB ICS contribution to this work includes our Tobacco Dependency QUIT programme; developing a new approach to pulmonary rehabilitation in primary and community care that is better tailored to individuals needs and interests to improve take up and completion of the course; developing spirometry hubs across PCNs sharing skills and expertise to diagnose respiratory conditions and trialling Cognitive Behavioural Therapy (CBT) to support people to better manage their breathlessness.

2.7 Digital Hub

South Yorkshire and Bassetlaw Integrated Care System is a partner in the development of a new national cancer data hub. The hub is being created thanks to a successful multi-agency bid with Yorkshire and Humberside awarded part of a £4.5million pledge by the government to set up the hub.

DATA-CAN – The Health Data Research UK Hub for Cancer – will work with patients across the UK to bring their clinical data together and use this data to help develop improved cancer treatments, give patients faster access to clinical trials, and understand how we can improve NHS cancer services. The Hub will be supported by patients, charities, clinicians, academic and industry-based researchers and innovators, and will involve cancer hospitals across the UK.

DATA-CAN aims to transform the ability of researchers to use high-quality cancer data, while ensuring all data is held securely and patients can decide how their data might be used. It is one of seven Health Data Research Hubs being set up across the UK to speed up research for new medicines and treatments, support quicker diagnoses and potentially save lives.

The Health Data Research Hubs are part of a four-year £37million investment from the Government Industrial Strategy Challenge Fund (ISCF), led by UK Research and Innovation, to create a UK-wide system for the safe and responsible use of health-related data on a large scale. Partners working with South Yorkshire and Bassetlaw Integrated Care System include West Yorkshire and Harrogate ICS, Humber, Coast and Vale STP, University College London Partners, Queen's University Belfast also representing partners in Wales, Genomics England and IQVIA.

2.7 Performance Scorecard

The attached scorecards show our collective position at September 2019 (using predominantly August 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

We have seen an improvement in the 31 day Cancer standard and many of the standards have seen improved performance, but they are unfortunately still below the standards. Performance remains below the line on the other NHS Constitutional Standards except Improving Access to Psychological Therapies (IAPT) recovery and Early Intervention in Psychosis (EIP). Referral to Treatment (RTT), A&E and Cancer waiting times continue to be areas of system-wide focus where we are looking at collectively improving performance.

At month 5 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.

2.8 NHS Long Term Plan Legislative Proposals

The NHS Long Term Plan included suggested changes to the law to help implement the Plan. In Spring, NHS staff, partner organisations and interested members of the public were invited to give their views on the proposals. [The NHS has now published its response](#) to the views it received during engagement and set out its recommendations to Government and Parliament for an NHS Bill. This Bill could help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 3 October 2019

This page is intentionally blank

How are we doing? An overview

Key performance report: September 2019 (using predominantly July/August data)



	A&E (95%) August data	RTT (92%) July data	Diagnostics 6 weeks July data	2ww (93%) July data	2ww breast (93%) July data	31 day (96%) July data	62 day (85%) July data	EIP (50%) June data	IAPT Access 4.75% Q4 June data	IAPT Recovery (50%) June data
South Yorkshire and Bassetlaw	88.0	91.3	0.4	92.0	83.7	97.3	79.9	80.0	4.7	53.3
Greater Manchester	●	●	●	●	●	●	●	●	●	●
Bucks, Oxfordshire and Berkshire West	●	●	●	●	●	●	●	●	●	●
Frimley Health	●	●	●	●	●	●	●	●	●	●
Dorset	●	●	●	●	●	●	●	●	●	●
Nottinghamshire	●	●	●	●	●	●	●	●	●	●
Blackpool & Fyde - Lancashire and S.Cumbria	●	●	●	●	●	●	●	●	●	●
Milton Keynes, Bedfordshire & Luton	●	●	●	●	●	●	●	●	●	●
Gloucestershire	●	●	●	●	●	●	●	●	●	●

At month 5 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.



How are we doing? An overview

Key performance report: September 2019 (using predominantly July/August data)



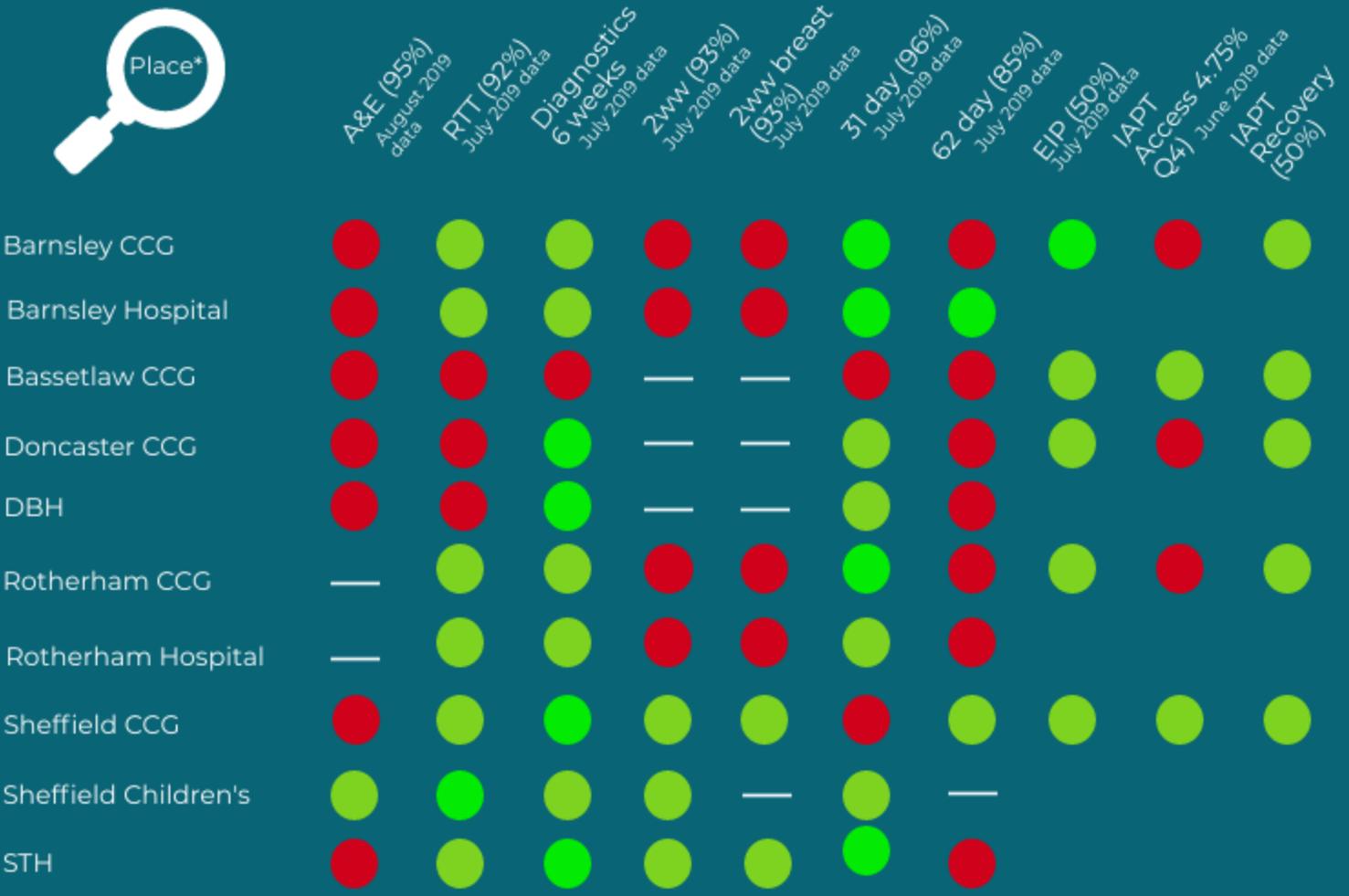
	A&E (95%) August data	RTT (92%) July data	Diagnostics 6 weeks July data	2ww (93%) July data	2ww breast (93%) July data	31 day (96%) July data	62 day (85%) July data	EIP (50%) July data	IAPT June data Access 4.75% Q4	IAPT June data Recovery (50%)
South Yorkshire and Bassetlaw	88.0	91.3	0.4	92.0	83.7	97.3	79.7	80.0	4.7	53.3
Greater Manchester	●	●	●	●	●	●	●	●	●	●
Cheshire and Merseyside	●	●	●	●	●	●	●	●	●	●
Cumbria and North East	●	●	●	●	●	●	●	●	●	●
Humber, Coast and Vale	●	●	●	●	●	●	●	●	●	●
Lancashire and South Cumbria	●	●	●	●	●	●	●	●	●	●
West Yorkshire	●	●	●	●	●	●	●	●	●	●

At month 5 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.



How are we doing? An overview

Key performance report: September 2019 (using predominantly June/July data)



*Data based on CCG and Acute Trust performance



powered by



Update: South Yorkshire and Bassetlaw Response to the Long Term Plan

**SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM
COLLABORATIVE PARTNERSHIP BOARD**

11 OCTOBER 2019

Author(s)	Will Cleary-Gray – Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System on behalf of the Cross system task and finish group			
Sponsor	Sir Andrew Cash, South Yorkshire and Bassetlaw Integrated care System Lead			
Is your report for Approval / Consideration / Noting				
For noting				
Links to the STP (please tick)				
<input checked="" type="checkbox"/> Reduce inequalities <input checked="" type="checkbox"/> Standardise acute hospital care <input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Join up health and care <input checked="" type="checkbox"/> Simplify urgent and emergency care <input checked="" type="checkbox"/> Work with patients and the public to do this	<input checked="" type="checkbox"/> Invest and grow primary and community care <input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Treat the whole person, mental and physical <input checked="" type="checkbox"/> Use the best technology	
Are there any resource implications (including Financial, Staffing etc)?				
Not at this stage.				
Summary of key issues				
<ul style="list-style-type: none"> • SYB shared its draft plan with the region on 27 September 2019. • Work will continue to engage stakeholders including the guiding coalition planned for 8 October. • Peer to peer process with the 4 systems in the Y&H and NE region took place on 2 October 2019 • Draft Plan available for Board, Governing Bodies, Councils and key stakeholders for discussion and input. • An interim submission has been requested from all systems on 1 November 2019. • Final draft due 15 November 2019 				
Recommendations				
The Collaborative Partnership Board is recommended to:				
<ul style="list-style-type: none"> • Received the draft plan shared with the region on 27 September • Note the progress to date and the next steps/timeline. • Share with local governance for discussion and input feeding back by 23 October 2019 				

Developing the SYB Long Term Plan

Progress Update: SYB System Strategic Plan

11 October 2019

1. Purpose

1.1 The aim of this paper is to provide an update on:

- Our cross-system and bottom up approach to developing the SYB ICS Strategic LTP narrative response;
- The progress made in developing our Strategic Plan response to the LTP and a the ambition, emerging themes and priorities ;
- Next steps.

1.2 The paper is intended to provide an update of progress and enable discussions on the SYB 1st draft strategic plan. The Plan includes key drivers for the strategic narrative, including the need to reduce health inequalities and unwarranted variation, improve population health and outcomes, access, quality of care and patient experience and how strategically we flex our resources across the balance of health and care to best meet the needs of all of our local populations.

2. National LTP Requirements

2.1 The SYB Strategic plan for 2019-24 has taken into account the LTP Implementation Framework (LTPIF) published 27th June.

2.2 It presents systems with a very challenging planning timetable with both strategic and operational planning for multiple years required simultaneously.

2.3 It sets out three core components of the LTP that ICS's must deliver:

- Strategic Delivery Plan – a system narrative that describes the ambition and five- year strategy of the ICS, how it will deliver the LTP requirements.
- Strategic Planning Tool – that sets out five-year plans at ICS/STP level for finance, activity and workforce in support of delivery of the Long Term Plan
- Strategic Planning LTP Collection template - that sets out five-year trajectories at ICS/STP level for the LTP metrics

2.4 The first draft LTP plan was shared with the NE&Y NHSE / I region on 27th September and final plans are expected to be signed off on 15th November 2019.

2.5 SYB will take part in a peer to peer process week commencing 2 October 2019 which is aimed at offering a supportive and development dimension to the NHS regional assurance of plans following which we will receive feedback.

2.6 The LTP plan must be developed following the core principles set out in the LTPIF and which will be used as part of the NHSE/I assurance process. Plans are expected to demonstrate they are:

- Clinically led
- Accessible to the public
- Based on local context

- Reflecting local system priorities
- Addressing health inequalities
- Closing the three gaps (set out in the FYFV and covered in the STP)
- Describe governance and relationships
- Give clarity of service models
- Be focused on delivery
- Have enabling strategies
- Align workforce, activity and finance
- Be clear on risks

3. Progress to date to develop SYB Long Term Plan

- 3.1 The SYB cross-system LTP Task and Finish Group is well established with place and sector representation to provide oversight and coordinate the work to develop our plan. An LTP Finance Group is also in place to oversee the development and population of the financial model. Existing regional infrastructure is coordinating the workforce aspect.
- 3.2 Engagement work is ongoing. A SYB ICS guiding coalition met in early July to influence the development of our plan and is due to convene again in early October. The key themes identified through the engagement work by Healthwatch, the ICS communications and engagement team and the feedback from the public survey have all been shared to inform the initial plan development. The staff survey and opportunity for local politicians to contribute will end in mid-September and together with all the information will be independently analysed with a final report due at the end of September. Interim reports with key themes have been used to inform the ongoing development of the plan.
- 3.3 In addition to developing the plan narrative work has been initiated on the other requirements to populate the Strategic Planning Tool. The Finance Group coordinated populating the strategic planning tool. This process has been challenging as it brings forward traditional operational planning for multiple years to align to the development of our strategic plan over the lifespan of the LTP. It was completed and shared alongside the draft narrative on 27th September.
- 3.4 We continue to await finance guidance which will set out trajectories for our system within a revised financial framework for 2020/21 onwards moving away from current financial regimes. Trust workforce leads completed a HEE led workforce submission in early September, similar to that in the tool.
- 3.5 Work has also been undertaken to populate trajectories for the LTP headline metrics. These were also shared on 27th September. Alongside this there has also been work to identify key areas where we can improve health outcomes and reduce inequalities.
- 3.6 The draft strategic Plan narrative was shared with the SYB Health Oversight Group on 26th September, the SYB Health and Wellbeing Board Leads on 27 September, the SYB Health Executive Group on 8th October and initial feedback was given in a number of areas.
- 3.7 We continue to liaise with the SYB DPHs and Public Health England to ensure that we have a common understanding of population health in SYB, our challenges and health inequalities and to harness their expertise in our developing approach to prevention and

reducing health inequalities. More broadly we acknowledge the importance of the wider determinants of health and have identified a number of areas where the NHS can take action to directly impact on wider determinants, to complement boarder joint working with the Local Authorities around these.

4. Building on our local context and a summary of the key emerging themes

- 4.1 Our first strategic plan was published in 2016 and we have just published our 3 year review of our achievements. Throughout 2019 we have been engaging with the public, patients, staff and partners on what they want to see happen next. We used the NHS Long Term Plan, published in January 2019, as the backdrop for our conversations and building on the work in our neighbourhoods and places and the work taking place across SYB and wider. Feedback from our conversations in 2017, on the back of our first plan, has also informed our thinking, approach and priorities which are set out in the draft strategy.
- 4.2 The feedback and our commitment following the guiding coalition in the summer were to reiterate and reinforce our commitment to tackling health inequalities. Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average, which means that people are on average living fewer years in good health and many are living with multiple long term conditions.
- 4.3 The shape of our draft plan will begin with expressing our continued journey and our achievements to date which are captured in our 3 year review. It continues to build on the vision we have set out which is “ we want everyone on South Yorkshire to have a great start in life, supporting them to stay healthy and live longer” with our ambitions set out in 4 strategic themes:
- Developing a population health system
 - Strengthen our foundations
 - Building a sustainable health and care system
 - Broadening and strengthening our partnership to increase or potential
- 4.4 We have high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol. Much of this burden of illness can be prevented or delayed.
- 4.5 Our reinforcing of our commitment will mean we will take a three-pronged approach to systemically tackle the inequalities in health and care, making it central to everything that we do. We will look at interventions at a civic level (with Health and Wellbeing Boards and local Integrated Care Partnerships), in the community (with local community, voluntary, social enterprises and faith organisations and with the voluntary, community and social enterprise sector) and in the health service (across health and care services). Our focus will be on cutting smoking, reducing obesity, limiting alcohol-related A&E admissions and lowering air pollution.
- 4.6 We will build on the work we have started to give patients more options, better support and joined up care at the right time in the best care setting and we reinforce our commitment to this being as close to home as possible. In our 2016 plan we identified significant challenges to the sustainability of acute services in the region and as a result of a comprehensive and inclusive review of those services, we agreed to develop hosted networks.

- 4.7 There are now 30 Primary Care Networks (PCNs) in South Yorkshire and Bassetlaw, all preparing to extend the range of convenient local services and create integrated teams of GPs, community health and social care staff. This will strengthen the neighbourhood model to provide fast support to people in their own homes as an alternative to hospitalisation, as well as increase support for people living in care homes and develop social prescribing offers.
- 4.6 Since our 2016 plan, two of our 'Places' have launched urgent treatment centres to help people get the care they need fast and to relieve pressure on A&Es. The LTP plan asks systems to build on this progress with increasingly 'same day emergency care' as we balance our focus on hospital and out of hospital care with initiatives in the community and in our hospitals we improve processes and standardise practices. By redesigning hospital support, we will give patients the right to alternative modes of appointment such as online, telephone or video consultations. We will also carry out more planned operations and join up care better by increasing access to shared medical records.
- 4.7 We have started to make in-roads in our efforts to improve the quality of care and outcomes in cancer, children's services, stroke and mental health and learning disabilities and will now step these up at the same time as widening our focus to include diabetes, cardiovascular disease and respiratory conditions.
- 4.8 Workforce issues are a key driver for much of the work of the ICS. Our workforce challenge is in part because our workforce has not grown in line with the increasing demands on the NHS and also because the NHS hasn't been a sufficiently flexible and responsive employer. Our Plan aims to put this right by tackling nursing shortages and securing current and future supply, make the NHS in South Yorkshire and Bassetlaw the best place to work and improve our leadership culture while introducing new roles, rostering and programmes that enable flexibility for staff.
- 4.9 In 2016 we set out an ambitious journey to deliver digitally enabled care, but acknowledge that our progress has been limited. Some of our partners have made positive progress in delivering digital capabilities to integrate health and care teams around the person but the context of the LTP informs is that we need to do more. We are determined to ensure that patients and their carers can better manage their own health and clinicians can access and interact with patient records and care plans and decision support where they are. To achieve this, we will establish the basic digital capabilities across integrated health and care, ensure greater use of information and advancing capabilities and digitally enable citizens and professionals.
- 4.10 We also want to strengthen our approach to innovation and have partnered with the Yorkshire and Humber Academic Health Science Network to establish an Innovation Hub which will become the vehicle for system-wide innovation.
- 4.11 Bolstered by national transformation funding for some areas, such as cancer and mental health and primary care, we have been able to accelerate progress for patients in these areas. We need to ensure that achieving improved population health outcomes and optimal health and care delivery is not hindered by how we plan or pay for health and care services. We will deliver for tax payers, taking forward efficiency plans while we work with new payment systems and incentives across our NHS organisations to achieve financial balance.

4.12 The STP was underpinned by what we described as three gaps we needed to tackle, the health and wellbeing gap, the quality in care gap and the finance and efficiency gap. Whilst the financial settlement for the NHS is already set out there remain some significant unknowns for the financial context to the LTP and significant challenges remain which include the challenge in funding position in social care. This provides additional context to our strategic considerations and plans and will set the context for the level of ambition our system will need to consider as we develop our strategy and plans.

4.13 Our partnership and governance has evolved across the system and within each place. Each of our local places have developed strong partnerships in place across health and care. Across the SYB partnerships and collaborative working has continued to evolve with some adopting more formal arrangements where this make sense to do so. We have already started to broaden and strengthen our partnerships across SYB with Local Government and with the City regions on shared priorities. This is an area of our plan which will need further discussion and time to reflect how we broaden and strengthen out partnerships to achieve our ambitions over the next 4 years.

5. Key priorities to improve health outcomes and reduce health inequalities

5.1 A data pack has been developed using health outcome related data from the Public Health England (PHE) and global burden of disease websites. Using this we have identified 5 key areas where there is significant potential for health gain in SYB as follows:

- Best start in life
- Improve mental health and wellbeing
- Reduce smoking, harm from alcohol and obesity
- Improve cardio- respiratory health
- Early diagnosis and increased survival from cancer

5.2 For each area we are now in the process of identifying a headline ambition and metric, and a set of sub metrics, aligning to the LTP metrics where possible.

6. Next steps and timeline

6.1 Work will continue to engage stakeholders.

- The draft narrative was shared on 27th September with NHS England and Improvement and feedback is awaited.
- Peer to peer process with the 4 systems in the Y&H and NE region - 2 October 2019
- Draft Plan available for Board, Governing Bodies, Councils and key stakeholders
- Final draft due 15 November

7. Recommendations

7.1 Boards are invited to:

- Note the national requirements for NHS planning and SYB progress to date
- Receive the draft plan
- Note initial sharing of the draft plan on 27 September
- Provide feedback on key content including the level of ambition within the plan

Paper prepared by Will Cleary-Gray.

On behalf of the SYB Cross-system task and finish group

This page is intentionally blank

South Yorkshire and Bassetlaw Integrated Care System



Strategic Plan 2019-2024 - 1st Draft

September 27 2019



	Page
Foreword	3
Executive summary	5
Plan on a page	7
Our achievements and progress	8
Our System	10
Section 1: Developing a population health system	
- Understanding health in SYB / Developing a population health system / Tackling health inequalities / Wider determinants of health	11
- Developing a prevention led NHS / Population health management Reducing unwarranted variation	17
- Taking a person centred approach	20
- Getting the best start in life	21
- Priority areas for improving outcomes from major health conditions	23
- Reshaping and rethinking how we flex resources	30
Section 2: Strengthening our foundations	
- Working with patients and the public	33
- Empowering our workforce	34
- Innovation and improvement	38

Section 3: Building a sustainable health and care system

- Delivering a new services model in SYB - Neighbourhood, Place, System	40
- Transforming care - Primary Care working in Networks / Out of hospital care/ Partnerships in Place	41
- Transforming care - Reforming emergency Care / Transforming Planned Care / Providers working together / Hospitals working in Networks	47
- Making the best use of resources	51

Section 4: Broadening and strengthening our partnerships to increase our opportunity

- Partnership with the City region	59
- Anchor institutions and contributions to wider economy, science, research and innovation	60
- Voluntary sector	61
- Our commitment to work together / Governance and ways of working	62

Annex

63



By Sir Andrew Cash Chief Executive System Lead



“We are starting to make real and lasting positive changes to people’s lives across the region.”

It is three years since we published the South Yorkshire and Bassetlaw Sustainability and Transformation Plan. In that time we have made significant progress in delivering our ambitions and we are starting to make real and lasting positive changes to people’s lives across the region.

We have extended GP access at evenings and weekends, supported more than 3,000 people with long term physical and mental health conditions to find and stay in work as part of the Working Win programme led by the Sheffield City Region, invested more than £1 million into maternity services and care, introduced new nursing roles and freed up GP appointments with the introduction of 825 care navigators.

This snapshot of achievements is down to us working together in even better ways than we have before and we are rightly proud of our achievements. We have documented our work so far in a three-year ICS Review [[link to the Review](#)]

We have started to break down organisational barriers so that we can wrap support, care and services around people as individuals and improve people’s lives. Each of our NHS partners has strengthened the way they work with other NHS organisations and with wider partners, such as local authorities and the voluntary sector.

As a System, we have joined forces where it makes sense to do so and where it makes a real difference to patients, staff and the public.

All this has put us in a strong position as we prepare to build on our successes and take forward our ambitions in our refreshed strategy for the next four years.

We have continued to talk with the public, our staff and our stakeholders about their hopes and vision for health and care services in South Yorkshire and Bassetlaw. Those conversations, which built on the ones we had in 2017, focused on the aims and aspirations set out in the NHS Long Term Plan, published in January 2019 [[link](#)].

The feedback [[link to reports](#)] from many months of conversations has informed our thinking which we have since tested with our Guiding Coalition and partners within the System.

The result is our refreshed Plan, which has been clinically led, builds on our work to date, is guided by the NHS Long Term Plan and shaped by our local constituents.



Our pledges in 2016 were to give people more options for care while joining it up for them in their neighbourhood, help them to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology.

“Our refreshed Plan has been clinically led, guided by the NHS Long Term Plan and shaped by our local constituents.”

Our 2019 Plan builds on these but it also focuses on children’s health, cardiovascular and respiratory conditions, diabetes, learning disabilities and autism. It also takes forward the work to strengthen primary and community based care and as a result of the review of hospital services across South Yorkshire and Bassetlaw, the development of Hospital Hosted Networks.

People have told us how proud they are of their local health and care services but they also shared their concerns about funding, staffing and the increasing inequalities from a growing and ageing population.

Our Plan tackles these issues as it sets out how we will make funding go as far as possible, alleviate the pressures faced by staff and redesign care and services so that we continue to offer and deliver some of the best health care services in the world.

By working as an ICS, we have benefitted greatly from more than £200 million in additional transformation funds over the last three years which has enabled us to progress so many schemes. Our refreshed strategy for the next five years includes an indicative £275 million of extra funding which means we can accelerate the progress in our priority areas while working with the new financial rules to drive efficiencies and deliver for taxpayers.

**South Yorkshire and Bassetlaw
Integrated Care System**



Through our partnership working with Local Authorities and the Sheffield City Region we want to continue to influence and contribute to the development and implementation of a wide range of local ‘Place’ based strategies that are tackling the wider determinants of health, such as inclusive growth plans, housing, transport, employment and thriving communities. At the same time, we want to ensure that all our local communities have equitable access to a full range of health and care services.

Our 2019 Plan recommits our ambition for everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to be healthy and live longer while aiming to be the best delivery and transformation System in the country.

We have a very strong track record and our renewed drive puts us in an excellent position to deliver on our promises. I look forward to working with you on them to provide the best health and care for all our population.

Sir Andrew Cash
Chief Executive
South Yorkshire and Bassetlaw
Integrated Care System



Our journey to becoming one of the first and most advanced Integrated Care Systems (ICS) in the country has been one of steady progress, solid performance and strong delivery. We have built on our excellent foundation of working together and are now delivering tangible improvements for our population.

We have been working as a partnership for three years and throughout this time, our vision has remained the same:

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

We are in a transition year in 2019/20 as we start to have more responsibilities for our health system, including strategic planning and increasing collective accountability for health performance and finance. We will continue to evolve our governance in line with developments and you can read more about our approach on page 61.

We published our first strategic plan in 2016 and have spent much of 2019 engaging with the public, patients, staff and partners on what they want to see happen next. We used the NHS Long Term Plan, published in January 2019, as the backdrop for our conversations but we are not starting from scratch. Feedback from our conversations in 2017 [ink], on the back of our first plan, has also informed our thinking, approach and priorities.



Our 2019 Plan builds on our work to date and focuses around four key ambitions:

1. Developing a population health system

Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average. We have high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol. Much of this burden of illness can be prevented or delayed. We will consider the wider determinants of health and tackle health inequalities with a whole population approach that is person-centred. Our focus will be a best start in life, reducing harm from smoking, alcohol and obesity, improving cardio-respiratory health, improving mental health and wellbeing and early diagnosis and increased survival from cancer.

We have started to make in-roads to improve the quality of care and outcomes in cancer, children's and maternity services and mental health and learning disabilities and we have launched the new South Yorkshire and Bassetlaw Hyper Acute Stroke Service and associated Hospital Network. We will now step up our work in these areas at the same time as widening our focus to include diabetes, cardiovascular disease and respiratory conditions.

Bolstered by national transformation funding for some of our work areas, such as cancer and mental health and primary care, we have been able to accelerate progress for patients in these areas. As we take on more responsibilities for our health system for finance, we will increasingly become the route through which System funds flow. We will deliver for tax payers, taking forward our efficiency plans while we work with new payment systems and incentives across our NHS organisations to achieve financial balance.



2. Building a sustainable health and care system

There are now 30 Primary Care Networks (PCNs) in South Yorkshire and Bassetlaw, all preparing to extend the range of convenient local services and create integrated teams of GPs, community health and social care staff. Already they have met as a Network of Clinical Directors, supported by the ICS, to discuss how they will start to shape the delivery of local services and provide fast support to people in their own homes.

Since our 2016 plan, two of our 'Places' have launched urgent treatment centres to help people get the care they need fast and to relieve pressure on A&Es. We are also trialling new pathways for urgent care and associated standards but we need to do more. We will increasingly start to treat people as 'same day emergency care' as we focus on out of hospital and in hospital emergency care.

We will build on the work we have started to give patients more options, control, better support and joined up care at the right time in the best care setting. In the next five years, we will accelerate the recently formed Hospital Hosted Networks to ensure everyone has the same high quality standards and equal access.

By redesigning hospital support, we will give patients the right to alternative modes of appointment such as online, telephone or video consultations. We will also carry out more planned operations and join up care better by increasing access to shared medical records.

3. Strengthening our foundations

Since 2016, we have had thousands of conversations with the public, staff and our stakeholders – all of which have shaped not just this Plan but our ongoing work in the ICS. We will build on this strong platform with support from our Guiding Coalition and Citizens' Panel to develop an online membership model and better understand how we can positively use the rich sources of patient experience data across the System.

Workforce issues are a key driver for much of the work of the ICS. Our staff provide services 24 hours a day, 365 days a year, and we must continue to support them to do the best possible job they can do.

Our Plan aims to tackle nursing shortages and secure current and future supply, make the NHS in South Yorkshire and Bassetlaw the best place to work and improve our leadership culture while introducing new roles, rostering and programmes that enable flexibility for staff.

In 2016 we set out an ambitious journey to deliver digitally enabled care. Some of our partners have made positive progress in delivering digital capabilities to integrate health and care teams around the person, such as the Rotherham Health App - but we need to do more.

We will establish the basic digital capabilities across integrated health and care, ensure greater use of information and advancing capabilities and digitally enable citizens and professionals.

We also want to strengthen our approach to innovation and have partnered with the Yorkshire and Humber Academic Health Science Network to establish an Innovation Hub which will become the vehicle for system-wide innovation.

4. Broadening and strengthening our partnerships to increase our opportunity

Our strategic plan takes account of the majority of the work across the ICS taking place locally, in neighbourhoods or in Places and the partnerships we have and continue to develop are built around these strong local relationships serving local populations.

In addition to strengthening the connections we have in Neighbourhoods and in Place with our local authorities and the voluntary sector, we want to build on the role we play in the local and regional economy. Serving the same population, we share a number of ambitions with the Sheffield City Region and we have agreed some key priority areas that will be developed across health and care with both the SCR and our local authorities.

We are extremely grateful to the public, staff and stakeholders who have taken the time to share their views on the future of health and care services in our region. In doing so they have helped to shape the thinking and contributed to the aims and objectives in this Plan. ⁶



1 vision

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

This is the **second** stage of our strategy



Achievements and progress



<p>South Yorkshire and Bassetlaw Integrated Care System</p> <h2>In the last three years.....</h2>	 <h2>1,300</h2> <p>Additional patients are accessing support through the Living With and Beyond Cancer programme</p>
 <p>Social movement campaign has created over 12,000 cancer champions in the five Places; raising awareness of signs and symptoms to support the earlier diagnosis of some cancers</p>	<p>Worked in partnership with the Department for Work and Pensions and the Sheffield City Region on a health led employment trial</p> <h2>supporting over 3000 people</h2>  <p>with long term physical and mental health conditions to find and stay in work</p>
<p>We continually met the 18-week waiting times target for elective and diagnostics across the region</p> 	 <p>We have made extended GP access at evenings and weekends available for 100% of patients</p>
<h2>825 non-clinical members of staff</h2> <p>are now working as Care Navigators across the system, freeing up GP appointments by signposting patients to different services that might be more beneficial to them so they get the quickest and best care that is appropriate for their needs</p> 	 <h2>Mental health liaison services</h2> <p>have been put in place in Rotherham & Sheffield Emergency Departments</p>
<h2>Reduced extended length of stay and delayed transfers of care</h2> <p>(helping patients get home quicker when they are medically fit for discharge)</p> 	<p>Set up and launched the first AHP Council in the country where a broad range of Allied Health Professionals, including physiotherapists, dietitians and paramedics, come together to develop new ways of supporting health and care services</p>
 <p>Partnership working has brought</p> <h2>£200m</h2> <p>into the ICS</p>	<h2>South Yorkshire and Bassetlaw Regional Stroke Service</h2> <p>launched to save even more lives and reduce disabilities for anyone having a stroke in South Yorkshire and Bassetlaw</p>

Although we officially launched in October 2018 as an ICS, we have been working collaboratively at a System level since January 2016. Throughout this time we have built on our excellent foundations of working together and started to deliver real and tangible improvements for our population.

We have much to celebrate and the work we have undertaken over the last three years [LINK to the ICS Review] is transforming the way we do things at a system level.

With support from staff, the public and stakeholders, we are making real inroads into transforming our approaches so that people continue to receive high quality services but in ways that are more convenient and with better outcomes.

Just some of our successes include:

- The launch of a new perinatal mental health service across Doncaster, Rotherham and Sheffield, adding to services already in place in Barnsley and Bassetlaw
- New pathways for lower GI, prostate and lung cancers – helping to diagnose and treat people earlier and improve overall outcomes
- Investing more than £1 million into our Local Maternity System to improve care for all mothers and babies. 85% of women now have a Personalised Care Plan
- Providing extended access GP appointments, at evening and weekends, for 100% of our population

Achievements and progress

- Over the last three years more than fifty per cent of practices have benefitted from funding to support them to become more sustainable and resilient, better placed to tackle the challenges they face and to secure continuing high quality care for patients
- We have developed a Primary Care Workforce and Training Hub
- We have put in place the South Yorkshire and Bassetlaw Regional Hyper Acute Stroke Service
- Made improvements in waiting times for diagnostic investigations
- Established the South Yorkshire and Bassetlaw Radiography Academy
- 1,300 extra patients are accessing support services through the Living With and Beyond Cancer programme
- Working in partnership with the Department for Work and Pensions and Sheffield City Region we have supported people with long term physical or mental ill health into the Working Win health led employment trial
- Set up five Hospital Hosted Networks for the services covered in the Hospital Services Review (which was commissioned to tackle sustainability of services following our 2016 Plan)
- Secured £200,000 from Health Education England to work with the Yorkshire and Humber Academic Health Science Network to support transformation in the mental health workforce



Improvements to the emergency out of hours ophthalmology service have ensured a sustainable 7-day service for all

social prescribing

across SYB is well established

We have **virtually eliminated** out of area adult mental health placements in **four of our five places**



A South Yorkshire and Bassetlaw Workforce and Training Hub has been established - recruiting local people into the NHS and helping them develop

Completed procurement for Integrated Urgent Care



Involved over **18,000** members of the public in developing our plans for future health and care services



Hospitals across the region have joined forces in a region-wide approach to support people to quit smoking. The initiative could see as much as a **40% reduction** in smoking related deaths in two years.

Introduced **135 trainee nurse associates**

into health and care services in Doncaster and Sheffield to undertake more routine tasks while better utilising the time of registered nurses in focusing on patients with more complex needs



Implemented **NHS 111** online, including direct booking and clinical assessment service

Established **30 primary care networks**

covering 100% of the population, ensuring more joined up services at a local level



21 Clinical Pharmacists

who are able to prescribe have joined the workforce and are now working in general practice



Set up **5 Hosted Networks**

for the hospital services covered in the Hospital Services Review, with each one of our South Yorkshire and Bassetlaw acute trusts taking the lead for an individual service, co-ordinating it's running and supporting the future planning in closer collaboration with partners





The South Yorkshire and Bassetlaw Integrated Care System formally launched as an 'ICS' in October 2018.

We have been working as a partnership for three years, first as a Sustainability and Transformation Partnership, then as a first wave Accountable Care System and now, as one of the leading ICS' in the country.

Throughout this time, our goal has remained the same:

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

We are one NHS, working as a System. We work with other partners, such as Local Authorities and the voluntary sector, in Neighbourhoods, Place and across the System when we have a common purpose and where it makes a positive difference to people's lives. Our aim is to break down organisational barriers so that we can wrap support, care and services around people as individuals..

We agree to take shared responsibility (in ways that are consistent with individual legal obligations) for how we can use our collective resources to improve quality of care and health outcomes. As a first wave ICS, we are making faster progress than other health systems in transforming the way care is delivered, to the benefit of the population that we serve.

We are a system with a population of 1.5 million with five local Places with populations between 130,000 and 576,000

At a glance, we have:

- ▶ £3.9 billion total health and social care budget
- ▶ 1.5 million population
- ▶ 72,000 members of staff
- ▶ 208 GP practices
- ▶ 36 neighbourhoods
- ▶ 6 acute hospital and community trusts
- ▶ 5 local authorities
- ▶ 5 clinical commissioning groups
- ▶ 4 care/mental health trusts



5

Place partnerships

There are five Place Partnerships, covering populations between 130,000 and 576,000. The Partnerships plan and deliver integrated health and care across the Place, and include:

- Primary Care Networks
- GP Federations
- Clinical Commissioning Groups
- Voluntary, community and social enterprise sector
- Local Authorities
- Healthwatches
- Acute hospital trusts
- Mental health hospital trusts

System planning and commissioning



The **System** agrees shared objectives and outcomes

Hospitals are increasingly working in **Hosted Networks**

Partnerships plan and deliver integrated health and care across **Place**

Neighbourhoods integrate teams to deliver care where people live

5

Hospital Hosted Networks

There are five developing Hospital Hosted Networks covering gastroenterology, maternity, paediatrics, stroke and urgent and emergency care services. The Networks standardise clinical standards and reduce unwarranted variation.

36

Neighbourhoods

There are 36 neighbourhoods, served by 30 Primary Care Networks. The Networks are GP practices working together to deliver as much care as possible close to where people live. Our Networks cover populations of 19,000 to 50,000, and include:

- GPs
- Pharmacists
- District Nurses
- Allied Healthcare Professionals, such as podiatrists and physiotherapists
- Community Geriatricians
- Dementia Workers
- Teams from social care
- Community Wellbeing Teams
- Teams from the voluntary sector

1

System

There is one System, covering a population of 1.5 million. The System plans and makes improvements for the NHS for the benefit of everyone across South Yorkshire and Bassetlaw. It also has an overview of System NHS finance and performance. It is a Partnership of NHS organisations working with others, such as Local Authorities and the voluntary sector.

Section 1: Developing a population health system



Understanding health in SYB

Developing a prevention driven NHS

Taking a person centred approach

Getting the best start in life

Priority areas for improving outcomes from major health conditions

Reshaping and rethinking resources and delivery to better meet need

Understanding health in



South Yorkshire and Bassetlaw

1.52 million
population

Barnsley:	39	England Local Authority deprivation ranking (of 326, 1 most deprived)
Bassetlaw:	114	
Doncaster:	42	
Rotherham:	52	
Sheffield:	60	

8.9% population of Black and Minority Ethnic heritage and many people of Eastern European origin

57% increase in the 75s and overs by 2028

People's health is determined by a complex combination of genetics, behaviour, the health care that we receive and the physical, social and economic environment that we live in.

We know that we have a number of health issues that are not as good as they should be when comparing ourselves to similar regions and the national average. We also know that peoples health varies a lot within South Yorkshire and Bassetlaw.

In line with the national picture, life expectancy in South Yorkshire and Bassetlaw is no longer increasing.

The greatest contributors to our gap in life

expectancy in SYB are cancer, cardiovascular disease (CVD) and respiratory disease.

In men, we have too many deaths in early adulthood from suicide, drug related death and violence.

While there has been an overall decrease in premature deaths from CVD and cancer over the last 15 years, this has not been seen for respiratory deaths and the mortality rate from liver disease is increasing.

Alzheimer's disease is now the commonest individual disease causing death in women and fourth commonest in men.

Not only do people in South Yorkshire and Bassetlaw die younger, but they also live fewer years in good health.

More people in SYB reported having a long term disability than the national average in the 2011 Census.

Many people are living with multiple long term conditions. People living in the most deprived areas experience onset of multi-morbidity 10 – 15 years earlier than those in the most affluent areas. The more physical illnesses you have the more likely you are to also have a mental health disorder.

The commonest conditions that lead to a disability are musculoskeletal disorders, mental ill health, neurological disorders and chronic respiratory disease.

Much of this burden of illness can be prevented or delayed. We have high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol.

Many people are socially isolated and more people report have a mental illness in SYB than nationally. People with severe mental illness in SYB are 3.5 to 4 times more likely to die under the age of 75 than the general population.

People with a learning disability have worse physical and mental health. Women with a learning disability die on average 18 years younger and men 14 years younger .

Healthy Life Expectancy at Birth, 2015/17		
	Male	Female
England	63.4	63.8
Barnsley	59.7	61
Doncaster	61.8	61.1
Rotherham	59.3	57.4
Sheffield	62.5	60.1
Nottinghamshire	65.2	62.7

9.6 years life

expectancy difference for women between the most deprived and least deprived areas in SYB

12.4 years life

expectancy difference for men between the most deprived and least deprived areas in SYB

Developing a population



health system

Many people in South Yorkshire and Bassetlaw are living fewer years in good health compared to those living in similar regions or the English average.

The NHS has traditionally tended to focus mainly on treating people when they are unwell. However, we know that people’s health is determined by a complex combination of genetics, behaviour and wider determinants of health – the physical, social and economic environments that people live in – as well as the health care they receive.

Many of the issues and illnesses leading to poor health and well being can be prevented. If we are to improve health and reduce health inequalities in South Yorkshire and Bassetlaw we need to broaden our approach.

Rather than focusing on just when someone is unwell, we will take a population health approach - working with our partners and local communities - to improve physical and mental health and wellbeing and reduce health inequalities across the entire population of South Yorkshire and Bassetlaw.

Our ambition is to help people early on and prevent future problems developing.

Our 2016 Plan focused on shifting our system to one that is focused on maintaining wellness and slowing or stopping the progression of disease by impacting on all the wider determinants of health. In our 2019 Plan, we set out our next stage ambitions to address health inequalities and improve our population’s health over the next five years.

We have identified five areas that we will need to particularly focus on over the next five years to improve population health and reduce inequalities

Best start in life

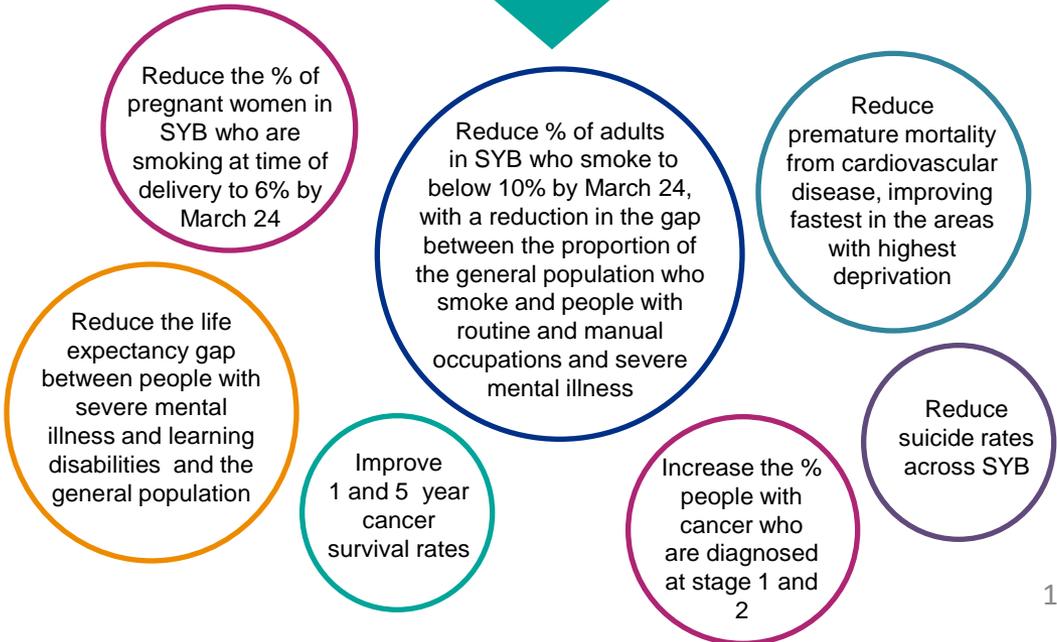
Reduce harm from smoking, alcohol and obesity

Improve cardio-respiratory health

Improve mental health and wellbeing

Early diagnosis and increased survival from cancer

We will



Tackling health inequalities



We will take a three-pronged approach to tackle health inequalities, underpinned with strengthened partnerships and leadership in Place.

Civic

As partners in our five Health and Well Being Boards, Integrated Care Partnerships and Sheffield City Region we will support and advocate for public policies and strategies that improve the social determinants of health.

As anchor institutions we will maximise the impact that we can have on the wider social determinants of health in the way we run our organisations and support our staff. We will enhance social value in our commissioning, contracting and procurement processes. We will offer more apprenticeship and volunteering opportunities and be leaders in environmental sustainability.

Community

Recognising that most change happens in local communities we will continue to develop local neighbourhood partnerships and local community assets, help people to support each other and take control of their health.

We will:

- Involve local communities in priority setting, service design and evaluation.
- Strengthen local communities and social networks, including through investment in the voluntary, community and social enterprise sector.
- Build capacity for local people to be involved as volunteers, community champions and peer support workers.
- Make sure there is good access to local activities and support for people and groups at risk of poor health.

Health services

Through our core health services we will support people to manage their own health; support population health through the provision of high quality equitable primary care services; develop population health management capabilities and capacity to identify and address unwarranted variations in care. We will provide personalised care, focusing on what matters most to the person.

We will design services to meet the needs of communities with the greatest needs and prioritise services which have the biggest potential to decrease inequalities such as those for children and cardiac, diabetes, respiratory and cancer services. We will take measures to prevent or delay the onset of multi-morbidities and ensure good quality physical and mental health care for people with mental health conditions, learning disabilities and autism.

We will change the culture of the NHS to recognise prevention as a core responsibility of staff and services. We will ensure that prevention measures are commissioned, resourced and delivered at sufficient scale and in a sustainable way, ensuring those that are most disadvantaged benefit the most. We will undertake a range of actions, within the NHS's direct power to do, to support an improvement in the social determinants of health. 15

Wider determinants of health



Education

School readiness is similar to the national average. Fewer children in SYB achieve attainment 8 score. About 6% of 16-17 year olds are not in education, employment or training.

Employment

Fewer people in Barnsley and Sheffield aged 16-64 are in employment than the national average. Unemployment rates are higher in those with long term conditions.

Deprivation and income

SYB has high levels of deprivation. All Places, except Bassetlaw, have higher than average rates of children living in low income families.

Built and natural environment

Areas of poor private sector housing. 30% of adults who use mental health services and 20% of adults with learning disabilities do not live in stable or appropriate accommodation. Air pollution is estimated to cause between 4.4% and 4.9% of all deaths in SYB.

Social capital and community safety

People using outdoor space for exercise is increasing but still only ranges from 14-19%. The percentage of those who have as much social contact as they would like is 40-49% for adult social care users and 28-43% for adult carers. Violent crime rates are higher than the national average, except in Sheffield.

Through our partnership working with the local authorities and Sheffield City Region we will influence and contribute to the development and implementation of a wide range of Place based strategies tackling wider determinants of health. There is also a range of practical actions that the NHS will undertake.

Education

We will support children to be ready for school and maximise their potential with improved provision of services such as perinatal mental health, early diagnosis and support for people with learning disabilities and autism and personalised health care for those with long term conditions and disabilities. Identification of children and families who need extra support early and provide tailored response.

Employment

As major employers in our local communities we will expand our work with local schools, colleges and universities to promote the wide range of NHS career opportunities, offer apprenticeship schemes, provide work experience and improve our staff welfare offer. We will also build on our Working Win pilot with the Sheffield City Region, set up Individual Placement and Support services for people with severe mental illness and enhance access to physiotherapists through Primary Care Networks for people with musculoskeletal problems and continue to improve mental health services.

Deprivation and income

Through social prescribing and working with local welfare advice services we will support people to access advice and support to claim welfare benefits and debt advice. We will be active partners in Sheffield City Region Inclusive Growth Plans.

Built and natural environment

We will collaborate with local authorities on planning for housing developments; engage with communities, public transport providers, Sheffield City Region and local authorities to improve links and walking and cycling routes and further develop active transport plans for hospitals; better integrate health services into local support for people who are or at risk of homelessness including providing specialist mental health services for rough sleepers.

Social capital and community safety

We will expand the provision of social prescribing; continue to invest in the voluntary sector; develop NHS volunteering opportunities for local residents and support our staff to volunteer; work with local communities to ensure NHS services are accessible and responding to local need. Health organisations will play their part in addressing the root causes of violence.

Developing a prevention led NHS



Cut smoking

Reduce obesity

Reduce alcohol related admissions

Lower air pollution

Tackle anti-microbial resistance

We will: Reduce % of adults in SYB who smoke to below 10% by March 24, with a reduction in the gap between the proportion of the general population who smoke and people with routine and manual occupations and severe mental illness.



Healthy Hospital Programme established. QUIT programme embedding the Systematic Treatment of Tobacco Dependency starting in all Acute and Mental Health Trusts early 2020



Wide range of activities across SYB on tobacco control, obesity, increasing physical activity, minimising harm from alcohol & improving air quality. High referral rates to Diabetes Prevention Program



Developing system level joint work with SYB Local Authorities:

- Enhancing social connectedness
- Increasing physical activity

Integrated approach to support people locked in a cycle of rough sleeping, addiction, poor physical health, mental health, and offending behaviour (Complex Lives)

We will work across the System to:

- Implement partnership place based plans for tobacco, alcohol, obesity, physical activity and air quality.
- Increase the provision of very brief advice within clinical practice. Provide SYB commissioned brief advice and behaviour change training for all new post holders in Primary Care Networks.
- Maximise the prevention opportunities afforded by the new Primary Care and Pharmacy Contracts.
- Further develop the scope of the SYB Healthy Hospitals Programme.
- Increase NHS health and wellbeing offer for staff.
- Implement the national antimicrobial resistance strategy.

Tobacco harm reduction:

- Roll out the QUIT programme so that from early 2020 all patients (except day case and maternity) admitted to acute and mental health trusts will be asked their smoking status and treated for tobacco dependency if a smoker.
- Further develop and implement plans to decrease smoking in pregnancy, supporting mother and family to quit.

Reducing obesity

- Work with Local Authorities and Sheffield City Region to promote physical activity. Embed physical activity as a treatment intervention in clinical care. Implement NHS healthy food standards.
- Increase referrals to the Diabetes Prevention Programme; Seek to be a pilot site for enhanced weight management support for people with a BMI of 30+ with Type 2 diabetes or hypertension and low calorie diets for diabetics.
- Review provision of tier three obesity services.

Reducing harm from alcohol

- Ensure all SYB acute Trusts have an alcohol care team, with a standard SYB service specification in line with national guidance, commencing during 20/21.

Improving air quality

- Complete clean air consultations in Sheffield and Rotherham and put recommendations in place
- Develop alternatives to face to face NHS appointments
- Encourage staff to travel sustainably and actively
- Install more electric charging points on NHS sites, green the NHS fleet and review energy use and supply

Population health management



-  We will take a broad approach to population health so that we create the conditions for good health through our role as NHS anchor institutions, using our assets and developing approaches that help build on the strengths of local communities and increase social value.
-  We will develop integrated and compassionate care offers in response to population health and care needs across our local neighbourhoods. We will reduce variation across population groups ensuring we improve health fastest in those with the greatest need. We will look at the whole population needs and not just those accessing services.
-  We will improve the population health management capability across SYB using digital technology that will help to better understand the needs of the population. SYB is part of the Yorkshire and Humber shared care record programme which will enable patient information to be shared across hospitals, primary and community care and social care enabling seamless integrated care regardless of where people are treated.

We will focus on:

Outcomes

Health and wellbeing outcomes are often measured as averages, which can hide large variations in outcomes between population groups. We will delve deeper to identify the differences using population segmentation techniques and set realistic expectations for improvement at Neighbourhood, Place and System.

Expectations

Expectations will be underpinned by a set of interventions and service or practice models that may need to be different from those that improve the health of all population groups.

Urgency

We will approach this with a new level of urgency, curiosity and vigour.

Ownership

We will have collective system ownership of the challenges and address them through mutually reinforcing actions.

Empowering people

We will empower local people and communities with support and tools to help improve health and wellbeing across SYB.

Interventions

The approach will inform the redesign of services to ensure they meet the needs of those with the most to gain. We will use evidence based risk stratification and segmentation tools to understand and meet our populations needs. We will use Patient Activation Measures to personalise wellbeing support and digital technology to support people to make healthy lifestyle choices.



Place progress: Sheffield has whole population linked data analytics capability and population health management intelligence dashboard. A pseudonymised linked data warehouse covers the entire GP population and can link all care services datasets at person level, including social care and modelled predictive risk values. Bassetlaw's Primary Care Networks are pioneering¹⁸ PHM approaches, working to undertake root cause analysis for key population segments



Our priorities

SYB has areas of unwarranted variation in access, quality, health outcomes and cost of health care services in primary care, secondary and tertiary care.

Differences between the quality of care and the clinical practice followed mean that, in some instances, patients across SYB receive different standards of care and potentially have different clinical and health outcomes. These variations can have significant financial implications.

We know from NHS RightCare that we have more people being admitted to hospital as emergencies with respiratory and cardiovascular disease and that we have marked inequalities in health. We also know from Getting it Right First Time that we have variations in the way services are provided and outcomes. Our challenge is to reduce unwarranted variations in care whilst improving care and outcomes overall and making cost efficiencies that can be reinvested in improving health across SYB.



We've made good progress in recent years, including the consolidation of provision of hyper acute stroke services, standardising commissioning across SYB for some procedures, supporting quality improvement in primary care, standardising a number of secondary care elective pathways and using RightCare and GIRFT data to inform planning, service reviews and Quality Innovation and Prevention Programmes.

We will work across the System to:

- Work with the combined improvement offer from NHS England and Improvement eg RightCare, GIRFT
- Carry out an annual review of variation against peers on all our main programmes
- Strengthen our population health management analytical capabilities and review the support that's needed for Primary Care Networks
- Support Primary Care Networks to use the Network RightCare packs, national audits and other tools that support a reduction in variation
- Offer targeted support to primary care providers
- Systematically embed NICE and other national guidelines and standards
- Standardise clinical standards and reduce unwarranted variation with the Hospital Hosted Networks
- Continue work on the standardisation of outpatient pathways and the use of medicines
- Focus on cardiorespiratory and mental health
- Increase focus on prevention, with particular focus on reducing harm from tobacco, alcohol and obesity
- Put in place actions that will help to deliver consistent high quality care and access to care for vulnerable communities, such as physical health checks for people with severe mental illness or learning disabilities and continuity of care during pregnancy



Taking a person centred approach

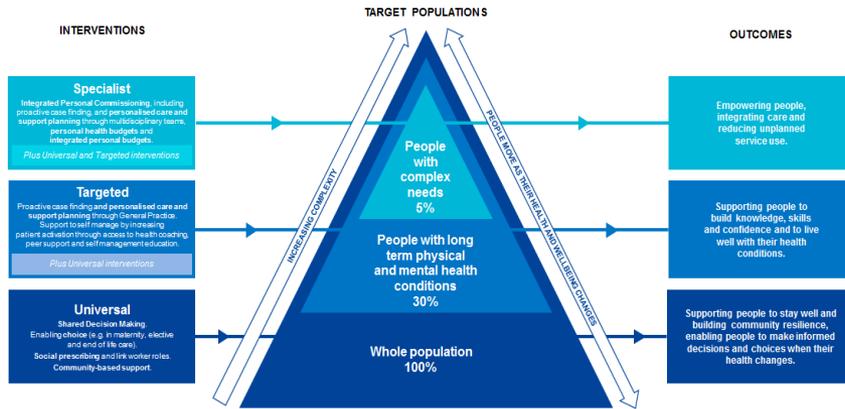


Our progress

- Personalised care is a system wide priority and SYB places are providing personalised care approaches using the national personalised care comprehensive model. It is a key element of Primary Care Network development and supports out of hospital care and the Long Term Plan deliverables - prevention and early intervention, integrated community care and social prescribing
- SYB is one of 20 ICS' nationally to have committed through an MOU with NHSE to fully implement Personalised Care collaboratively across the system footprint by 2024
- Sheffield CCG is a exemplar site for Personalised Care supporting other systems nationally

Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care



We will work across the System to:

- Systematically implement the Comprehensive Model for Personalised Care by 2023/24, working with primary care networks, wider NHS services, people with lived experience and partners in local government and the voluntary and community sector.
- Enable people to take more control of their health and care, providing more options, coordinated support and care at the right time and right place
- Make the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences
- Supporting people with long-term physical and mental health conditions to build knowledge, skills and confidence to live well. Also taking whole-population approaches to supporting people to manage their physical and mental health and wellbeing
- Develop our relationships with, and commissioning of, the local voluntary and community sector.
- Develop our Workforce, Learning and Development strategies to support health and care professionals to further develop their skills and competencies in promoting personalised approaches, choice and shared decision making.
- Further expansion of link workers in Primary Care Networks
- Ensure personalised care approaches are embedded in service redesign

We will offer personalised care through:

- Choice
- Shared decision making
- Social prescribing and community based support
- Patient Activation Measurement and support for self-management
- Personalised care and support planning
- Personal health budgets

Personalised care means people have a say in how their care is planned and delivered, based on 'what matters' to them, their individual needs and preferences



Place progress: South Yorkshire and Bassetlaw are national leaders for Social Prescribing, with well established services in all five Places

Getting the best start in life



Children's services

Our progress

- We have established innovative out of hospital approaches and are looking to translate these across SYB.
- We have strong, mature networks including for children's surgery and anaesthesia and care of the acutely unwell child, through which we have developed new models and standardised pathways for common and urgent conditions.
- The Hospital Services Review recommended accelerating shared transformation for children's services

Our challenges

- 4/5 Places exceed the England average for the rate of children in low income families
- High neonatal/infant and child mortality
- High child obesity
- Insufficient uptake of some immunisations in some communities
- High under 18 conception rate
- Specialist workforce challenges with particular shortfalls in hospital children's services.
- Agency and locum use is high
- Integrated out of hospital care models exist but application is inconsistent
- Inconsistency in waiting times for some specialist services, such as ADHD, ASD and SEND



We are developing a Children's Hospital Hosted Network

We will:
Reach 95% of children having had 2 doses of MMR by age 5 by March 2022

We are learning from **great examples of integrated care in our Places**, such as the Rotherham team bridging acute and community paediatrics; Recruiting paediatric endocrine, respiratory and tissue viability nurse specialists in Bassetlaw; Integrated service for children with long-term conditions and disabilities in Doncaster and the early intervention and prevention models Healthy Minds and Sleep Project in Sheffield.

In mental health services, we are learning from Rotherham's approach to CAMHS/ASD/ADHD; Barnsley's eating disorder pathway and Bassetlaw's innovative use of the voluntary sector.

We will work across the System to:

- Leverage the power of the ICS, combining a public health approach and integrated service models, with pathways across primary, community and acute healthcare. We've already done this in our Places and will work to apply this learning consistently and equitably.
- Yorkshire and Humber regional MMR delivery plan is under development and will include great focus on health equity audit
- Create a Children's Hospital Hosted Network, bringing together existing networks, with shared aims and senior ownership. Two of our Trusts (Sheffield Children's and Doncaster and Bassetlaw) will explore closer working
- Continue the work of our networks, including embedding the children's surgery and anaesthesia model.
- Ensure a focus on workforce. The networks, along with our Deanery, Health Education England and academia will deliver an initial series of strategic options for an integrated, sustainable workforce.
- Take a systemic view of mental health services for children and young people to understand gaps in service and capacity across SYB
- Implement the Long Term Plan ambitions. We await and will participate fully in the children and young people transformation programme. Given the opportunity, because of our Royal College links, our mature networks, our specialist Trust and established ICS, we intend to apply to be one of the 5-10 systems chosen to develop an evidence-based approach to integrated care models.
- We will build in work on transitions, taking a 0-25 approach. This is already being evidenced by Sheffield's all-age mental health pathway and work in Doncaster for ADHD.

Getting the best start in life



Maternity services

Our progress

- Our Local Maternity System (LMS) has strong clinical leadership
- We have public health and prevention and perinatal mental health work streams
- The Hospital Services Review recommended accelerating shared transformation as the next step for maternity services

Our challenges

- High rates of teenage mothers and mothers over 35
- High rates of low birth weight and neonatal and post neonatal deaths
- High obesity and smoking rates during pregnancy and substantial numbers of mothers are classed as intermediate or high risk
- Workforce challenges with shortfalls in maternity and difficulty recruiting midwives and middle grade doctors. This has led to substantial spend on locums.
- Increasing continuity carer will be challenging with existing workforce pressure.

We will:

Reduce the % of women in SYB who are smoking at time of delivery to 6% by March 24

We exceeded the Continuity of Care standard as at March 2019 –
22.3% vs
20% target

4/5 Places have very low breastfeeding rates at 6-8 weeks

We will work across the System to:

- Develop a comprehensive strategic approach from pre-conception to transition into children's services
- Create a Maternity Hosted Network (MHN) to work in parallel with our Local Maternity System (LMS) with shared aims and senior ownership
- Undertake a comprehensive review of smoking in pregnancy and implement a range of measures to reduce the percentage of women who are smoking at time of delivery and post natally
- The MHN will focus first on workforce and reducing clinical variance
- The MHN and LMS will continue Better Births implementation, ensuring all plans are fully integrated with wider system plans, such as children's and neonates
- Develop shared approaches to delivering increased Continuity of Care standards and improvements in breast feeding rates
- Ensure that the needs of disadvantaged and vulnerable communities are embedded within our plans to reduce inequalities
- Build on good practice in our Places such as Sheffield's plans to support people in high risk groups (eg diabetes and maternal obesity) to access services
- Develop plans to deliver strong and equitable midwifery led, community and home birth choices in each of our Places. We will build on the good practice in Rotherham where three community midwifery hubs have been introduced
- Work across all our providers to develop a consistent midwifery led approach



In Place:

- We are investing transformation funding to deliver *Better Births*
- We have specialist perinatal mental health services in some of our Places
- Each of our Places has a developing and maturing Maternity Voice Partnership

We are developing a
Maternity Hospital
Hosted Network



Major health conditions



Mental health

Our progress

- On track to deliver majority of Five Year Forward View ambitions
- Funding secured for 2018/19 and 2019/20 with plans in place to deliver enhanced suicide prevention programme
- SYB wide IPS employment service commissioned for people with severe mental illness
- Enhanced perinatal mental health service launched in Doncaster, Rotherham and Sheffield
- 24/7 liaison mental health services established in Sheffield and Rotherham and funding secured for Barnsley and Doncaster
- Approval gained to establish New Care Models for three specialised services through NHS-led provider collaboratives
- Dementia diagnosis rates remain high across the ICS
- All CAMHS LTPs received fully assured status from NHSE and successful Green Paper Trailblazers in Doncaster, Rotherham and Sheffield and waiting list initiatives in Barnsley and Sheffield
- Workforce transformation project targeting high risk areas

We Will:

Reduce the life expectancy gap between people with severe mental illness and learning disabilities and the general population

We will:

Reduce suicide rates across SYB

Our challenges

- Increasing demand on mental health services and addressing existing inequalities in health outcomes and life expectancy.
- Maintaining stable and resilient services whilst transforming to meet the Mental Health Investment Standard, Five Year Forward View for Mental Health and LTP commitments
- Enabling more children and young people to access community mental health services and expanding core community teams for adults and older adults through NHS led provider collaboratives for those with severe mental health illnesses (SMI).
- Growing the mental health workforce to deliver quality timely care
- Variation in access and uptake of physical health checks
- Working across boundaries that reside in other ICS footprints
- Suicide rate has reduced, but remains high for some groups.



An integrated approach to support those with complex lives in Doncaster is already demonstrating improvements in outcomes.

We will work across the System to:

- Work with partners to develop an all age service and investment strategy, digitally enable care and support and develop the mental health workforce.

Children and Young People Mental Health

- Continue to deliver on our commitment to invest in and expand access to mental health services for children and young people, expanding community provision.
- Continue to develop specialist community perinatal mental health provision
- Continue to prioritise eating disorders with collaborative commissioning
- Expand timely age appropriate crisis services (24/7) including implementation of Intensive Home Treatment services
- Implement mental health support teams in schools to enable early intervention and offer ongoing support
- Develop a strategic approach to service provision 0-25, including those 18-25 to support transition into adulthood as part of an all age strategy.

Adult Mental Health

- Work with partners to delivery the suicide prevention programme including further development of real time surveillance and bereavement support
- Adult Common Mental Illness – Continue to expand IAPT for adults/older adults with a focus on those with long term conditions.
- Severe Mental Health Problems – As a pioneer, trial new and integrated models of primary and community mental health care to support adults/older adults with severe mental illness. Work to increase uptake of physical health checks. Improve physical health with a particular focus on reducing harm from tobacco, obesity & improving cardiorespiratory health.
- Emergency Mental Health Support – Expand services for people experiencing a mental health crisis to include 24/7 age appropriate access to crisis resolution, home treatments and alternative provision. Work with the ambulance service to improve crisis response options, including staff training, response vehicles and expanding the use of 111.
- Therapeutic Mental Health Inpatient – Provide therapeutic environments and work to reduce longer lengths of stay and reduce out of areas placements.
- Problem gambling – Understand the problem in SYB and collaborate regionally on development of specialist clinics.
- Rough sleeping mental health support –Further understand the problem and work collaboratively with Local Authorities to develop approaches to improve outcomes.



Learning disabilities and autism

Our progress

- Highest reduction of inpatients nationally, significant reduction of admissions and reduced length of stay in line with learning disabilities (LD) senate guidelines.
- Implemented intensive support teams – now running extended hours, demonstrable success with preventing admissions
- Implemented forensic outreach liaison services and a forensic step up/step down service on transforming care footprint
- Developed key partnerships with experts by experience who are involved in all aspects of the transforming care programme in line with the ladder of participation methodology
- Proactively rolling out LD/Autism awareness training to GPs acute trusts and other mainstream services, delivered by experts by experience
- Developed an exemplar Dynamic Support Protocol for children and young people which is being rolled out in other areas
- Led on the development and implementation of the Yorkshire and Humber enhanced community framework, leading the way with referrals and new ways of working to improve the community offer.
- Embedded learning disabilities and autism into the ICS mental health and learning disabilities programme, to ensure alignment with all age mental health

Our challenges

- Reducing health inequalities for people with learning disabilities due to low uptake of screening and variations in numbers and quality of annual health checks
- Waiting times vary for children and young people and adults for diagnosis of autistic spectrum disorders (ASD)
- Addressing gaps in provision of post-diagnostic support for autistic children and young people, autistic adults and their families
- Ensuring services work in an integrated way and pathways are seamless across all ages regardless of geography.
- Workforce, both lack of workforce and workforce with the right skills
- Housing, lack of appropriate housing for people with learning disabilities and autism including general and specialist

We will work across the System to:

- Ensure people who are still living in hospitals are discharged in a timely manner, supporting the local markets and systems to facilitate discharge
- Further invest in intensive community support provision including children and young people, increasing extended hours and crisis response to meet the needs locally and to focus on preventing admission into hospital
- Promote health and wellbeing through My Health Day events targeting people and families with LD and/or autism, raising awareness of annual health checks, STOMP/STAMP, Hospital Passports, Screening programmes
- Continue to roll out the coproduced and co-delivered LD/Autism awareness training until the mandatory training is in place
- Roll out a programme of training around the LeDeR learning priorities utilising the ECHO platform to embed the learning across the system
- Increase the number people receiving AHC's, by working as a system to ensure the right support and reasonable adjustments are in place to deliver the 75% target
- Increase number of children receiving Care, Education and Treatment Reviews (CETR) prior to hospital admission by looking at developing a CETR hub to provide additional capacity to meet the increasing demand and provide a sustainable system for delivery and assurance
- Work with families and people with lived experience to improve pathways and experiences for ASC/ADHD, utilising transformation monies to fund pre and post diagnostic support working with the voluntary sector
- Bring to life the Autism Friendly Charter (under development)
- Work to secure funding to develop a strategic housing needs assessment for people with learning disabilities and autism
- Develop a joint workforce delivery plan to identify gaps and review new roles and new ways of working to address some of the gaps
- Develop the concept of providing neuro disability services on a 'holistic whole family – life span' approach
- Support vulnerable groups from becoming involved in crime
- Work with digital work stream to ensure digital flagging of patients with learning disabilities and autism and ensure QOF registers are up to date and information about AHCs logged appropriately and self-management apps

Major health conditions



Cancer

Our progress

- Our Cancer Alliance is a key partner in driving the radical upgrade in prevention. The Alliance is supporting the QUIT programme to reduce preventable deaths from tobacco use
- Established a clearer understanding of our inequalities and the communities more likely to be diagnosed later
- Launched Be Cancer SAFE social movement to help address inequalities
- Promoted earlier diagnosis by enabling primary care to implement new tests and care pathways
- Invested in our hospitals to deliver RAPID pathways to coordinate tests to provide faster diagnosis
- Our specialist cancer centre, Weston Park, has improved facilities, their research profile and are testing new models providing chemotherapy closer to home
- Enabled a thousand more people to access information and support in their local communities through meaningful conversations.

Our challenges

- The number of people being treated for cancer is expected to rise from 14,000 to more than 18,000 by 2030. Over 5000 cancers could be prevented through behaviour changes.
- SYB has a significant gap from the national ambition to have three in four people diagnosed at stage one or two.
- This burden on demand is creating additional pressure on diagnostic and treatment capacity and ability to deliver national operational standards.
- Variation in access, care pathways and outcomes.

We Will:
Increase the percentage of people with cancer who are diagnosed at stages 1 and 2

We will:
Improve 1 and 5 year cancer survival rates

1 in 2 people are currently diagnosed at a late stage, with many through the emergency route

1 year survival is improving and narrowing the gap from the England average

45,000 people living with and beyond cancer expected to rise to as many as 78,000 by 2030

5 year survival remains significantly worse than the England average

The Cancer Alliance will work across the System to:

- Drive prevention priorities around alcohol, obesity and physical activity in addition to smoking
- Utilise Primary Care Networks to further engage communities to reach optimal uptake of vaccination and cancer screening with the biggest increase in those living in most deprived areas
- Introduce lung health checks and rapid diagnostic centres to enable earlier and faster diagnosis
- Embrace innovation and research to bridge the gap on early diagnosis with the SYB Innovation Hub.
- Build and network diagnostics to enable our workforce to operate as a single cancer service to meet demand and deliver national operational standards
- Ensure equitable access to optimal and personalised treatment including access to national and international clinical trials
- Support capital investment plans to ensure specialist cancer services are developed at Weston Park and care in communities closer to home
- Continue to adopt personalised care and support through a 'What Matters To Me' approach



Place progress: Doncaster is leading our participation in the national lung health checks programme

Major health conditions



Stroke care

Our progress

- Following consultation, hyper acute stroke services are now centralised in Doncaster, Sheffield and Wakefield to enable equitable access to high quality care, improve outcomes and provide sustainable provision.
- Sheffield Teaching Hospitals are delivering mechanical thrombectomy with plans to expand access over more hours per week.
- Direct to scan pathways have been implemented in Doncaster and access routes redesigned in Sheffield.
- All SYB stroke units contributed to the Hospital Services Review and work to review the wider pathway.

We are developing a Stroke Hosted Network

Our challenges

- Stroke can be prevented and a leading cause of death and disability. Mortality has decreased, but survivors with a disability has increased
- Most SYB stroke units are improving their performance on the Sentinel Stroke National Audit Programme (SSNAP) but there is still significant variation in care
- SYB thrombolysis rates are below the national average.
- Specialist workforce challenges and shortfalls
- There is significant variation in the commissioning and care delivery of the post HASU pathway, particularly for stroke rehabilitation

We will work across the System to:

- Develop a Stroke Hospital Hosted Network (HN), with clinical and managerial leadership hosted by Sheffield Teaching Hospitals, and bring together all partners across the stroke pathway, including ambulance services and the Stroke Association to act as the SYB Integrated Stroke Delivery Network
- Work through the Network to reduce stroke incidence by making links with CVD prevention work, increase public awareness of TIA symptoms, need for urgent care and tackle variation in delivery.
- Develop networked provision to deliver the NHS seven-day standards for stroke care and the National Clinical Guidelines for Stroke.
- Embed the centralised hyper acute service and realise the benefits, including equitable access to high quality specialist care and increased access to thrombolysis for eligible patients.
- Work with Health Education England to modernise the stroke workforce, focussing on cross speciality and cross profession accreditation and exploring the use of new roles, including Advance Care Practitioners and new ways of working.
- Enable more consistent access and delivery of stroke rehabilitation. Focus on integrated out of hospital higher intensity rehabilitation models working with the voluntary sector.
- Ensure that early supported discharge is routinely commissioned as an integrated part of community stroke services
- Work with Sheffield Teaching Hospitals to increase availability and equitable access to mechanical thrombectomy, by supporting workforce planning, collaborative working with other neuroscience centres and the use of technology.



Place progress: There are existing models of good practice in our Places – eg In patient rehabilitation in Sheffield and early supported discharge in Rotherham

Major health conditions



Diabetes

Our progress

- Expanded provision of nationally accredited structured education programmes and set up a digital pilot in Barnsley.
- Targeted upskilling of primary care to improve achievement of treatment targets and prevent complications.
- Achieved full coverage of the NHS Diabetes Prevention Programme hosted by Bassetlaw in September 2017 and over 9600 referrals to the programme have been made.
- Implemented a 7 day diabetes nursing service at Doncaster and Bassetlaw Teaching Hospitals.

There are **137,000** people at high risk of developing Type 2 Diabetes in SYB

Our challenges.

- Type 1 diabetes cannot be prevented and is not linked to lifestyle, but Type 2 diabetes is largely preventable through lifestyle changes.
- The cost of diabetes to the NHS is high and the majority of this is currently on treating complications.
- One in every six people in hospital has diabetes. Although diabetes is often not the reason for admission, they often have a longer stay in hospital, are more likely to be re admitted and their risk of dying is higher. More than 500 people with diabetes die prematurely every week.
- There is significant variation in the management of diabetes across SYB and variable achievement of the NICE treatment targets.

The estimated prevalence of diabetes (16+) is **8.6%** of SYB population, similar to the England average

We will work across the System to:

- Establish a Diabetes Programme Steering Group (DPG), that will oversee the implementation and delivery of the national diabetes programme and all the diabetes LTP commitments in SYB.
- Expand access to the 'Healthier You' NHS Diabetes Prevention Programme to deliver the required (6044) places by 2023.
- Work to ensure that the recently expanded structured education, multi-disciplinary footcare team and diabetes specialist nursing capacity is sustained.
- Work with Primary Care Networks to support them to target support to reduce health inequalities and the decline in treatment target achievement.
- Lead the implementation of the national online education platform for Type 2 diabetes in line with national timeframes.
- Pilot and evaluate 'low calorie diet' programmes aimed at achieving remission for obese people with Type 2 diabetes.
- Ensure that pregnant women with Type 1 diabetes are offered continuous glucose monitoring from April 2020.
- Work with the relevant clinical network to improve the quality of care for children living with diabetes and improve transition to adult services.
- Work with clinical services to ensure equity of access to high quality services for all, including making reasonable adjustments for people with learning disabilities and severe mental illness.
- Evaluate and share learning from the digital pilots.



Place progress: Sheffield has reduced the average length of stay for people with diabetes and achieved a measurable reduction in severe foot ulcerations.

Major health conditions



Respiratory

Our progress

- Supported the development of the SYB QUIT Tobacco dependency Programme
- Completed a baseline assessment in each SYB place against the North Respiratory Programme for 2018/19 and developed plans to improve respiratory care pathways
- Our places have over the last 3 years prioritised respiratory disease as a key focus to support more people in the community
- Initiated a review through our ICS Urgent and Emergency Care workstream to reduce respiratory related admissions to hospital

Our challenges

- Respiratory disease is a leading cause of death, Barnsley, Rotherham and Doncaster have significantly higher under 75 mortality rates from respiratory disease.
- We know from NHS data and intelligence there is unwarranted variation in respiratory outcomes and care in SYB such as detection rates of COPD, provision of spirometry, uptake of pulmonary rehabilitation and the prescribing and use of medicine.
- Emergency admissions for respiratory place significant pressure on the urgent & emergency care system, particularly during the winter period.
- High smoking rates

We will:

Reduce % of adults in SYB who smoke to below 10% by March 24, with a reduction in the gap between the proportion of the general population who smoke and people with routine and manual occupations and severe mental illness

Respiratory disease is a leading cause of death in SYB

Barnsley, Rotherham and Doncaster have significantly higher under 75 mortality rates from respiratory disease

We will work across the System to:

- Establish a clinically led respiratory network to reduce variation, accelerate improvements through the sharing of best practice and standardise respiratory care pathways to improve quality and outcomes
- Participate in the North STP Leaders Programme to ensure that the SYB ICS benefits from collaborative working across the North of England.
- Work with our primary care networks to provide more care closer to home including improving the diagnosis and management of respiratory disease, supporting clinicians and professionals to use systematic tools to identify those at risk.
- We will utilise new roles and approaches in case management in a way that benefits those with respiratory conditions, including clinical pharmacists to optimise medicine use, physician associates and more specialist nurse roles in the community.
- Improve uptake of pulmonary rehabilitation, working with partners such as the British Heart Foundation, British Lung Foundation and Universities to improve access to and completion of rehabilitation.
- We will work with patients and families to develop new models of pulmonary rehabilitation that are more tailored to peoples needs for rehab
- Improve the response for people with pneumonia by reviewing existing pathways and working with public health to maximise the update of flu and pneumococcal vaccination for at risk groups and health care staff.



Place progress: Rotherham has developed a new breathing space facility for outpatients which is delivering excellent results

Major health conditions



Cardiovascular Disease

Our progress

- Member of North ICS CVD group and SYB CVD Prevention Task Group and Clinical Lead in place
- SYB is close to the national ambitions for Atrial Fibrillation detection and anticoagulation. Primary care development schemes are supporting quality improvement
- Sheffield is piloting a community pharmacy and GP hypertension shared care arrangement
- All Places have BNP pathway. Consistent referral guidelines in place for secondary care echo referrals
- Barnsley is redesigning its heart failure pathways

We will:
Reduce premature mortality from cardiovascular disease, improving fastest in the areas with highest deprivation

Our challenges

- CVD is a major contributor to our health inequalities. Deaths from CVD are the second biggest contributor to the gap in life expectancy between SYB and England
- Although premature mortality from CVD has decreased in SYB over the last two decades, all Places in SYB (except Bassetlaw) still have significantly higher under 75 mortality rates than the English average
- High rates of the key risk factors for CVD.
- Barnsley has next to highest non-elective spend on CVD in the country and Doncaster and Sheffield have higher non-elective spends than their RightCare peer group average
- Significant unwarranted variations between GP practices in diagnosis/management of patients with or at risk of CVD and uptake of cardiac rehab is low
- Suboptimal proportion of patients post NSTEMI are receiving their angiography +/- percutaneous coronary intervention within NICE recommended timelines.

More than 1,000 people under 75 die every year from CVD in SYB

Under 75 CVD mortality rates are 4 times higher in the most deprived areas of SYB, compared to the least deprived

We will work across the System to:

- Prevent CVD – see the section on developing a prevention driven NHS
- Detect early and improve treatment of CVD and its risk factors. We will:
 - Move towards the national ambitions for Atrial Fibrillation, blood pressure and CVD risk
 - Decrease unwarranted variations by providing targeted support to GP practices; support use of CVD Prevent audit; develop quality improvement and population health management capacity and support for primary care
 - Maximise the opportunities of the additional roles in Primary Care Networks and the new community pharmacy contract. SYB CVD training course to be commissioned. Learn from national Atrial Fibrillation pilots
 - Expand the Sheffield community pharmacy shared care hypertension pathway across SYB, if pilot evaluation positive
 - Identify patients who may have Familial Hypercholesterolaemia
 - Link with the Mental Health and Learning Disability work to ensure a focus on CVD within severe mental illness and learning disability Health Checks
 - Continue to work with Local Authorities, to support the delivery of Health Checks
 - Work with Yorkshire Ambulance Service (YAS) and our community and voluntary sector partners to develop CVD prevention champions
 - Support the public with opportunities to check on their health
 - Support practices to enhance their support for patients with or at risk of CVD to self manage eg develop peer educators
- Develop agreed messages for the public, patients and professionals to ensure consistent approach on CVD prevention
- Work with YAS on their restart a heart campaign and support schools in SYB implement CPR training
- Work with partners (British Heart Foundation, British Lung Foundation, universities) and patients to redesign cardiac rehabilitation (including digital options) to increase uptake
- Review GP direct access to echo across SYB & share learning from Barnsley on Heart Failure pathways
- Through the Specialised Cardiac Improvement Programme (SCIP) improve acute care and decrease variations in access to angiography

how we flex resources

System finance

As a high performing ICS, we have had access to offsets and used this effectively in delivering the 18/19 financial position.

The System delivered strong financial performance despite significant local and national challenges. Each of our Places delivered a performance better than that planned at the start of the year and only one organisation did not meet its individual control total and was supported by the System to ensure that they received their full share of PSF.

The ICS financial performance at the end of the year was better than planned at £19.6m (excluding PSF). This was a very positive performance and forms a foundation for continued investment in services or infrastructure for the coming years.

The strength of the financial performance is a testament to our collaborative approach. However, much of the surplus has been generated through non-recurrent measures. Next year remains a challenging financial year and requires the continued robust management of finances.

Transformation funding

We have had access to transformation funding over the last three years and been able to invest significantly in primary care (including access funding, digital funding and cancer), secondary care (including mental health, urgent and emergency care, pathology and maternity) and prevention (including suicide prevention, care homes and social prescribing)

Indicative additional transformation funding of £129 million the next five years will enable us to deliver our plan.

Commissioning development

Across South Yorkshire and Bassetlaw, commissioning has already started to evolve and adapt to meet the needs of people and patients. This is in line with the NHS Long Term Plan and ensures a stronger focus on population health, the impact on the wider determinants of health and reducing health inequalities. This builds on the work of the Joint Committee of Clinical Commissioning Groups.

In each of our Places, NHS commissioners continue to develop closer working with local authorities; enabling joint working, joint teams and supporting and enabling the development of neighbourhood working, integrated primary and community care and the development of Primary Care Networks.

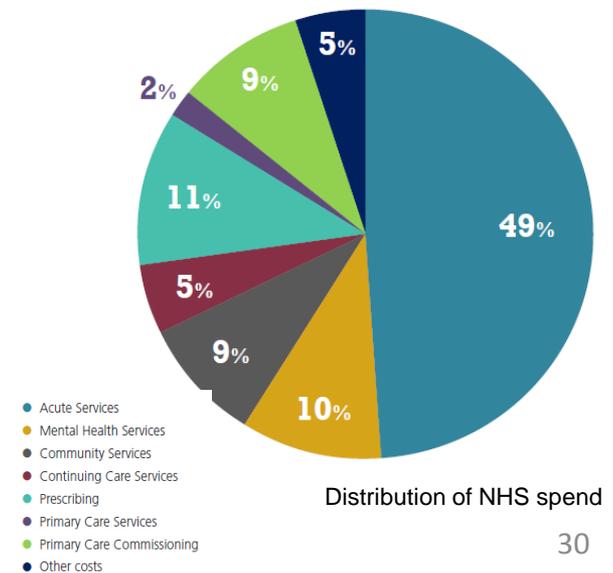
Across the System, commissioners are working jointly with providers to agree joint ambitions and outcomes for the health of their shared population together and will continue to plan together where it makes sense to do so – especially where we can reduce variation in standards, quality or access to services.

We are committed to building on this work and strengthening our ability to deliver our ambitions by having further developed arrangements in place for April 2021.

NHS and social care spend within South Yorkshire and Bassetlaw

The expenditure of the five clinical commissioning groups totals £2.5bn in 19/20 and the spend is as shown. In addition, there is further £0.5bn on specialised commissioning and the Local Authorities spend £1.4 billion on social care.

To deliver our ambitions, we will need to flex our resources. A population health approach and a focus on prevention will mean a shift in our investment thinking and planning, which will result in a different share of the overall spend.



Estates

We will move from a functional approach to Estate Management ...

Hospitals

- £1bn of hospital assets
- 44 separate acute and mental health sites
- £160m of backlog maintenance categorised as critical and high

Primary Care

- 316 separate GP, third party, NHSPS and CHP assets
- £44m of estate running costs

Disposals

- 17 different Disposal sites identified
- £28m opportunity
- (£24m fair share disposal target from Naylor Review)

Finances

- £20m of Wave 1 and Wave 2 schemes (Yorkshire Ambulance Service, Barnsley Hospital, Doncaster and Bassetlaw Teaching Hospitals, Sheffield Teaching Hospitals)
- £118m planned investment in 19/20 (incl £7m information management and technology and £19m equipment)
- Over £400m planned investment through to 2023/24
- £60m annual depreciation
- £150m working capital balances

... to a **System approach**

Acute and mental health	Primary care	Digital and IT
High quality and fit for purpose, sustainable estate which reflects modern patient needs and experience	New facilities reflecting new models of care Support a left-shift in provision	Full connectivity Systems which support data sharing and collaboration
Improved resilience through reduced backlog maintenance	Reconfigured existing estate to enable changes in ways of working	Modern IT infrastructure
New facilities reflecting service developments	Asset Optimisation	
No redundant estate	£57.5m Wave 4 capital	

Section 2: Strengthening



our foundations

Working with patients and the public

Empowering our workforce

Digitally enabling our System

Innovation and improvement



Our progress

- We have built on the strong communication and engagement networks in SYB enabling us to deliver consistent messages through trusted sources
- Strengthened our relationship with the SYB Healthwatches and organisations that work with seldom heard communities which have undertaken engagement on our behalf
- Undertaken extensive involvement work with public and patients to inform the work of the Hospital Services Review
- Worked with community, patient and voluntary groups as well as staff to inform work across a range of areas, including NHS 111 procurement, over the counter medicines, hip and knee pathways, ophthalmology services, autism, emergency admissions from care homes and stoma care
- Carried out comprehensive involvement with staff, patients, public and stakeholders on the NHS Long Term Plan to inform our Five Year Plan
- Established the SYB ICS Guiding Coalition – a strategic advisory forum which includes voices from primary and secondary care clinicians, local authorities, voluntary sector and the public
- Established the SYB ICS Citizens' Panel, bringing together people from across the region to provide an independent view on matters relating to work at System level
- Established a Transport and Travel Panel with patients and the public, also from across the region, to look at the potential impact changes to services would have
- Developed a System involvement duty assurance process

Our challenges

- Shifting people's view from organisation to Neighbourhood, Place and System
- Articulating the benefits of working across a System to patients, communities and staff
- Working in a matrix style across partners' communications and engagement functions

We will work across the System to:

- Meet as a Guiding Coalition twice a year to discuss and agree our strategic direction
- Strengthen our links across partner communications and engagement teams to carry out System involvement and meet duties
- Build on our work with the Citizens' Panel and develop an online membership model to support our involvement work on transformation
- Explore how we can triangulate patient experience data from all partner sources to develop a System profile approach to involvement

Long Term Plan involvement

We worked with our Healthwatches and together we connected with over 1500 people who shared their views through completing the survey online and face-to-face. We also connected with staff and the public through our partner organisations, our ICS Staff Side Forum, other forums and at events. We also asked our MPs and Health and Wellbeing Boards what they thought. Both the Healthwatch report and other key theme findings have all been shared to inform the development of our Plan.

Key themes from our involvement:

- Seamless pathway of care / true patient-centred care
- Focus on prevention
- Integrated working across teams and organisations
- Integration and improvement of IT systems/digital technology
- Equality within the System
- Improved staffing conditions
- More care provided in homes/in communities
- Social care reform
- Better leadership/senior management

Our involvement work routinely connects with people from seldom heard communities such as asylum seekers, the deaf community, prisoners, young people, people with visual impairment, older people, black and minority ethnic communities, pregnant women and new mothers, Chinese community, people with mental health issues, people with drug and alcohol issues and veterans. We also connect with the 'working well' through our links with South Yorkshire and Bassetlaw employers

Empowering our workforce



We employ over 48,000 members of NHS staff - 72,000 if we include all health and care workers - who work to meet the needs of 1.5 million people across South Yorkshire and Bassetlaw

Our progress

- Established an ICS Workforce Hub to support co-ordination of activities across Place and System level
- Commenced core programmes, including: Primary Care Workforce Training Hub, South Yorkshire Regional Excellence Centre and Faculty of Advanced Clinical Practice
- The Barnsley Partnership is delivering a Workforce Transformation plan for out of hospital workforce based on population health. This is supported by a Barnsley wide OD plan, workforce strategy and talent management strategy.
- Launched collaborative staff banks and implemented agency procurement
- Increased portability of staff between organisations
- Supported increase in Advanced Care Practitioners across primary, community and mental health care
- Supported partners to work collaboratively on national initiatives including NHSI Retention Programme
- Delivered eRostering “Masterclass” Programme
- Developed an Allied Health Professions Council

SYB trusts report more than 800 nursing and midwifery vacancies

Our challenges

- Tackling vacancy gaps in supply and demand impacting our workforce, particularly across nursing
- Aligning workforce planning with service, activity and finance.
- Strengthening the primary and community care workforce to enable care closer to home
- Developing the mental health workforce
- Making the NHS the best place to work, improving retention and engagement
- Work with our schools to promote the NHS and social care to promote health and social care as a career of choice
- Making prevention a core element of every staff member role.
- Equipping existing and future senior leaders to operate successfully system wide in our evolving ICS
- Developing a co-ordinated approach to talent management, with focus on diversity and inclusion

Strengthening primary care workforce is a priority for the ICS

To support sustainable services and enable care closer to home, we have introduced a Primary Care Workforce Hub supporting:

- Growth in number of GPs
- Development of Primary Care Network Additional Roles such as 1sk Contact MSK practitioners
- Delivery of a Primary Care Nurse Vocational Training Scheme
- Coordination of Undergraduate Nurse Placements Across SYB
- Delivery of targeted apprenticeship scheme for healthcare assistants
- Recruitment of GP Fellows to support transformation projects
- Delivery of a SYB wide Practice Manager Conference
- The roll out of a data collection/workforce tool
- The introduction of physician’s associate role across general practice

Empowering our workforce



We will work across the System to:

Make the NHS the best place to work:

- Take a System approach and implement the new national core offer for staff
- Build on NHSI/NHSE programmes to improve retention
- Support Places, align systems around national Health and Wellbeing Framework
- Improve our health and wellbeing offer to staff
- Monitor sickness, violence and bullying and harassment and target support linking to regional and national programmes

Improving leadership culture

- Promote an agreed systems leadership framework
- Optimise use of external provision and commission system leadership at ICS level only
- Ensure current and future senior leaders access and use leadership development
- Address the cultural barriers in and between organisations and build trust
- Co-ordinate Talent Management Boards, workstreams and colleagues to ensure integral part of senior Boards, Committees and key forums
- Develop a system wide approach to retain and fully use our talent
- Build HR capability

Tackling urgent nursing shortages and securing current and future supply

- Develop system level approach to strategic workforce planning
- Accelerate new roles across key professional groups
- Work together to attract staff to SYB as a place to live and work
- Support values based recruitment to attract and retain staff
- Engage partners on collaboration of international recruitment
- Set up a Placement Pilot Scheme to increase and improve placements
- Implement the Future Workforce Programme including schools engagement and employability
- Scale up apprenticeships and access to training to upskill our workforce.
- Develop the voluntary sector as a partner within the system, with VCS staff, volunteers and unpaid carers provided with the same access to support as staff within the statutory organisations

Releasing time for care

- Deliver e-workforce strategy building on ICS eRostering “Masterclass” programme
- Collaborative bank and agency management

Delivering 21st century care workforce redesign

- Develop Healthy Hospitals Programme
- Enable flexible/streamlined movement of staff between trusts
- Regional Excellence Centre and Faculty for Advanced Clinical Practice
- Implement of collaborative staff banks across medical and nursing
- Embed System level approach to new roles across primary and secondary care eg Trainee Nurse Associates, Advanced Care Practitioners, Physician Associates
 - Engage with AHSN on workforce innovation
 - Develop primary care workforce training hub

Developing a new operating model for workforce

- Build on existing framework and agree system level workforce responsibilities
- Develop ICS “Workforce Hub” offer
- Develop system wide strategy for education, training and development
 - Implement improved governance including a Strategic Workforce Group and strengthen links between strands
 - Support hosted clinical network development and co-ordination of professional councils eg AHPs
 - Further develop our partnerships across unions, education and local authorities

Analysis, insight and affordability

- Oversee workforce planning at System level
- Work collaboratively to develop intelligence systems

Digitally enabling our system



Our context

Digital remains a key enabler for us and there is significant ambition to deliver digitally enabled care.

There is a mixed economy across SYB that needs to be resolved through implementing the basic digital capabilities for integrated care, whilst providing a framework to allow for innovation and more mature Places to go further faster but in an aligned manner.

Technical standards are critical to enable integration and standardisation in the delivery of digital services (includes online and offline e.g. phone), which SYB needs to adopt in line with published national standards.

Draft priorities, roadmap, framework

The digital themes and phases have been merged to create a draft roadmap/framework.

Phases have been developed to structure and prioritise the delivery of digital enablers. They support aligned delivery, which can be done in a more agile and incremental approach, where organisations and places can learn from, support and collaborate with one another.

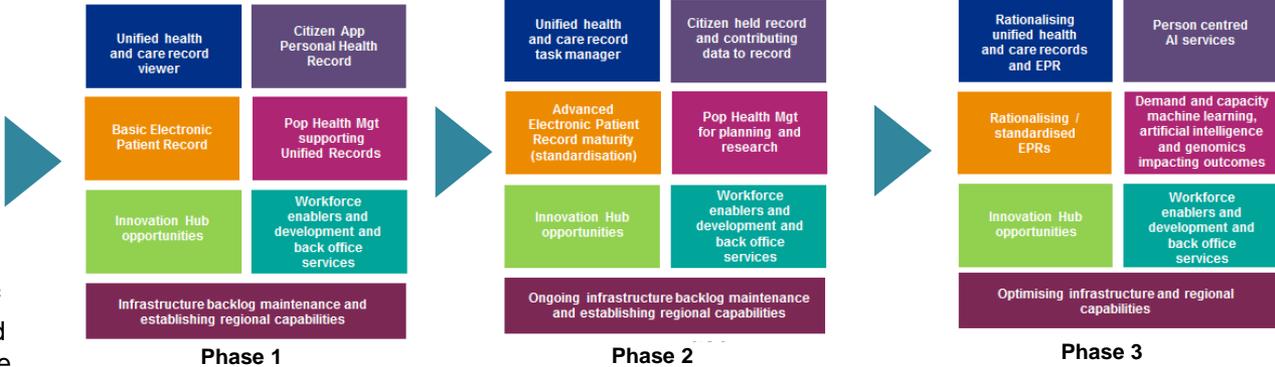
Phase 1 - Establishing the basic digital capabilities for integrated health and care

Phase 2 - Greater use of information and advancing capabilities to improve health and care delivery

Phase 3 - Digitally enabled citizens, professionals and system

Digital themes

A set of digital themes have been developed based on the needs, priorities and objectives of our transformation workstreams, such as prevention, as well as the relevant digital delivery challenges and capability/category types.



Impacts and Implications

There are many implications of this proposed strategy, which include 1) significant increase in funding required, 2) additional capacity within clinical/service leads, operational teams to take on the business change and digital delivery, 3) increased risk appetite, 4) more 'digital/agile' delivery culture to prototype changes, deliver incrementally, 5) greater focus on system requirements from organisations, e.g. consider use of existing systems, consider system requirements within procurements.



Across the System we will:

- Deliver stable, performant, secure (including cyber security) and cost effective infrastructure across SYB, resolving backlog IT maintenance that is a corporate risk
- Achieve 100% compliance with mandated cyber security standards across all NHS organisations by summer 2021
- Deliver unified/integrated health and care records across SYB for professionals and citizens which integrate with the Yorkshire and Humber Care Record
- Provide all citizens with an online/digital service to manage their health and care needs, with provision for those digitally excluded
- Develop basic capabilities to fully digitise Primary Care and Primary Care Networks delivered by 2022, including shared record, citizen access, a Population Health Management capability and support infrastructure services
- Ensure all secondary care providers – acute, community and mental health are fully digitised by 2024
- Deliver a Population Health Management capability across SYB, which integrates with the Yorkshire and Humber Care Record PHM capability
- Establish a consistent maturity of Electronic Patient Record services in NHS Providers and Social Care [GP / Primary Care has this already]
- Establish a hub for digital innovation across SYB, which integrates with the Yorkshire and Humber Academic Health Science Network
- Establish a set of Digital Principles and Standards, which all organisations and Places will commit to and will support more effective system working to deliver digital enablers
- Ensure all service/clinical transformation is underpinned by user centred service design approaches to ensure digital enablers support whole person pathways and wider transformation activity

Principles and Standards

Seven principles and standards have been developed to support more effective system working across SYB by organisation leaders, digital leaders and their teams, wider users and stakeholders, and to guide digital delivery and investment decisions. The draft standards are available in the Annex



Our progress

- The SYB ICS has partnered with the Yorkshire and Humber Academic Health Science Network (AHSN) to establish an Innovation Hub which will become the vehicle for system-wide innovation
- The Innovation Hub began operations in June 2019 and is staffed by individuals knowledgeable in innovation who are embedded into the SYB ICS
- To help establish the processes of engagement with the Hub, a number of Innovation exemplar projects have been developed that target major system wide unmet needs

Our challenges

- Knowledge and awareness of innovations that can help improve practice and address unmet needs is patchy across the sector
- Uptake of innovative technologies, service delivery models and policies has traditionally been slow in the health service
- The process of sharing knowledge and innovative practices from one part of the health service to another is disjointed
- Collaborative efforts to test out new models of working need improvement
- Despite examples of healthcare innovations incubated in the NHS, a culture of innovative thinking does not pervade across all of the services and staff

Led by the AHSN through initiatives such as the Local Health and Care Record Exemplar (LHCRE) programme, the AHSN's Innovation Exchange and the Accelerated Access Collaborative, we will continue the system wide adoption of nationally and locally identified innovation that fit with our priorities.

Our patients can fully benefit from breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery

The Innovation Hub will enable SYB ICS to:

Match innovation to unmet need

- Establishing and managing a unified approach to capturing, validating and prioritising the unmet needs (problems) of SYB ICS
- Matching and supporting the identification and validation of market ready innovations to help drive improved health outcomes, operational and clinical processes, and patient experience across the ICS health economy

Target single point of contact

- The Hub will act as a single point of contact for all ICS system wide innovation enquiries and requests for guidance, advice and support
- The Hub will lead on the liaison between key stakeholders across the region including the NIHR Clinical Research Network and Healthcare Technology Cooperatives, academia, the AHSN and others

Signpost

- Signposting and connecting internal organisations (NHS providers / Commissioners etc.) and those external to the system (Industry partners) This will be aided by partners including the AHSN and others such as Devices for Dignity and Academic institutions

Build a culture of innovation

- Developing a programme of activities and a platform that will support and encourage staff across the system to continually identify unmet needs and consider better ways of addressing them

In creating a managed and prioritised repository of 'problems' that can be solved through innovation, the Innovation Hub will ensure the ICS is at the cutting edge of identifying, evaluating and embedding innovative and transformational approaches. This will be achieved through effective interactions with the YHAHSN innovation exchange, academia, industry, research funders and providers of health and care.

Section 3: Building a



sustainable health and care system

Delivering a new service model –
Neighbourhood, Place, System

Transforming care with new service models

Making the best use of resources

Delivering a new service model



In our 2016 Plan we said we needed to rethink how we invest in, plan for and deliver our services – and how we ourselves are arranged and set up to do so.

We have made significant progress in better organising and thinking about how we work and have strengthened our approach so that our entire population has access to high quality local services while addressing health inequalities.

We now work in Neighbourhoods, Places and at a System level. Complementing these are Hospital Hosted Networks for some of our most challenged services and a joint commissioning approach for services and areas of work that apply across the region.

Each of our partner organisations continue to exist as they always have, but their thinking and approaches are now based on collaborations around their local populations; whether those populations are Neighbourhoods, Places or the System.

Of course, the majority of work takes place locally in Neighbourhoods. We have 36 Neighbourhoods with populations of 30-50,000.

Barnsley brings together its six neighbourhoods into one 'super-neighbourhood', bringing our total of Primary Care Networks to 30. At this level, primary care is strengthened by working together in Networks.

In our five Places, health and care works together more closely at town or city level. Each of our Places has a plan which sets out what the partners want to achieve together to improve health and wellbeing and other factors that affect health, such as employment, housing and education.

At the System level, our health system is really joining up to ensure we are delivering health services across our population where it makes sense to do so.

As we mature even further, we will agree an ICS strategic commissioning function, thinking carefully about how this complements the commissioning operations in Place.

We will also expand and develop our collaborations across both acute and mental health providers where appropriate.

System planning and commissioning



The **System** agrees shared objectives and outcomes

Hospitals are increasingly working in **Hosted Networks**

Partnerships plan and deliver integrated health and care across **Place**

Neighbourhoods integrate teams to deliver care where people live

Transforming care



Primary Care, working in Networks

Our vision

To transform Primary Care through the establishment of 'at scale' primary care organisations capable of taking on population health responsibilities, which provide high quality integrated care services accessible seven days a week through collaborative working in neighbourhoods at Place.

Our guiding principles

- Promote the continuous improvement of primary care and excellent access to services
- Maintain the right balance between operating in a consistent fashion and maintaining appropriate local flexibility
- Demonstrate clear alignment between Primary Care Networks, CCG and ICS strategies and delivery plans
- Deliver the funding guarantee for Primary and Community Care
- Where appropriate 'do once' across SYB

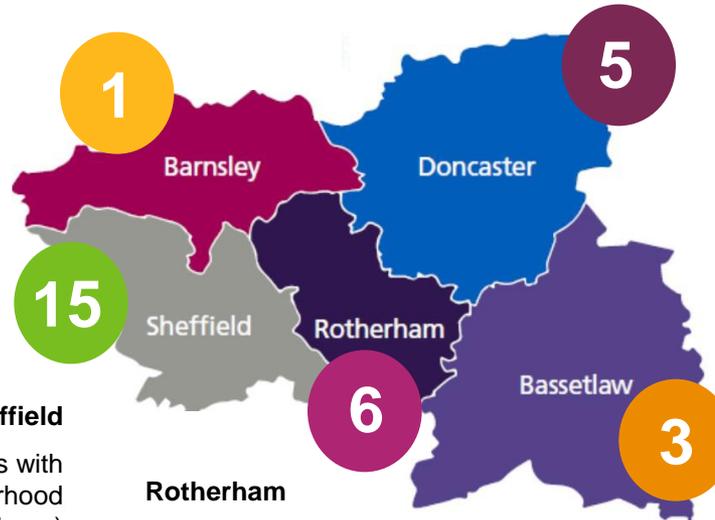
Our Primary Care Networks

Barnsley

Established a single Primary Care Network, with clinical leadership and six sub networks. Integrated neighbourhood teams are aligned to Local Authority area councils. Local PCN development programme to be implemented. Neighbourhoods to agree local health and wellbeing priorities and engaging local communities

Sheffield

Established 15 Primary Care Networks with clinical leadership. Neighbourhood transformation programme (1st phase) established across 6 PCNs - integrated care and support targeting needs of specific populations, with plans to roll out across the city.



Rotherham

Established six Primary Care Networks with clinical leadership in place. Strengthening the primary care workforce through provision of primary care nurse preceptorships, health care assistant apprenticeships and nurse development roles.

Doncaster

Established five Primary Care Networks, with clinical leadership. Neighbourhood project coordinators in place linked to GP practices with social care, community nursing, local authority community and wellbeing teams. Early intervention, local solutions and joined up teams working with common operating models.

Bassetlaw

Established three Primary Care Networks, with clinical leadership and co located integrated neighbourhood teams. Agreed link workers to be employed by the voluntary sector. Extended access to primary care is available through PCN hubs as well as through individual practices. Increased support for practice pharmacists to undertake clinical reviews. New arrangements developed for PCNs with care homes.



Primary Care, working in Networks

Our progress

- Full population coverage with 30 PCNs established across SYB each with a Clinical Director
- The Clinical Directors have formed a 'guiding coalition' of clinical leadership across the developing PCNs
- Agreements between CCGs and practices to target and focus on variation and data analysis used by PCNs to improve Population health ie risk stratification and segmentation
- Emphasis on developing primary and community based care and support
- Local OD approaches to support sectors to work together and engage with communities
- SYB workforce training and development hub well established and delivering schemes to promote new roles and recruitment into primary care
- PCNs appointing paramedics and pharmacists to their multi disciplinary teams
- Neighbourhood teams within PCNs delivering joined up care supporting people to remain or recover at home.
- Integrated neighbourhood teams aligned to Local Authority areas and PCNs. Some co-location achieved with community clinical and social care services. Wider representation from voluntary sector and schools.
- Testing service redesign within community based new care models eg Neighbourhood project coordinators and link workers supporting practices to engage with partner services (social care, community nursing, LA community and wellbeing teams; housing, welfare and employment).

We have full population coverage with 30 Primary Care Networks. The Network approach enables a focus on population health, prevention, early intervention, and anticipatory care to reduce inequalities.

Our Challenges

- Addressing variation while also valuing the differences between practices and Primary Care Networks (PCNs)
- Mobilising the resource and support to develop PCN models at scale
- Culture and behaviour change
- Improving access to and consistency of general practice
- Providing information and intelligence to support Population Health Management
- Facilitating PCNs working differently to reach seldom heard groups.
- Collaboration with acute sector to develop new models of care/delivery out of hospital.
- PCN maturity enabling them to represent primary care in the ICS
- Meeting the funding guarantee for primary and community care

We will work across the System to:

- Enable PCN progression against maturity matrix, support development plans, including new models of integrated community services as part of PCNs phased over next three years.
- Have GP Federations supporting development of PCNs through lead employer and other arrangements
- Extend access to General Practice via PCN hubs.
- Offer an ICS Support Offer to Clinical Directors to promote system wide leadership and PCNs incorporating national framework & compliment CCG arrangements.
- Recruit into Social Prescribing and Clinical Pharmacy positions during 2019/20 under the GP Contract DES 'new roles' scheme. In some cases voluntary sector recruitment.
- Support practice manager development
- Support practices to increase telephone consultations.
- Invest in Local Enhanced Services, delivering care closer to home and improving management of patients to avoid admission.
- Develop new PCN led arrangements with Care Homes

Transforming care



Out of Hospital Care

Barnsley

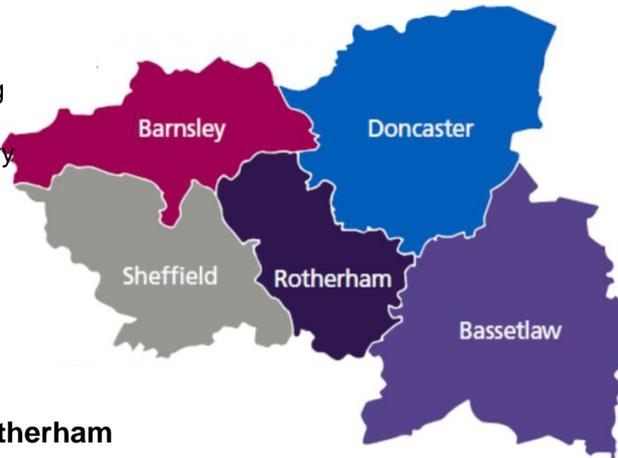
- Partnership of Barnsley MBC, Barnsley CCG, Barnsley Hospital, South West Yorkshire Partnership Foundation Trust, Barnsley Healthcare Federation, Barnsley Hospice, Healthwatch Barnsley and Barnsley Community and Voluntary Services developing the out of Hospital strategy
- One Primary Care Network and six Neighbourhood Networks with 'one team, no boundaries' philosophy to integrate services providing care closer to home
- Integrated model for intermediate care including rapid response Intermediate Care Services
- Integrated community respiratory and pulmonary rehabilitation pathways
- Improved nurse led support to care homes including introduction of digital technology to enable video link up to Rightcare Barnsley to reduce care home hospital attendances

Bassetlaw

- Introduced community ophthalmology, audiology and pain management services and extended the scope of dermatology services
- Call for Care rapid response providing two hour urgent community response
- Well established Integrated Neighbourhood Teams (INTs) in all three PCNs, with community clinical and social care services co-located with primary care
- PCNs have paramedics and pharmacists in their INTs, a Memorandum of Understanding was put in place for GP led review of care homes

Our progress

Each Place has established an out of hospital care approach through its Integrated Care Partnerships and delivered through Primary Care Networks working collaboratively with health and care partners to provide care closer to home



Rotherham

- Aligned community services to work around GP practices in the PCN networks
- Integrated rapid response service, therapies and care co-ordination centre now co-located to support integrated working
- GP practices aligned to care homes, for care continuity
- Rotherham Health Record live across all services enabling services to have the same information for patient care
- Improved hospital discharge, leading to some of the lowest lengths of stay and delayed transfers in the country

Doncaster

- Integrated intermediate care service introduced with rapid response provided within two hours
- Complex lives service providing proactive care and support to people rough sleeping reducing the risk of admission through better support for addiction, mental health and wellbeing needs
- PCNs established and developing integrated care approaches across health and social care
- Improving care for people with delirium and dementia in the community

Sheffield

- Mature neighbourhood working established over last four years with a development programme to support leadership across PCNs
- Significant investment to support neighbourhood collaboration across schools, mental health, voluntary and community sector, social care, community nurses and police, including a keeping people well programme
- Enhanced care homes support programme well established
- Joint re-ablement services and provision of care home beds to facilitate assessments and care needs outside of hospital, reducing length of stay markedly over the last 12 month period



Out of Hospital Care

Our plans

System architecture

- One Primary Care Network with six neighbourhood networks in Barnsley with a shared care record to be deployed in 2020/21
- Established Barnsley Population Health Management Unit (PHMU),
- Community based hubs in Sheffield to be developed offering access to health, social and voluntary services
- Development of a model in the community to escalate and de-escalate patient needs, which will include consideration of the improved crisis response within two hours and re-ablement care in two days.
- Ongoing development of current population health need tools for PCNs such as risk stratification and population segmentation that profiles cohorts people in terms of health and care needs supporting future planning of service needs

Pathway change

- New intermediate care service with flexible beds usage and more home based care with a dedicated geriatric nurse led frailty service across Bassetlaw
- Improve care pathways in respiratory, dementia, CVD, diabetes and gastrointestinal across SYB
- Continue to work across primary care and community nursing to improve the interface between the two services and integrated models of care
- Mental health services will be enhanced to ensure timely high quality access for people in crisis.
- Improve flow through the hospital and enhance step up provision to facilitate quicker discharge
- Continued implementation of Enhanced Health Care In Care Homes across SYB

We will work across the System to expand out of hospital care for our local populations to help them care for themselves where they can and receive the right treatment, in the right place, when they need it.

Service Transformation

- New care home support to reduce avoidable hospital attendances across all SYB places
- Community health services led by neighbourhood teams of nurses and allied health professionals offering care to keep people at home, supporting timely discharge from hospital and ongoing case management for people with complex needs and at end of life in Barnsley
- Re-configuring intermediate care and re-ablement in Rotherham, reducing the bed base and providing improved care in the community
- Home care provision re-procured in Rotherham to improve quality and support individuals to stay within their preferred place of care
- Continued development of PCNs across Sheffield incorporating risk stratification, multi-disciplinary working, enhanced case management and person centred care planning
- Active support and recovery programme across Sheffield PCNs will build capability and capacity in the community to support people to live well in their own homes and will promote independence.
- Implementing a single point of access (SPA) covering the full range of services available outside of hospital
- Developing a Barnsley proactive care model in primary and community care

Transforming care



Out of Hospital Care

As part of their out of hospital approach, each Place is developing and implementing plans to support people to age well

Supporting people to age well:

- People are increasingly more likely to live with multiple long term conditions, or live into old age with frailty or dementia.
- It is recognised in SYB that extending independence as we age requires a targeted and personalised approach
- Work is well underway in each Place as part of their out of hospital approach and development of primary care networks to support people to age well. This includes:
 - GPs using the frailty index to routinely identify people with severe frailty
 - Proactive population health management approaches focused on the moderately frail
 - Integrated primary and community teams continuing to gather pace to work together to support people to maintain their independence and age well
 - Established falls prevention schemes
- Home based and wearable technology has been tested out to support different cohorts of people across SYB
- The pivotal role undertaken by carers is recognised in each place, and there are strategies and action plans to ensure we identify carers and offer appropriate information and support
- Dementia diagnosis rates remain high across the ICS and there is ongoing work in each Place to provide better support in the community for those living with dementia as we practically translate the NHS comprehensive Model of Personalised Care.

We will work as a System to:

- Continue to develop and implement plans in each Place to support those living with multiple long term conditions or living into old age with frailty or dementia
- Work with Primary Care Networks and integrated primary and community teams to maximise the use of a population health management approaches to inform a targeted and personalised approach
- Support the deployment of home based and bed based elements of the community response model, community teams and enhanced health in care homes
- Consider the use of home based and wearable technology in our planning and digitally enable community services in preparation for future advances in these care models
- Continue to implement action plans in each to improve how we identify unpaid carers and strengthen support for them to address their individual health needs
- Ensure out of hospital approaches continue to consider the needs of those living with dementia and their carers so we can strengthen community support



Sheffield: Active support and recovery programme in Sheffield is supporting people to live and age well in their own homes
Bassetlaw: The home first model in Bassetlaw includes community based rapid response in two hours



Partnerships in Place

Integrated care partnerships at place

Over the last three years all five places in SYB have established mature integrated care partnerships (ICPs) with their local authorities and other place partners. These partnerships have become the bedrock of SYB place development and relationships in each ICP continue to evolve and flourish through ambitious joint strategic plans to integrate health and care locally.

ICPs have implemented a range of joint working arrangements and mechanisms to drive forward joint working with local authorities and providers including the following:

Joint Commissioning:

Joint strategies with local authorities in place, based on life course; Starting Well, Living Well and Ageing Well. Delivery in some Places is supported and facilitated through shared commissioning posts in areas such as children's services, mental health and learning disability. Joint arrangements will continue to develop in line with each ICP's strategic direction, priorities and the requirements of the LTP to integrate care and improve population health outcomes for local people.

Provider alliances and provision:

ICPs have developed approaches with local providers to align, integrate and incentivise care to improve, quality and access and population health outcomes - for example in services such as mental health liaison, social prescribing, acute services, urgent care and intermediate care.

Population health management :

Development of strategic partnership work on the wider determinants of health, such as housing, employment, education, homelessness, transport and population health initiatives that incorporate lifestyle change support aligned to PCNs.

Digitally enabled care:

Shared health and care records have been implemented across most of SYB to enable NHS and social care clinicians and professionals to access patient information to enable seamless care. These databases of information are also being used in the ongoing development of population health management tools for PCNs.

“Our ICP vision for integrated care is to develop a local system where the people don't see organisational boundaries. Instead, they experience continuity of care; regardless of where they are seen, be that in hospital, in the community or at home. Patients and their families are supported and empowered by 'one team'.

“Our goal is to dismantle boundaries at the point of delivery of care to create a simpler, integrated health and care system that supports a shift in focus on treating patients with health problems to supporting the community to remain healthy.”

Barnsley Integrated Care Partnership

Transforming care



Reforming emergency care

Our progress

- Procured and mobilised a new model of Integrated Urgent Care, with a regional and local Clinical Advice Service (CAS) Supported by full population coverage of NHS 111 online
- Introduced an Urgent Treatment Centre (UTC) in Doncaster
- Engaged patients and public through the ICS Citizen Panel and Transport Group on plans to reduce avoidable ambulance conveyance
- Rotherham Hospital is a field test site for the new national clinical emergency and urgent care access standard
- Embedded clinical primary care streaming in all SYB A&E departments
- Reviewed and improved system intelligence by piloting an escalation management system for urgent care data and implemented the care home bed capacity tracker
- Strengthened relationships with Yorkshire Ambulance Service and piloted HALO+ to support system escalation pressures
- Mapping to explore digital opportunities to support patient pathways
- Local progress to commission rapid community response services.
- Frailty services in place across SYB

Our challenges

- Growth in A&E attendances and emergency admissions, exceeding planned activity levels
- Increasing complexity and acuity of patients
- Workforce capacity and resource limitations
- Public expectations, culture and behaviour
- Some places have challenges with delayed transfers of care

We will work across the System to:

Work collaboratively to continue to improve performance

- **Pre hospital urgent care**
- Simplify patient/public access by further developing a fully integrated urgent care model, developing the virtual clinical advisory service through improved clinical pathways accessible via 111 or 999 and other service access points
- Further designation of additional Urgent Treatment Centres (UTCs) to simplify access for patients where this model fits with the locally commissioned services
- Continue to work with ambulance services to eliminate handover delays
- Develop improved clinical pathways, initially in respiratory and mental health, to avoid conveyance to hospital via 999 services
- Strengthened alignment and work with Primary Care Networks
- Ensure patient flow and demand is clinically managed and supported through transparent comprehensive system intelligence
- Further develop high intensity user programme
- Support care homes to deliver improved patient care by providing better access to clinical advice, access to services and direct support from the ambulance service
- Expansion of NHS 111 direct booking via roll out of GP Connect, initially expanding direct booking into GP services, urgent treatment centres, GP out of hours services and considering further expansion and developments into other community based services
- **Reform hospital emergency care – Same Day Emergency Care**
- Ensure Same Day Emergency Care is in place to complement type 1 A&E departments
- As part of the NHS Clinical Standards Review develop new ways to look after patients with the most serious illness and injury
- **Reduce delays in patients being able to go home**
- Improve system intelligence to support patient flow and demand
- Continue to improve performance to support people home and reduce delayed discharges



Insight from conversations led by the partners in Doncaster to better understand the use of A&E by 18-30 year olds has shaped plans for a streaming model at the 'front door'



Transforming planned care

Our progress

We have developed a range of new care models:

- South Yorkshire and Bassetlaw hip and knee follow up pathway including virtual follow up clinics
- The use of virtual appointment in a range of specialties eg fracture clinic, dermatology, ophthalmology and 'good news calls' to reduce delays in receiving results unnecessarily
- MSK first contact practitioner pilots have been trialed in readiness for roll out across the system
- Teledermatology has been rolled out to primary care in some areas evidencing a reduction in referral levels to secondary care
- Community services in a range of specialties including; heart failure, dermatology, integrated sexual health and gynaecology, ophthalmology, audiology and pain management
- Outpatient reform in a number of specialties including introduction of outpatient follow up protocols
- South Yorkshire and Bassetlaw Commissioning for Outcomes policy

Our challenges

- Across the system there is increased demand in both elective and diagnostic care across clinical pathways
- A need to maintain and reduce referral to treatment times by growing the amount of planned surgery year on year, to reduce long waits and cut the waiting list
- Redesign services so that patients can avoid up to a third of face to face outpatient visits by reducing unnecessary follow up and offering alternative modes of appointment eg virtual, telephone or video consultations
- Enable increased access to shared medical records for patients and healthcare professionals to support new service delivery models and more joined up co-ordinated care planning.

We will work as a System to:

- Design and implement a digitally enabled outpatient transformation programme to include:
 - Roll out of clinically agreed outpatient follow up pathways
 - Increased uptake of advice and guidance
 - Increased use of technology and virtual appointments to reduce face to face outpatient appointments as per the Long Term Plan commitment
 - Development of community services/alternative planned provision
- Increase the rollout of first contact practitioners for MSK (or equivalent)
- Implement *Urolift* as part of the range of treatment options for benign prostatic hyperplasia
- Specialty level reviews to agree and implement recommended pathways of care using Rightcare, GIRFT, elective handbooks and other best practice
- To implement technological solutions to support patient information sharing
- Development of the shared care record including the ability to move relevant clinical information across the region to access specialist opinions
- Delivering shorter waits for elective care through more effective use of capacity and choice at 26 weeks



Partners in Sheffield are supporting primary and secondary care to help make sure patients get the right treatment at the right time in the right place with a new elective care model

Transforming care



Providers working together

Our progress

The providers in SYB have a long history of shared working. The mental health providers have formed a provider Alliance, which has identified lead providers for three priority pathways and is looking to establish three provider collaboratives. Mental Health providers are putting into place the governance to support this, with a draft Partnership Agreement in development.

The acute trusts first came together as the Working Together vanguard programme in 2014, which created a collaboration between the five SYB Trusts, Mid Yorkshire and Chesterfield. This has evolved into a wide programme of shared work, which is now formally supported by a Committees in Common model, and overseen by an Acute Federation.

Our challenges

- Shared working can bring clear benefits for patients and staff. But as shared working has matured we have come to understand better which programmes are best addressed at system level, and which are better done at Place or individual organisation level
- To be done well, shared working needs significant focus and time, streamlined governance and supporting behaviours from all the partners
- In the next phase of shared working, both the acute trusts and the mental health trusts will put the building blocks into place to enable shared working
- Following the review of sustainability of services in the Hospital Services Review we will need to look at developing a clinical strategy which is underpinned by capital resources

The acute providers will strengthen their ability to work together:

The acute providers are working together to develop an infrastructure of agreements that will make shared working more streamlined and effective:

- Building the underlying infrastructure: shared action, with the rest of the ICS, on digital and workforce
- Greater transparency about risks and challenges, so that trusts are better placed to support each other and to prioritise areas for shared work
- Agreements around how the trusts will work together



The mental health providers will strengthen their ability to work together:

Phase 1

- Develop provider collaborative arrangements for Low/Medium secure inpatient services, eating disorders and CAMHS Tier 4 service
- Form and mature the Collaborative Alliance Board
- Agree partnership agreement which sets out ways of working
- Agree membership for Alliance governance
- Strategic discussions and establish priorities for new care models and other mental health services
- Establish governance and delivery arrangement;
 - Alliance operational delivery group and new care models delivery infrastructure – joint with independent sector and commissioners
 - Align with ICS mental health transformation programme

Phase 2

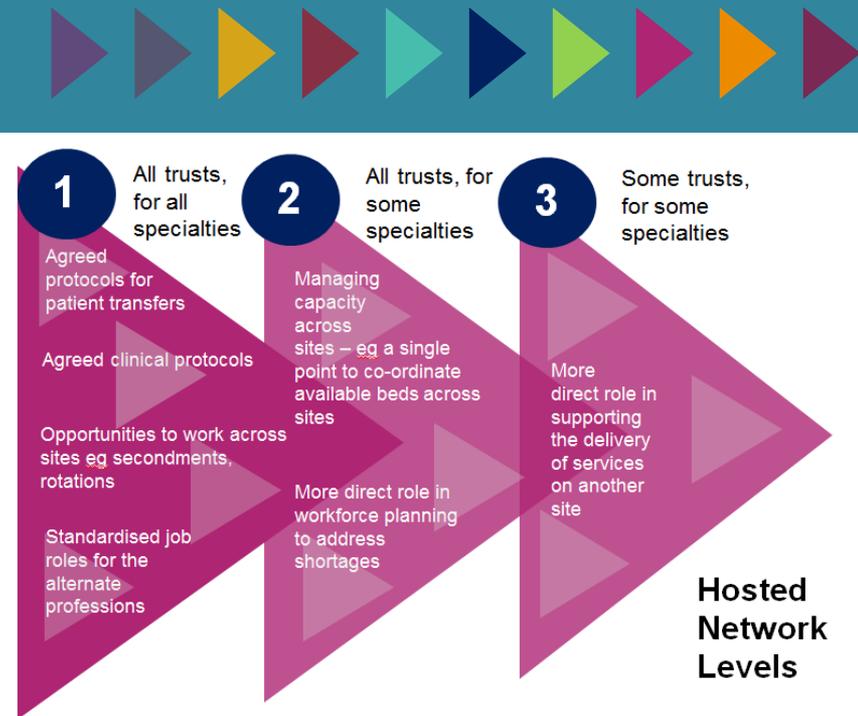
- Embed provider collaborative ways of working in three priority pathways
- Establish formal governance - Committees in Common
- Agree areas for formal delegated decisions making
- Agree additional new care model priorities

Transforming care

Hospitals, working in Networks

Using shared working to improve care

- The shared working that the acute trusts are developing has the aim of improving outcomes for patients. The programmes of work which Trusts are taking forward aim to: improve clinical standards, make better use of our workforce and make the SYB acute providers a great place to work, reduce inequalities and make efficiencies.
- The guiding principle for the acute providers is that the trusts should work together to make sure that all patients can access the best care. The majority of hospital care will be provided in the patient's local hospital, but trusts will work together to give access to more specialist services.
- The SYB acute providers already work in networks eg consolidation of Hyper Acute Stroke Units (HASU) onto three HASU sites to ensure all patients have access to the best life saving treatment; the head and neck cancer multi disciplinary team which has representation from every trust, with major surgery centralised at Sheffield Teaching Hospitals and clinics and diagnostics at every district general hospital; and bilateral arrangements such as Doncaster providing nephrostomy interventional radiology at Rotherham, or Barnsley and Rotherham recruiting joint gastroenterologist posts.
- The SYB acute providers have also developed shared strategic and efficiency work:
 - Shared working on procurement and back office functions, which has saved £5.2 million so far;
 - A review of hospital services, focused on five challenged services, (urgent and emergency care, maternity, paediatrics, stroke and gastroenterology) which looked at the configuration of services and how trusts could work together better. This resulted in the setting up of Hosted Networks which are a structured approach to strengthening shared working.



We will work as a System to:

- **Develop a new approach to shared working**, called Hosted Networks. We are setting up level 1 Hosted Networks in five specialties. These put a stronger governance framework and support around collaboration to develop workforce planning, clinical standardisation, and innovation across the trusts, while retaining equal status of all partners
- **Make the best use of specialist clinical expertise** to support other Trusts: Developing a level 3 Hosted Network between Sheffield Children's Hospital and Doncaster and Bassetlaw Teaching Hospitals (DBTH): SCH will support the delivery of services on the DBTH sites
- **Develop shared infrastructure** through building our shared capacity e.g. through creating SYB pathology and networking imaging and diagnostics
- **Deliver the national standards for all of our patients**: the acute trusts will work together to deliver the targets in the NHS Constitution. For example, for elective care we will work as a system to match capacity to demand, so that we make better use of the beds and workforce we have, so that we can reduce waiting times for patients

Making the best use of resources

System efficiency

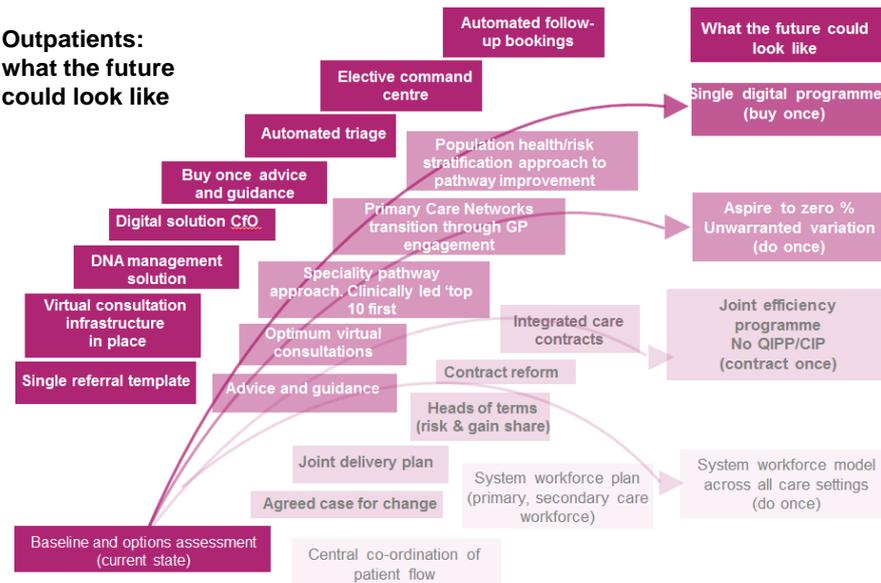
Our System Efficiency Board was set up to:

- Prioritise a small number of efficiency opportunities and ensure the pipeline is developed for creating future efficiencies
- Recommend the schemes that can be best done at scale by building on existing ICS and place schemes avoiding duplication
- Make faster progress on transformation as an ICS than can be done individually

Our progress:

- As part of a rigorous process with partners, we mapped a range of possible projects against value for money, deliverability and quality and strategic fit benefits.
- Four priorities emerged which the System has adopted

Outpatients:
what the future
could look like



E-rostering

Aim: to reduce the £92m spend on temporary staffing.
Scale of opportunity: £9m-£18m

Suggestions being explored: Centralised and coordinated frontline training, implementing medical rostering (non consultant, System level job planning, System level nurse rostering policy, System level roster contract 2021 renegotiated by the Allocate Regional User Group on behalf of the ICS, Hub and Spoke model – centralised roster helpdesk with satellite local helpdesk officers.

Outpatients

Aim: to redesign outpatients and reduce unwarranted variation - 2.2 million attendances in 2018/19 – with estimated spend of £330-£340m
Scale of opportunity: £9m - £10m

Suggestions being explored: Reduction in unwarranted pathway variation (specialty basis), rolling out advice and guidance – roll out, virtual consultations, DNA management solutions, joint efficiency programme and delivery framework, single referral template, automated triage and a System workforce plan.

Theatres

Aim: to increase theatre utilization from 82% currently
Scale of opportunity: £4m-£7m

Suggestions being explored: Standardisation of scheduling process so demand and capacity can be managed across the patch, System wide demand and capacity to maximize use of NHS, standardised protocols and processes to enable movement across sites, ECCU – to support demand and capacity review, theatres performance dashboard and maximizing the use of NHS theatres (less activity flowing to IS for additional capacity).

Independent Sector

Aim: to reduce spend which is currently for additional capacity (not patient choice). IS Spend £46m.
Scale of opportunity: <£1m

Suggestions being explored: IS framework for managing the market for contracting capacity, ICS standardized contract with KPIs, contracting best practice pathways NHS and IS to free up capacity, ICS Elective Care Coordination Unit (ECCU) to coordinate capacity and demand, System based approach to contract all elective activity (NHS and IS), lead NHS provider model for high volume pathways

Making best use of resources



Improving Productivity

Improving clinical productivity to release more time for patient care

Deliver efficiencies in administration costs

Reducing growth in demand through integration and prevention

Maximising the buying power of the NHS

Make better use of capital investment and system assets

Reducing unjustified variation

Supporting the development of pathology networks and of diagnostic imaging networks

Utilising the Evidence Based Interventions Programme

Making better use of capital investments and existing assets

Support pharmacy staff to take on patient facing clinical roles and optimise medicine usage

Utilising the national Patient Safety Strategy

Delivering System wide efficiency

We will work across the System to:

- Optimise System level collaboration to improve clinical productivity and release more time for patient care. We will take a network approach to develop more efficient rosters and deliver opportunities to manage support contracts
- Maximise the buying power of the NHS through benchmarking and comparing our spend and review opportunities for individual and collaborative savings
- Leverage economies of scale through partnership across SYB and with neighbours
- Continue to work with clinical specialties and the Get It Right First Time programme to adopt recommendations around unwarranted variation and standardisation
- Identify opportunities for efficiencies in our corporate services to reduce running administrative running costs
- Enable the development of an SYB pathology network to enable efficient use of our workforce and capacity to meet demand
- Progress the development of a diagnostic imaging network to improve capacity planning. Continue to develop the imaging academy and workforce plan/strategy
- Optimise medicines management in care homes through clinical pharmacists and pharmacy technicians as part of NHSE Enhanced Health in Care Homes framework
- Redesign pathways to improve medicines management
- Review medicine related resources to ensure they are optimised and identify areas suitable for guidance
- Optimise the management of the interface between primary and secondary care initiatives and innovations
- Generate direct savings linked specifically to medicine costs through rebates and standardisation
- Optimising estate and investment through a System wide strategy
- Working through national programmes at organisation level, Place level and System level to deliver best practice e.g. Right Care, maternity and neonatal

Making the best use of resources



System Planning 19/20

- The financial planning approach has been to agree a framework and timetable across the systems and allow Places to work together to agree fully aligned finance and activity plans
- Key planning assumptions have been agreed including:
 - Systems should develop and agree realistic assumptions based on local trends. This should take account of:
 - How funding growth will deal with improving the volume of elective procedures, cut long waits and reduce the size of waiting lists
 - How outpatients will be reformed to remove a third of face to face outpatient visits
- All organisations are required to return to recurrent financial balance over the life of the five year plan or earlier
- For emergency care assumptions for demand growth need to be agreed between providers and commissioners to ensure they reflect recent local trends adjusted for agreed demand management initiatives and national priorities including improving performance on cancer and A&E
- Commitments for increased spend in mental health and primary medical and community services
- All organisations to return to recurrent financial balance over the life of the five year plan or earlier
- Regional teams agreeing a realistic and stretching bottom line each year where providers in balance requiring to deliver 1.1% cash releasing productivity growth and those in deficit delivering at least an additional 0.5% of cash releasing productivity growth

Place	Planned £m	Variance £m	Actual £m
Sheffield System	(20.9)	9.4	(11.5)
Doncaster & Bassetlaw System	(18.1)	0.3	(17.8)
Barnsley System	(15.7)	0.2	(15.5)
Rotherham System	(18.3)	0.2	(18.1)
Sub-total	(73.0)	10.1	(62.9)
Technical Adjustments (including in-year adjustments & CCG drawdown)	(9.5)	9.5	-
Total	(82.5)	19.6	(62.9)

Capital

- We will prioritise capital plans to inform how the funds will be deployed once we know what system capital is available
- We have agreed a process to evaluate and score business cases
- In anticipation of Wave 4 capital, the ICS identified £445m of capital investment requirements covering all aspects of primary, acute and mental health services
- This included material investment in the digital agenda, clinical strategy, removal of critical infrastructure risk and joined-up system wide investment in cancer services
- Business as usual capital is focussed on maintaining current estate; particularly noting the high and increasing value of critical infrastructure risk backlog maintenance
- The ICS investment requirements are currently being updated in the context of national constraints of capital availability, as well as dealing with critical investment in the intervening period



Draft STP Planning Tool – Indicative Financial Analysis

Key issues emerging from the first draft

High levels of engagement:

- The ICS has made significant progress in a short space of time to produce a draft strategic financial plan.
- Organisational Boards and Governing Bodies are actively engaged in the process to iterate further submissions reflecting updated intelligence

Risk management:

- The 19/20 System Control Total is routinely managed through system governance reflecting the emergent and ongoing risks including demand and performance pressures. Plans have been based on current forecasts

Ambition:

- The SYB ambition to return the system to balance by 2023/24 has not yet been realised with a mixed approach to deliverability based on a number of key variables

Financial framework:

- The system is awaiting publication of control totals at organisation and system level; and a full understanding of available support monies

Cash and support:

- Although organisations have modelled their draft position excluding support monies, there is an urgent need to address support monies associated with the withdrawal of Provider Sustainability Funding (PSF)
- There will be a significant reliance on FRF at a level consistent with the support monies provided into the system this year

Efficiency:

- The pace of improvement is different amongst providers and a process of peer review will enable a full and transparent system-wide understanding of the pressures and efficiencies included in plans to deliver a consistent system approach to supporting transformation

Drawdown:

- CCGs have significant levels of banked drawdown which they are looking to drawdown and invest in local transformation across the planning period

Wave 4 capital:

- Commissioners have reflected the Wave 4+ capital for Primary and Community Care in their draft plans. The timely release of resources will provide much needed investment in the sector

Transformation of capital:

- Constraints on capital nationally provides a potential barrier to transformation.
- Providers have sought to cover immediate capital needed through internal sources but major investment is required in the system to deliver service change and resilience to manage critical infrastructure risk. The strategic approach to capital investment will be linked to the ICS Estates Plan

Alignment:

- Financial alignment is strong across SYB partners and a process has been developed to improve activity alignment



Draft STP Planning Tool - Indicative Financial Analysis

High level outputs

The initial outputs reflect a first draft of the STP Planning Tool
 The agreed process for developing the system-financial-strategy is provided below

	19/20	20/21	21/22	22/23	23/24
Annual System Deficit	£(52.1)m	£(67.2)m	£(53.8)m	£(44.6)m	£(28.7)m
Avg Efficiency – Provider Trust	2.90%	2.20%	2.10%	2.00%	2.20%
Avg Efficiency – Commissioner	2.30%	2.20%	1.80%	1.60%	1.60%
Total Efficiency – Value	£118m	£105m	£98m	£95m	£103m
Total Capital Investment	£100m	£165m	£128m	£292m	£642m
Financial Alignment	0.90%	1.20%	1.80%	2.40%	3.00%
Activity Alignment					
Outpatient – First	n/a	0.92%	0.91%	0.90%	0.88%
Outpatient – FUP	n/a	5.25%	5.25%	5.25%	5.24%
Elective - Day Cases	n/a	1.90%	1.92%	1.90%	1.88%
Elective – Inpatients	n/a	1.25%	1.24%	1.26%	1.28%
Non-Elective – Inpatients	n/a	3.07%	3.09%	3.10%	3.12%
Non-Elective – A&E	n/a	0.67%	0.78%	0.82%	0.86%



Draft STP Planning Tool - Indicative Financial Analysis

Next steps

Item	Current State	Action	Future State
1	There has been a differential approach to delivery of financial balance - with one provider maintaining a deficit in every year; and there are differing levels of efficiency across organisations	ICS DOFs have agreed to jointly understand relative investment and efficiency challenges through development of shared bridge analyses to provide full transparency	A single approach to delivering control totals taking into account the deliverability of efficiencies, level of investment and availability of cash and revenue support.
2	There has been a differential approach to recognition of CCG draw down for future investment	ICS DOFs have agreed to understand place-based investment needs to inform drawdown phasing across the period	A single approach to accessing drawdown taking into account the need to investment in the system to enable transformation
3	There has been a differential approach to capital planning with some providers including additional PDC	ICS DOFs have agreed to review the ICS Estates Strategy and reflect updated assessments of required PDC over and above self-financed capital	A single approach to strategic capital priorities linked to the ICS Estates Strategy recognising the need for additional capital in SYB
4	Activity alignment is not as robust as financial alignment	A detailed process is underway to improve activity alignment at a more granular level	Alignment differences reconciled to at least the level of assurance as financial alignment



Making the best use of resources



Our progress

- Effective use of ICS flexibilities (offsets) to secure organisation positions and maximise inward investment
- Strong financial performance in a time of ongoing challenges of activity increases and pressure in the system
- Transparent approach to the utilisation of transformation resources for system investment
- Development of a System Efficiency Board to identify where the system can add value by working differently together to provide more effective implementation or faster progress than can be done individually
- Deliver of a capital and estates investment strategy including £57.5m of capital to improve primary and community facilities

Our challenges

- Maintaining strong financial performance linked to strong operational performance in a time of increasing activity and workforce challenges
- Inflationary pressures on providers and continued recurrent delivery of stretching cost improvement programmes and challenging control totals
- Upward pressure in all aspects of CCG investment both inside and outside the acute sector
- The complexity of the financial framework (including tariffs) providing uncertainty for the future
- Lack of a strategic capital framework nationally acting as barrier to transformation
- High levels of backlog maintenance across the system requiring urgent injections of capital to ensure resilience

The NHS financial settlement

- In September 2019, the Chancellor announced an NHS spending increase of 3.1% in real terms (£6bn) including investment in increased training places (HEE), investment in public health, capital investment (of which SYB received £57.5m for primary and community schemes) and investment in artificial intelligence. This was alongside an additional £1bn for social care and a process to review the social care precept
- This built on the budget announcement (October 2018), providing real terms growth of 3.4% (£20.5bn) by 2023/24 taking the overall NHS budget to £148bn
- There is also the commitment to ensure mental health investment grows at the same rate as the overall NHS budget for five years
- The budget announcement reflected the Prime Ministers spending announcement in June 2018 promising real terms growth of £20.5bn (nominal £33bn and £1.25bn pension funding)

This financial settlement is part of the Long Term Plan which includes five key financial tests for delivery

Test 1
How organisations will return to or maintain financial balance through providers in balance delivering cash releasing productivity growth of 1.1% per annum

Test 2
Providers in deficit will require delivering additional cash releasing productivity benefits of at least 0.5% per annum. Regional teams will agree a realistic and stretching bottom line position in each year

Test 3
Plans to incorporate system actions to maximise efficiencies and support appropriate reductions in demand for care

Test 4
Reduce variation across the health system

Test 5
Better use of capital investment and existing assets to drive transformation

Section 4: Broadening and



strengthening our partnerships

Partnership with the City Region

Anchor institutions and contributions to the wider economy, science, research and innovation

Partnership with the voluntary sector

Our commitment to work together

Governance and ways of working

Partnership with the City Region



The Sheffield City Region (SCR) works across the Region and brings together public and private sector leaders to make decisions that drive economic growth and create new jobs.

Our Plan recognises that economic prosperity and health and wellbeing are interdependent. A healthy population means less people out of work or retiring early due to ill health, but equally it means that having a good job supports and protects health.

Our progress

We have been working with the SCR on the Health-led Employment Trial, Working Win. The Trial has been testing individualised employment support delivered by healthcare professionals. It has received over 6,000 referrals demonstrating the demand for labour market interventions delivered with the health sector.

We are committed to exploring further opportunities to work collaboratively to locally design and commission programmes.

**Sheffield
City Region**

- We are committed to strengthening the anchor institution role of our NHS organisations. We recognise that the health and care sector is the biggest employer in the City Region and that NHS organisations have huge economic power both as an employer and through commissioning and procurement processes. We will explore the potential of the Public Services Social Value Act across SYB ICS so that we can have a significant impact on health and health inequalities, and also support the local economy
- We will team up with the SCR to explore the significant research strengths and technologies that are being developed locally that could futureproof health services and transform the way care is delivered. We will explore the research strengths in health and wellbeing innovation and technology, children's health, digital, and orthopaedic products and medicines and translate them into health interventions and efficiencies
- As part of our ongoing work and through the SYB Innovation Hub, we will work collaboratively with locally based research and technology, as well as invest in institutions like the Advanced Wellbeing Research Centre and the Olympic Legacy Park
- Our support to the local authority led work on active travel connects directly with the SCR programme of activity to promote healthy and active lifestyles. Through both routes, we will back Active Travel within the region to improve the commute of residents and drive improvements in the health and wellbeing of our population
- A commitment to move to sustainable transportation across the SYB ICS, including enabling active travel for staff, visitors and even for some patients, would have wide reaching benefits for health whilst also helping to reduce air pollution and meet carbon targets
- Through our partnership work to tackle health inequalities, we will also lend our support to prevent ill health amongst the most vulnerable people as part of the Mayor's campaign to end Excess Winter Deaths

Anchor institutions and

wider contributions

An anchor institution is one that in addition to its main function, plays a key role in making a strategic contribution to the health and wellbeing of the local population and the local economy.

This includes non-profit organisations like hospitals, local councils, and universities whose long-term sustainability is linked to the wellbeing of the local population.

The NHS has significant influence over population health and is able to enhance its impact by choosing to invest in and work responsibly with other anchor institutes and local communities to collectively harness resources.

Alongside being a system partner there are a number of key areas where the NHS can contribute further as an anchor institute:

The NHS as an employer - Given that employment is important for good health increasing the amount of recruitment an NHS organisation does locally is an opportunity to increase the impact that it has on the wellbeing of the local community.

The NHS as a purchaser and commissioner for social value - As major procurers and purchasers of services, NHS organisations have an indirect impact on the conditions of workers more widely not formally NHS employed.

The NHS as a land and capital asset holder – As a significant land and asset holder the NHS has the potential to manage and develop its land and estates to support broader social, economic and environmental aims.

The NHS as a leader for environmental sustainability – Given the significant environmental impact and large carbon footprint the NHS is well placed to take action to support responsible consumption and reduce waste that can have a positive impact on the environment.



We will work as a System to:

- Maximise the potential role of all anchor institutes in SYB to harness their collective influence on the health and wellbeing of our population
- Maximise the benefits of the NHS and other anchor institutes as employers in SYB to promote local recruitment and widen access to quality work
- As a purchaser promote spend in communities to support local businesses, employ local people and stimulate local economic development
- Promote the consideration of social value into purchasing decisions
- Manage and develop land and estates in a way that benefits local communities
- Take action to support responsible consumption to reduce waste and our environmental impact



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides staff with a comprehensive Health and Wellbeing offer which includes support in the following areas; physical health, mental health, financial health, weight management & healthy lifestyle promotion. In January 2019 the offer was recognised by Nottinghamshire County Council and accredited their Platinum Wellbeing @ Work Award."

Partnership with the voluntary sector (VCSE)



Our progress

- SYB is home to a large and diverse voluntary, community and social enterprise (VCSE) sector that undertakes wide ranging activities and services that impact positively on the health of our residents
- VCSE representatives sit on the ICS Collaborative Partnership Board, Health and Wellbeing Boards and Integrated Care Partnerships
- VCSE/ICP Chair in Bassetlaw positively impacting on 'parity of esteem' with the public sector
- VCSE organisations influencing ICS workstream priorities
- Expansion of social prescribing an existing ICS priority, building on our well established and highly regarded VCSE led social prescribing services in all five places
- Examples of NHS funded micro commissioning of VCSE via our VCSE infrastructure organisations
- Examples of Primary Care Networks forging relationships with VCSE partners
- Range of VCSE organisations commissioned to provide services wrapping around primary care in Bassetlaw
- Sheffield Accountable Care Partnership investing in additional VCSE infrastructure to strengthen linkage between health services and the VCSE

Our challenges

- Fragile VCSE but increasing national and local expectations of the VCSE eg due to expansion of social prescribing
- Increasing need of the types of support that the sector can offer people who have complex social, psychological and physical needs, compounded by deprivation
- New approach to commissioning and funding the VCSE needed
- Capacity, on both sides, to engage with such a broad and diverse sector of over 10,000 organisations

We will work across the System to:

- Develop a strong vision for embedding VCSE participation at every level of the ICS as an equal partner in strategy and delivery
- Co-design a new framework for engagement and development of relationships between the ICS and VCSE, strengthening existing relationships and developing new ones
- Support VCSE organisations and the NHS to better understand each others values and expertise
- Invest in the VCSE sector and infrastructure support, developing new models of funding and commissioning, enabling greater sustainability
- Harness local VCSE expertise and knowledge of local communities to support identification of need and co-design of services to enhance population health
- Embed within care pathway development consideration of the potential role of VCSE services
- Support the development of community assets and services for vulnerable and at risk groups, in collaboration with the VCSE and wider partners
- Further expand social prescribing
- Develop peer support and health champions to support prevention awareness and LTC personalised care
- Maximise the potential benefits for our communities from further developing volunteering opportunities within NHS organisations and the broader health and wellbeing system
- Further develop the potential role of VCSE within secondary care
- Explore the linkages between Trusts as anchor institutions and the VCSE
- Consider VCSE colleagues as core part of multidisciplinary teams

Our commitment to



work together

Shared Principles

We operate within an agreed set of guiding principles which cover the ICS groups and ways of working and shape how we work together:

- We are ambitious for the people and patients we serve and the staff we employ
- We will build constructive relationships with partner organisations, groups and communities to tackle the wide range of issues which have an impact on people's health and wellbeing
- We will do the work once and avoid duplication of systems and processes; ensuring we make the best use of our available resources
- We will apply a subsidiarity principle in all that we do with work and action taking place at the most appropriate level for our System and as local as possible
- We will apply a 'no worse off' principle whereby no place will be worse off as a result of our shared action

We are one NHS, working as a System. We work with other partners, such as Local Authorities and the voluntary sector, in Neighbourhoods, Place and across the System when we have a common purpose and where it makes a positive difference to people's lives.

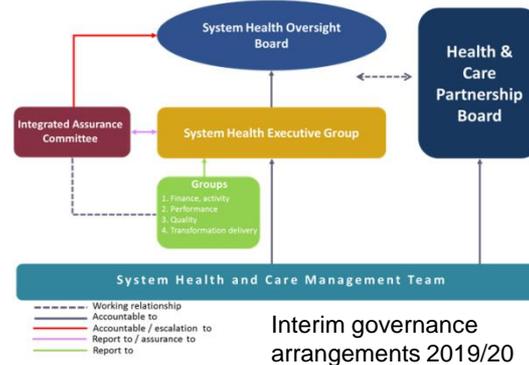
Clinical leaders, chief executives, chief officers and very senior and experienced leaders from NHS Trusts and CCGs support the work of the ICS alongside a team of people seconded or aligned from organisations across the region. It is led by Sir Andrew Cash, the ICS Chief Executive.

There is a range of groups where partners come together to collaborate at a System level. It gives both space and focus for NHS partnership working and NHS partnership working with Local Authority colleague and key stakeholders. Our governance works alongside the governance of our statutory organisations.

System Health Oversight Board - provides a joint forum between health providers, health commissioner, NHS England, NHS Improvement and other national arms' length bodies, to respond to the national policy direction for health and implementation of the NHS Long Term Plan.

System Health Executive Group - facilitates a maturing of relationships and integrated working between health partners, building on the work locally in each Place and collaborative health groups across the system, including: JCCCG, CsiC, MHA and Primary Care Federations.

Health and Care Partnership Board - we continue to work with our Local Authority partners to inform and shape how our system health and care partnership works.



It builds on the SYB partnership working on strategic health priorities requiring closer working across systems. It facilitates a maturing of relationships and System working, building on collaborative working locally in Places and across SYB collaborative health groups of Joint Committee of CCGs (JCCCG), Committees in Common (CsiC), Mental Health Alliance (MHA) and Primary Care Federations.

Integrated Assurance Committee - provides assurance to the partners and to regulators on the performance, quality and financial delivery of health and care services within the five places and across the system in South Yorkshire and Bassetlaw.

Links to Annexes:

(Right click on links to open)

SUPPORTING VIDEOS:

- Developing our LTP Response: first guiding coalition event 9th July :
- Our second LTP guiding coalition event 8th Oct :

SUPPORTING INFORMATION:

- Engagement:
Healthwatch Report and Independent Report
- Understanding the SYB Population our Challenges and Inequalities: - LW slides/Rob data

PROGRAMME PLANS: *Work in progress*

- Cancer Alliance:
- Mental Health:
- Primary Care:
- Digital:
- Workforce:
- Local Maternity System:

FINANCE:

- Finance narrative:

OTHER:

Governing Body

14 November 2019

Cancer Programme Assurance

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		
	<p>The purpose of this report is to provide a six monthly assurance position to the Governing body about the priorities that are within the Cancer Governing Body Assurance Framework.(GBAF) These are outlined below:</p>		
	Priority	Progress	
	Reduced Inequalities especially those diagnosed at emergency admission	Working with Primary Care Networks ; refer to number 3 priority in this paper for assurance	
	Better cancer survival to be diagnosed at stage 1 or 2	refer to number 3 priority in this paper for assurance	
	Implement rapid assessment and diagnosis pathways for lung, prostate & colorectal cancers	refer to number 1 priority in this paper for assurance	
	Roll out of FIT in bowel screening	This is on track and monitored by the CCG cancer steering group and NHS England commissioning	
	Access to the most modern cancer treatment	refer to number 2 priority in this paper for assurance	
	Improve Patient Experience along pathways and LWBAC	Refer to number 4 priority the paper for assurance.	
	Deliver Survivorship Program (LWABC) including recovery package Stratified follow up pathways breast, prostate and urology rolled out	This is being implemented and will be the focus of the next assurance report	
	Commissioning for Value adopted if appropriate	This is adopted when appropriate. Refer to conclusion section of the report	

	programme delivery and approve this assurance paper.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none">• Appendix A – Cancer Programme summary and Risk Register  <p>7 - Barnsley Cancer Programme - Progress</p> <ul style="list-style-type: none">• Appendix B - BHNFT: A focus on Cancer Performance & Place-based review  <p>Place Based Review v3 1bk.pptx</p>
Agenda time allocation for report:	15 minutes

PART 1B – SUPPORTING INFORMATION

1.	Links to Corporate Priorities & Governing Body Assurance Framework		
	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		
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	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
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>		
3.2	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
3.3	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?		Y
3.4	Reducing inequalities (s14T)		
	Has an Equality Impact Assessment (EQIA) 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

3.5	Public Involvement & Consultation (s14Z2)						
	<table border="1"> <tr> <td>Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td>NA</td> </tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?</td> <td>Y</td> </tr> </table>	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?	Y		
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?	Y						
3.6	Data Protection and Data Security						
	<table border="1"> <tr> <td>Has a Data Protection Impact Assessment (DPIA) been completed if relevant?</td> <td>NA</td> </tr> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?</td> <td>Y</td> </tr> </table>	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?	Y		
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?	Y						
3.7	Procurement considerations						
	<table border="1"> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td>NA</td> </tr> <tr> <td>Has a Single Tender Waiver form been completed if appropriate?</td> <td>NA</td> </tr> <tr> <td>Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td>NA</td> </tr> </table>	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
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						
3.8	Human Resources						
	<table border="1"> <tr> <td>Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td> <td>NA</td> </tr> </table>	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA				
Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA						
3.9	Environmental Sustainability						
	<table border="1"> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td>NA</td> </tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA				
Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA						

PART 2 – DETAILED REPORT

1.	DISCUSSION / ISSUES																														
	<p>The cancer programme remains in the majority on track to meet the CCG GBAF priorities, as outlined in the cancer programme summary slides and risks assessment. (Refer to appendix A for the slides).</p> <p>There are a number of areas that are a challenge for the CCG and therefore this assurance report will focus on these priority areas:</p> <p>The four areas that require remedial actions and focus by the cancer programme are:</p> <p style="text-align: center;">1. Ensuring the CCG cancer waiting performance times are being met</p> <p>During Q1 a number of CCG performance measures have not been met.</p> <table border="1"> <thead> <tr> <th>Performance Measure</th> <th>Q4</th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>62 day GP referral to treatment (target 85%)</td> <td>84.2%</td> <td>76.0%</td> </tr> <tr> <td>2 week wait (target 93%)</td> <td>94.6%</td> <td>78.9%</td> </tr> <tr> <td>31 day (target 96%)</td> <td>92.2%</td> <td>96.6%</td> </tr> </tbody> </table> <p>This has been due to a number of factors:</p> <ul style="list-style-type: none"> • an increase in referrals on a number of pathways • the impact STHT clearing the urology backlog referrals that were waiting for a treatment date over a 2 month period rather than 5-6 months • staff capacity to implement quicker timed pathways that shorten the transfer time of patients to STHT • Staff capacity to provide additional clinic/diagnostic slots to meet the increasing demand. <p>The CCG has been given assurance by BHNFT that the Trust performance will improve as per the table below:</p> <table border="1"> <thead> <tr> <th>Area of Improvement</th> <th>July Performance</th> <th>Forecast Performance</th> </tr> </thead> <tbody> <tr> <td>2WW</td> <td>87.90%</td> <td>Compliance from October</td> </tr> <tr> <td>2WW Breast Symptomatic</td> <td>57.90%</td> <td>Compliance from October</td> </tr> <tr> <td>31 Day</td> <td>100.00%</td> <td>Continued compliance from July</td> </tr> <tr> <td>38 Day Inter Provider Transfer</td> <td>55.90%</td> <td>Compliance in excess of 85% at Trust level from January 2020</td> </tr> <tr> <td>62 Day - GP to Treatment</td> <td>85.70%</td> <td>Compliant in excess of 85% from July 2019 with diag pathway improvements delivering further sustained improvement from December 2019</td> </tr> </tbody> </table> <p>Refer to Appendix B: BHNFT: Focus on Cancer Performance – Place Based review for details of performance and improvement actions.</p> <p>The following improvement actions will address the areas that are a challenge:</p> <ul style="list-style-type: none"> • Ensuring GP's understand the importance of the referral form compliance to meet the timed pathway timescales via - <ul style="list-style-type: none"> ○ regular communication to CCG membership council and Practice 	Performance Measure	Q4	Q1	62 day GP referral to treatment (target 85%)	84.2%	76.0%	2 week wait (target 93%)	94.6%	78.9%	31 day (target 96%)	92.2%	96.6%	Area of Improvement	July Performance	Forecast Performance	2WW	87.90%	Compliance from October	2WW Breast Symptomatic	57.90%	Compliance from October	31 Day	100.00%	Continued compliance from July	38 Day Inter Provider Transfer	55.90%	Compliance in excess of 85% at Trust level from January 2020	62 Day - GP to Treatment	85.70%	Compliant in excess of 85% from July 2019 with diag pathway improvements delivering further sustained improvement from December 2019
Performance Measure	Q4	Q1																													
62 day GP referral to treatment (target 85%)	84.2%	76.0%																													
2 week wait (target 93%)	94.6%	78.9%																													
31 day (target 96%)	92.2%	96.6%																													
Area of Improvement	July Performance	Forecast Performance																													
2WW	87.90%	Compliance from October																													
2WW Breast Symptomatic	57.90%	Compliance from October																													
31 Day	100.00%	Continued compliance from July																													
38 Day Inter Provider Transfer	55.90%	Compliance in excess of 85% at Trust level from January 2020																													
62 Day - GP to Treatment	85.70%	Compliant in excess of 85% from July 2019 with diag pathway improvements delivering further sustained improvement from December 2019																													

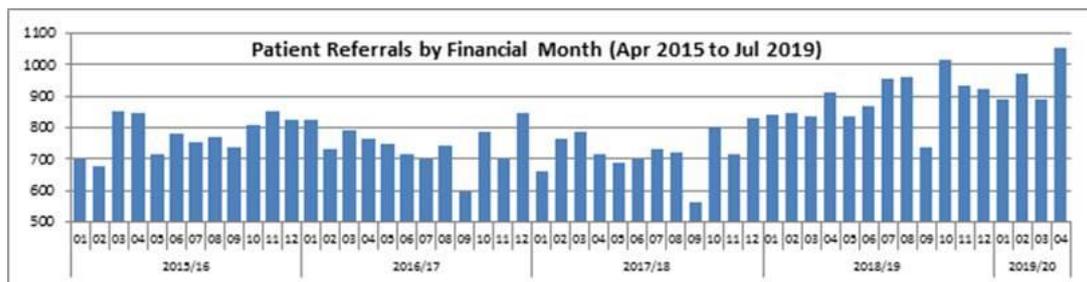
Managers

- raising at education events
- auditing referrals form compliance and providing feedback to GP's
- providing patient information to practices in a variety of methods and directly to Patient Groups
- The Urology department is changing the MRI schedule to compliment the team meeting timings, which will reduce the days required to make a diagnosis and improve the number of patients transferred to STHT by the 38 day target.
- The Breast department have increased the number of clinics available to meet the 2 week wait demand and BHNFT via the Cancer Alliance has reduced the demand placed upon it via out of areas referrals. BHNFT is also upskilling extra staff who can perform the diagnostic tests required for this pathway, to increase the capacity required to meet this increased demand.
- Implementation of the colorectal straight to test rapid pathway in October to speed up the pathway timeline and clearing patient cases within the target timescale
- For all the pathways the BHNFT is working on putting in place a local 2ww demand and capacity monitoring system. This tool will allow BHNFT to manage in more detail the expected demands, peaks and troughs of the 2ww pathways on diagnostics and the different departments, so that diagnostic slots and clinics are in place to meet the referrals expected.
- The Trust via the Cancer Alliance transformation funding has employed a Project Manager to support implementation of Upper GI and Head and Neck Rapid Pathway; a radiology tracker facilitator to improve the transfer of patients through the department and transfers STHT; and a cancer pathway facilitator for radiology and histopathology to ensure the 28 faster diagnosis standard is met and to ensure diagnostic slots available. Funding received was £90,000 for 12 months.
- BHNFT is working with the CCG to reduce the demand on the skin pathway by encouraging primary care to use the tele dermatology pilot referral provision.

All these areas will contribute to improving the CCG and BHNFT cancer targets.

2. Ensuring that the capacity is in place to meet the increased demand in diagnostic testing at the start of the cancer pathway

Barnsley is seeing an increase in demand for diagnostic tests, as referrals are increasing by 1300 per year since 2015. Refer to the table below for patient referrals since 2015 to July 2019 of this current financial year.



Although this increase is positive as it indicates more people are being referred For cancer diagnosis conversation rates there is a wide variation across

practices. Refer to the table below for the actual figures.

Measure	Barnsley	National Average	Barnsley GP Practices variation
Two week referrals resulting in cancer diagnosis conversion rate (2017-18)	7.7%	7.6%	range across practices 1.5%-11.5%

There is also a variation across practices for the number of two week wait referrals for suspected cancer per 100,000 populations. (refer to the table below for further details). If this indicator is below the national average this can be an indicator that a high average number of people are being diagnosed at the Emergency department or via another route rather than being referred at an early stage via the GP or via screening.

Measure	Barnsley	National Average	Barnsley GP Practices variation
Two week wait referrals for suspected cancer per 100,000 population (2017/18)	2960	3263	range across practices 5203 - 1140

At the Primary Care Network level this variation continues and all the areas need to improve to meet the national average percentage. (Refer to the table below).

PCN Area	Central	Dearne	North	Northeast	Penistone	South
Recorded prevalence of cancer	2.52%	2.24%	2.69%	2.4%	2.69%	2.8%
New cases treated resulted from a two-week referral (national 51%)	44%	37.6%	41.3%	39.6%	43%	45.4%

To improve this variation and meet this demand a number of actions are being undertaken :

- BHNFT is increasing the capacity and efficiency of the diagnostic department pathways and ability to provide more slots for patients to meet the 38 days patient transfer timescale
- The CCG and partners are working on increasing diagnostic capacity via developing a community rapid diagnostic hub that can provide additional provision – subject to a capital funding bid.
- BHNFT are increasing the skills of staff in order that they can perform the increase in tests demand e.g. training staff to be able to undertake biopsies
- Working with the South Yorkshire and Bassetlaw ICS around a

network of pooled staff that could meet this demand; increasing endoscopy and radiology imaging reporting capacity.

- BHNFT are considering using teledermatology images to triage the 2 week wait referrals from primary care. At this time only 8% of these referrals become diagnosed with cancer. This will reduce the number of first appointments required for these referrals.

3. Ensuring the population of Barnsley most at risk of being diagnosed with cancer are attending screening programmes and accessing primary care early

Barnsley continues to have overall above average screening rates but a wide variation in performance across practices, as the table below indicates:

Screening	Barnsley Average 2018/19	National Average 2018/19	Barnsley GP Practices variation
Breast screening	77.8%	72.1%	69.7% - 84.0%
Bowel screening	60.8%	59.6%	47.1% - 70.2%
Cervical screening	76.2%	71.7%	62.0% - 81.9%

At the PCN level this variation continues for all of the three screening programmes. (Refer to the table below).

Primary Care Network	Central	Dearne	North	Northeast	Penistone	South
Bowel screening uptake (60.8% Barnsley)	56.4%	57.5%	60.7%	55.87%	63.3%	58.4%
Cervical screening (76.8% Barnsley)	73.17%	72.8%	79%	76.6%	79.8%	78.9%
Breast (77.8% Barnsley)	71.87%	49.4%	79%	55.56%	81.8%	66.7%

The CCG performance for early diagnosis is monitored via the number of people diagnosed with cancer at stage one and two or stage 4. For Barnsley these figures are not meeting the national average and indicate that people are not being diagnosed early and this is affecting people survival rates. Refer to the table below for actual performance.

	Barnsley Average	National Average
% cancer diagnosed at stage 1 or 2	48%	54%
% Cancer diagnosed at Stage 4	32%	27 %
Cancer Survival 1 year	71.7%	72.3%

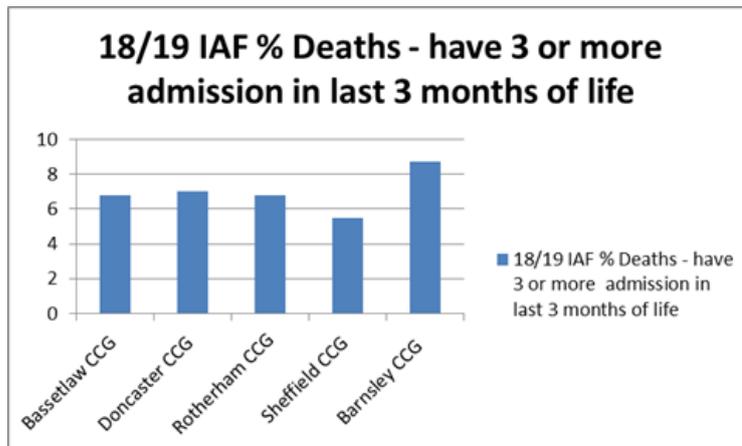
Lung cancer is the highest number diagnosed at stage 4, followed by breast and colorectal. Barnsley figures for Stage 4 are the highest, stage 2 and 3 are at the national average but for stage 1 the CCG rates are lower than the average.

To address this challenge the Cancer Programme is:

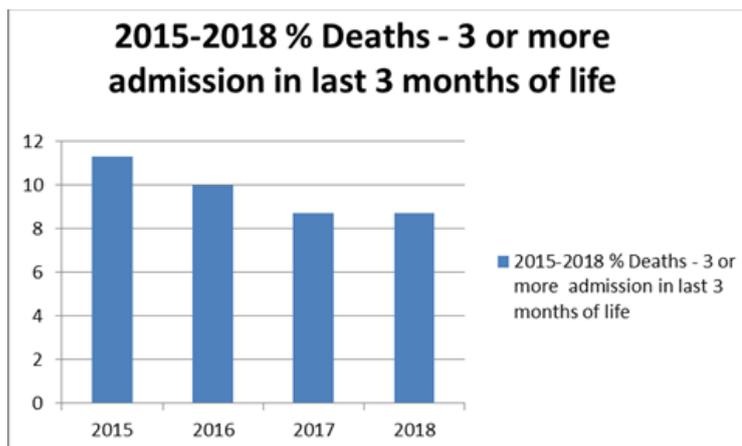
- Via the Be Cancer Safe project raising awareness of cancer symptoms in areas that have the lowest screening rates to increase uptake and promote people to visit their GP early. It is creating 2644 Be Cancer SAFE Barnsley Champions. This has led to an increase in people reporting to the project that they are attending screening appointments, whom have not been previously. The programme is working with NHS England to gain local data to assess if this work has had an impact on screening rates.
- BHNFT and Be Cancer Safe are visiting workplaces to raise the awareness around cancer symptoms to working people
- Barnsley GP Federation are piloting for 1 year, an out of hours cervical screening provision via I-Heart, to increase cervical screening rates. They target is to provide 20 appointments a week and 1,000 annually.
- The CCG is working with GP practices to increase their knowledge of cancer diagnosis trends in their locality and presentations at A&E, in order that they can identify actions to address these issues.
- The CCG is working with GP's to reduce the number of patients who do not attend for screening by practices sending reminder letters to patients who have not taken up a screening offer.
- BHNFT has introduced the provision of direct access to X-ray for GP's to refer people with suspected lung cancer to increase the uptake of people accessing an early diagnosis.
- Easier identification and screening tests have been rolled out e.g. FIT test and tele-dermatology referral via primary care
- The programme is working on the ambition to have a community diagnostic hub in Dearne area, to increase access points in an area of health inequalities and with higher incidence of cancer risk behaviours. To also provide lung health check provision subject to capital funding.
- Working with BHNFT to increase the CCG quality premium measure for the percentage of cases that have a staging figure recorded (currently Barnsley compliance is 43.8% (2017/8) and was 49.8% in 2016/17. It is also the lowest level in SY&B.
- Exploring extending the Be Cancer Safe project provision for another year

4. Reducing End of Life Inappropriate Admission to hospital

Currently Barnsley remains an outlier for the CCG Improvement and Assessment Framework indicator - for the number of people who are admitted to hospital in their last 3 months of life. As the tables below highlight:



This percentage has decreased in the past 4 years from 11.3 % in 2015-16 to 8.7% (i.e from 281 to 216 admissions) but still remains the highest across the region. The Yorkshire and Humber average score is 5.8% or to Rotherham 6.7%, the comparity CCG level . To achieve Rotherhams target the CCG would need to achieve 50 less admissions.



The numbers of admissions have been decreasing over the last 4 years but not at the rate expected i.e. to the Rotherham 6.7% or 166 admissions (compared to 216) even though Barnsley has an End of Life (EOL) Strategy in place; a Specialist Palliative care team in the community and advanced care planning clinical guidelines in place to increase early identification of people who may be at risk of being admitted.

A number of actions are being undertaken to understand the current provision and to improve this situation. This includes:

- A specific Barnsley partnership group has been meeting that is delivering an improvement plan that is aiming to identify people 'at risk' at an earlier stage; to raise awareness of health and social care employees role in reducing these occurrences and improving early EOL planning with patients/families to minimise this risk and increasing the number of people who die in their preferred place.
- Ensuring that EOL improvement is delivered as part of the new

neighbourhood Integrated teams mobilisation programme and SWYPFT Neighbourhood Team specification.

- Rolling out EPaCCS patient care record across services to ensure patients EOL care details are available to all. Evidence from pilot sites indicate that 90 additional deaths in usual place of residence (DIUPR) per year per 200,000 population can be achieved compared to non EPaCCS areas. For Barnsley this would equate to 90 fewer admissions per year.
- Working with GP practices to increase the average Quality Outcomes Framework (QOf) Palliative Care Register prevalence for Barnsley to 0.5, to ensure people are identified early. It is currently for Barnsley practices :

	National ambition target is 1%
2016-17	0.38
2017-18	0.37
2018-19	Aim to be 0.45

At PCN level the analysis highlights that there is also a variation regarding compliance levels and that one PCN was able to meet the CCG target in last years QOF reporting. The table below shows the last 2 years prevalence:

	2016/17 Patients on Register	2016/17 Prevalence	2017/18 Register	2017/18 Prevalence	% change
Central	209	0.47%	181	0.40%	-0.07%
Dearne	151	0.36%	157	0.37%	0.01%
North	167	0.41%	157	0.34%	-0.07%
North East	109	0.36%	99	0.33%	-0.03%
Penistone	193	0.35%	193	0.34%	-0.01%
South	157	0.35%	182	0.40%	0.05%

- Working with the SY&B EOL lead to measure the impact of EOL intervention on admissions and identify actions that can have greatest impact on reducing admissions
- The Macmillan GP and ANP EOL for care homes working on these areas with primary care and the nursing/care home sector.

Conclusion

In conclusion the cancer programme actions outlined above will provide the CCG with a return on the investment that has allocated to this programme in 2019/20:

	Allocation	Receiving Organisation	Funding Source
Macmillan GP	£29,000	CCG	Macmillan
Living with and Beyond Cancer Project	£130,000	BHNFT	Macmillan
Be Cancer Safe	£99,000	Voluntary Action Rotherham	CCG
Pathway Improvement Posts	£90,000	BHNFT	Cancer Alliance
ANP Care Home Homes	£70,000	SWYPFT	Macmillan
Total	£418,000		

In conjunction with the delivery of the following cancer programme improvement targets:

- Contribute to improving the overall life expectancy of Barnsley population
- Reduce cancer health inequalities between the different council wards and women and men.
- Reduce incidence of **lung cancer** within Barnsley and health inequalities as there are large geographical differences, with the rate in **Dearne North** (221.5) being almost **three times higher** than in Penistone West (73.9) (JSNA)
- increase the CCG quality premium measure for the percentage of cases that have a staging figure recorded (currently Barnsley compliance is 43.8% (2017/8) to 49.8% (back to 2016/17 position) by April 2020
- 90% Implementation of an Electronic Palliative Care Coordination System by April 2020 in primary care
- Increase the average QOF Palliative Care Register prevalence to 0.45 by April 2021
- Reduce number of admissions in last 3 months of life from 8.7 % to 6.7% by April 2020 i.e by 50 admissions a year
- BHNFT to improve performance as outlined in the table below:

Area of Improvement	July Performance	Forecast Performance
2WW	87.90%	Compliance from October
2WW Breast Symptomatic	57.90%	Compliance from October
31 Day	100.00%	Continued compliance from July
38 Day Inter Provider Transfer	55.90%	Compliance in excess of 85% at Trust level from January 2020
62 Day - GP to Treatment	85.70%	Compliant in excess of 85% from July 2019 with diag pathway improvements delivering further sustained improvement from December 2019

- CGG 62 Day GP to treatment target compliant by end of Q4 (85% or above)
- Percentage of cancer diagnosed at stage 1 or 2 targets to increase by 6% by April 2020 from 48% to 54%.
- Reduce percentage of cancer diagnosed at stage 4 from 32 % to 30% by April 2020

These actions will lead to the CCG meeting the Governing Body Assurance

	Framework cancer priorities; improve the cancer waiting times performance and CCG IAF indicators; contribute to the CCG plan to reduce non-elective admissions and transform the outpatients pathway; and provide a framework upon which the Primary Care Networks and Neighbourhood Integrated teams can base their mobilisation and priority planning decisions.
3.	DELIVERY OF STATUTORY AND GOOD GOVERNANCE REQUIREMENTS
3.1	Management of Conflicts of Interest (s14O) - Not Applicable
3.2	Discharging functions effectively, efficiently, & economically (s14Q) - Not Applicable
3.3	Improving quality (s14R, s14S) - Not Applicable
3.4	Reducing inequalities (s14T) - Not Applicable
3.5	Public Involvement & Consultation (s14Z2) - Not Applicable
3.6	Data Protection and Data Security (GDPR, DPA 2018) - Not Appropriate
3.8	Human Resources - Not Applicable
3.9	Environmental Sustainability - Not Applicable
5.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<ol style="list-style-type: none"> 1. Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and shared by partner 2. Risk to delivery of early diagnosis if: <ol style="list-style-type: none"> (a) the CCG does not effectively promote to the people of Barnsley the national screening programme (b) Practices do not consistently apply NICE guidance for cancer diagnosis and referral. 3. Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, the CCG will not secure full access to cancer transformation funding which would impact negatively on securing improvements to services for people Living With and Beyond Cancer (LWABC) and improving 62 day target and 8 CWT standards 4. Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful. <p>The risks to the CCG of this paper not being approved are :</p> <ol style="list-style-type: none"> 1. The Cancer Programme will not be implemented 2. The CCG will be unable to meet the statutory and constitutional

	targets requirements 3. Barnsley population cancer outcomes will not continue to be improved.
6.	CONCLUSIONS & RECOMMENDATIONS
	Governing body are asked to : 1. Accept this 6 monthly assurance report

GOVERNING BODY

12 September 2019

ANNUAL REPORT FOR ADULT SAFEGUARDING

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision	<input type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
		<input type="checkbox"/>	Information
			<input checked="" type="checkbox"/>
2.	REPORT OF		
		Name	Designation
	Executive/Clinical Lead	Jayne Sivakumar	Deputy Chief Nurse
	Author	Lee Oughton	Named GP Safeguarding Vulnerable People
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Barnsley Safeguarding Partnership		
	BMBC Cabinet	10/9/19	
4.	EXECUTIVE SUMMARY		
	<p>The latest annual report of the Barnsley Safeguarding Adults Board for 2018/19 was presented for BMBC Cabinet’s consideration at their meeting in September. As in previous years, the report outlines the progress and achievements made by the board in accordance with its statutory role, along with the key actions and objectives to be implemented as part of the business planning in 2019/20.</p> <p>Among the Safeguarding Adults Board annual report highlights are:</p> <ul style="list-style-type: none"> • Barnsley adults report that services make them feel safe and secure and that the support of adult social care keeps them safe; Barnsley data shows that we continue to be above both regional and national comparators • The Board has seen success of partnership working to support adults who self-neglect and/or hoard 		

- The SAFE sub group (Safeguarding Adults Forum (by) Experience) has produced a leaflet for workers to leave with vulnerable adults following a face to face conversation about safeguarding
- Significant progress has been made against the 2018/19 action, especially around our ability to deliver training courses on self-neglect and hoarding and management of people in positions of trust

The report makes reference to the success of the borough's third Safeguarding Awareness Week which took place in Barnsley between 9 and 13 July 2018, building further on the success of the events held in 2016 and 2017.

The event promotes the importance of safeguarding in the Borough, by raising public consciousness and engaging local businesses on potential risk factors, together with the important part that everyone fulfils in ensuring safeguarding is everyone's business.

The report shows the activity undertaken by the Safeguarding Adult Board and highlights changes in referrals and allegations of abuse across Barnsley. The introduction of the Care Homes Quality Board has increased scrutiny of care home activity, and subsequently increased referrals into safeguarding, mainly under the category of neglect; it is thought the introduction of the board has distorted the referral figures. However, this work has enabled changes to enhance the support to this vulnerable group of individuals.

Referrals for self-neglect have reduced, it is believed this is as a result of the embedding of the Self Neglect and Hoarding Policy which enables work to be undertaken with adults earlier, reducing the need for a referral in these categories.

When compared with local Yorkshire and Humber services, or national safeguarding services, Barnsley Safeguarding Adult Board figures reflect well showing that Adults Supported by Social Care in Barnsley are more likely to report they feel safe.

The introduction of the new Learning and Development Subcommittee is instrumental in ensuring sharing of learning across partnership agencies. This group have already worked to embed required learning for effective implementation of the Person in Position of Trust (PiPoT) policy, and Self Neglect and Hoarding Policy.

During this year there have been no cases that have met the criteria for a Safeguarding Adult Review, as defined by the Care Act (2014). However, there have been two learning lesson reviews which have highlighted learning, and shared this with agencies across the partnership.

The report highlights that there is ongoing work to further strengthen multi-agency training, further embedding of the Decision Support Guidance and work with the Safeguarding Children Partnership to aid transitions from children to adult services. There continues to be involvement of service users via the Safeguarding Adults Forum to review the impact of publicity materials and to seek assurance that care provisions are safe and effective.

5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none">• Receive this report and accept the assurances it offers.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	Appendix 1 - Annual Report of the Barnsley Safeguarding Adults Board for 2018/19.

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

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	10.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	<i>Barnsley CCG provide an annual contribution to support the work of the board.</i>
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Welcome to the annual report of the Barnsley Safeguarding Adults Board

The Barnsley Safeguarding Adults Board is very committed to raising the profile of Safeguarding in Barnsley as we all have a role to play in keeping citizens of Barnsley safe, whether in our role as a professional or volunteer or a member of the public looking out for other adults in our community. I believe that this Annual Report is an important part in that campaign to raise awareness.

Thank you for taking the time to show an interest in the work of the board, I am confident that this report will help to highlight the work of the board and its partner agencies and to give the public a greater understanding of the Safeguarding issues we face here in Barnsley.

Over the last year, the board has continued to develop and extend its influence. We now have a subcommittee that leads on 'Learning and Development' so that we can have a close oversight of the training and development opportunities available to staff and volunteers. It has been able to identify gaps in provision and to meet them by a range of training opportunities.

We have continued to benefit from the members of the 'Safeguarding Adults by Experience Forum' (SAFE) giving the board the benefit of their experience as service users and their ideas for changes to the way that agencies communicate and work with adults who may be at risk of harm or abuse. This is an important aspect of the board getting direct communication from people who engage with services.

We have taken the opportunity to learn from cases that did not meet the criteria for a formal Safeguarding Adult Review but by holding learning the lessons reviews. All agencies showed a genuine willingness to be involved; this is an example of their commitment to continually improving the service that is provided to adults that need help to stay safe

Our commitment to raising public awareness was a primary focus of the Safeguarding Awareness Week, run in conjunction with the Safeguarding Children Board, which saw a full programme across the week that included training events and a range of agencies having public facing stalls at the Transport Interchange. We are committed to holding Safeguarding Awareness week again in July 2019.

As the Independent Chair (which means I am not employed by any of the agencies) I can reassure you that all agencies represented at the board continue to evidence their commitment to keeping people safe in Barnsley and that they recognise the importance of partnership working.

I look forward to the board continuing its important work during 2019/20.

Bob Dyson QPM,DL

What is abuse?

Any action, deliberate or unintentional, or a failure to take action or provide care that results in harm to the adult (this is called neglect). There are many different types of abuse; more details about abuse can be found on the Safeguarding Web site

<https://www.barnsley.gov.uk/safeguarding>

The website tells you how you can tell us if you or someone you know is being harmed or abused.

Who do we help keep safe? (Adult Safeguarding)

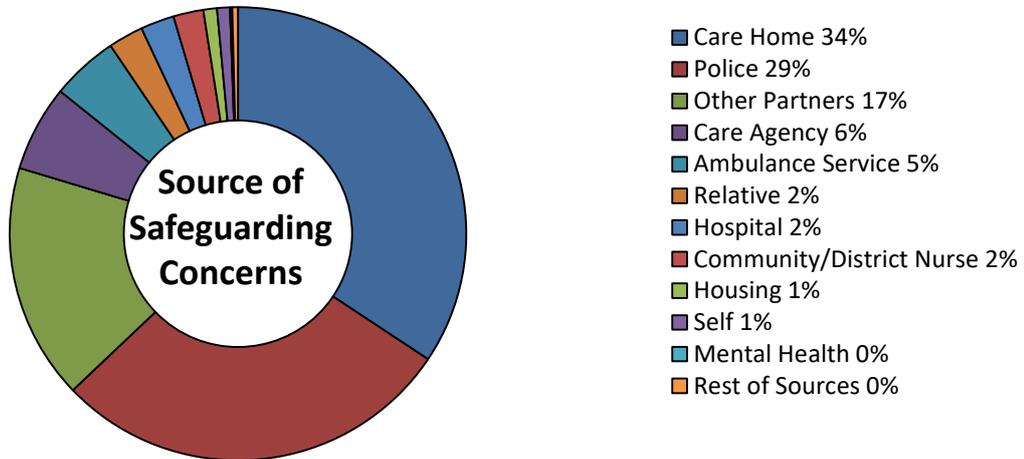
All adults aged 18 and over who:

1. Need care and support, even if they are not getting care or support now (AND)
2. They are experiencing, or at risk of, abuse or neglect (AND)
3. As a result of their care and support needs is unable to protect themselves from either the risk of abuse or the experience of abuse or neglect.

Adults who are not able to speak up for themselves are particularly vulnerable and we all need to speak up to keep them safe.

Safeguarding Data

Who told us they had concerns an adult was being hurt?

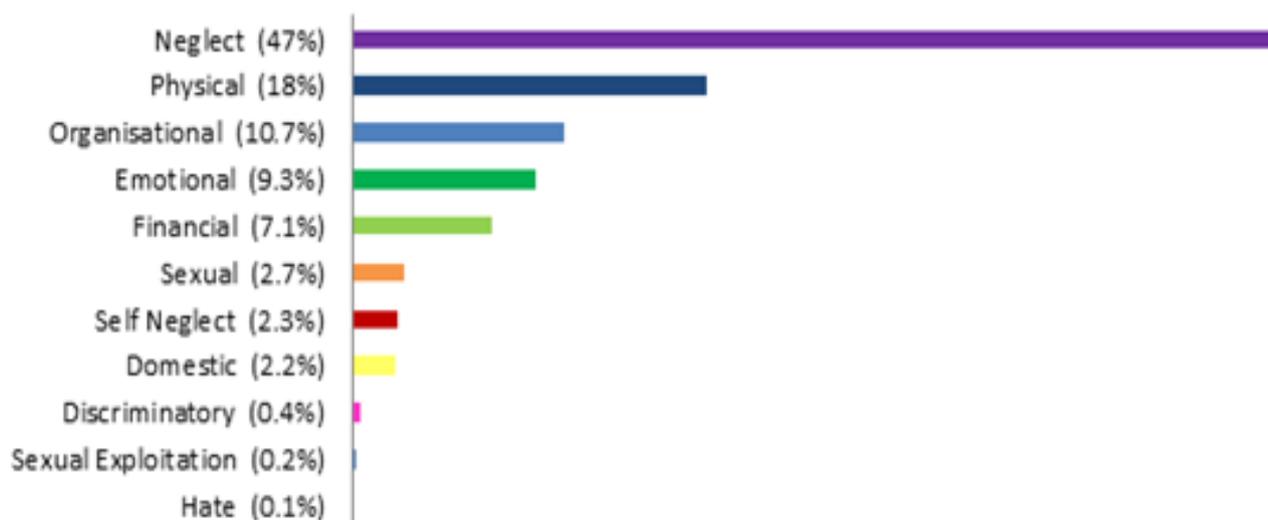


Location of Alleged Abuse



Our safeguarding data is in line with national data this year, in particular the increase in the number of concerns relating to adults living in their own home (nationally this location is the rated the most likely location for abuse). The small increase in hospital cases relates to private hospitals, not NHS provision, however we remain below national averages. The introduction of a tool (decision support guidance) to help workers to screen cases before sending them to safeguarding has reduced the number of concerns from care homes this year. The number of concerns received in the year has increased, but is in line with other Local Authorities of a similar size.

Abuse Type



We have had a significant drop in the number of financial abuse cases, from 13.8% to 7.1%; this is out of line with national data. In most areas, financial abuse is the most commonly reported/investigated form of abuse. The number of self-neglect cases has fallen from 7.7% in 2017/18 to 2.3%; this may be linked to the new Self Neglect and Hoarding policy being used more and staff and organisations feeling more confident to work with the adult who is self-neglecting and/or hoarding without requesting a multi-agency safeguarding response. The number of organisational abuse cases has increased and this is due to the increased scrutiny of care homes by a number of agencies; however this is driving up quality which will be monitored by a new care homes Quality Board. As the majority of cases in care settings are “neglect” they distort our figures for this category of abuse

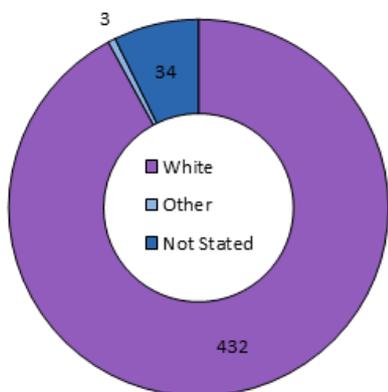
Safeguarding Adults – S42 enquiries

A section 42 enquiry begins when an adult meets the three stage test (see page three) and they agree they want help to stop the harm (this is a S42 enquiry) or it is in their “best interests” as they are unable to make this decision for themselves (they lack capacity to make this decision due to dementia etc). In 2018/19; 38% of concerns met this criteria, the remaining 62% of safeguarding concerns would have been closed and adults either offered

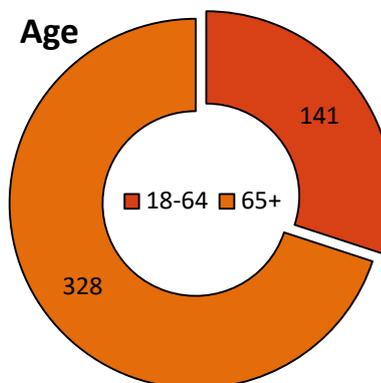
- ✓ An assessment or review of care by Adult Social Care
- ✓ Signposting information to specialist services
- ✓ No further action as the adult did not meet the three stage test or they declined any help at this time

The adults we supported to stop harm and abuse via a S42 enquiry are illustrated below:

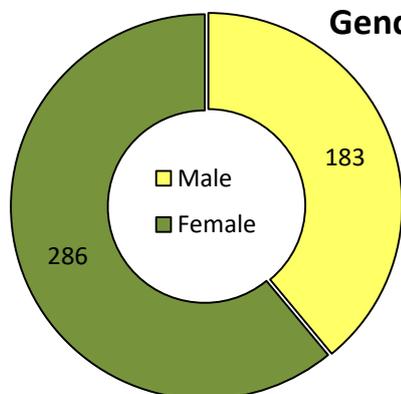
Ethnicity



Age



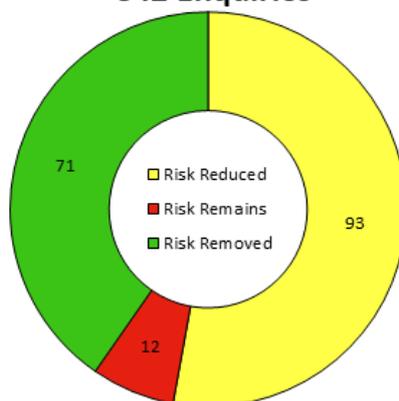
Gender



More women were supported by safeguarding this year (60.9%) compared with 51% in the previous year. The number of adults aged 64+ who were safeguarded reduced, slightly, from 76% in 2017/18 to 70% this year. Nationally, adults 64 plus, are more likely to need safeguarding support.

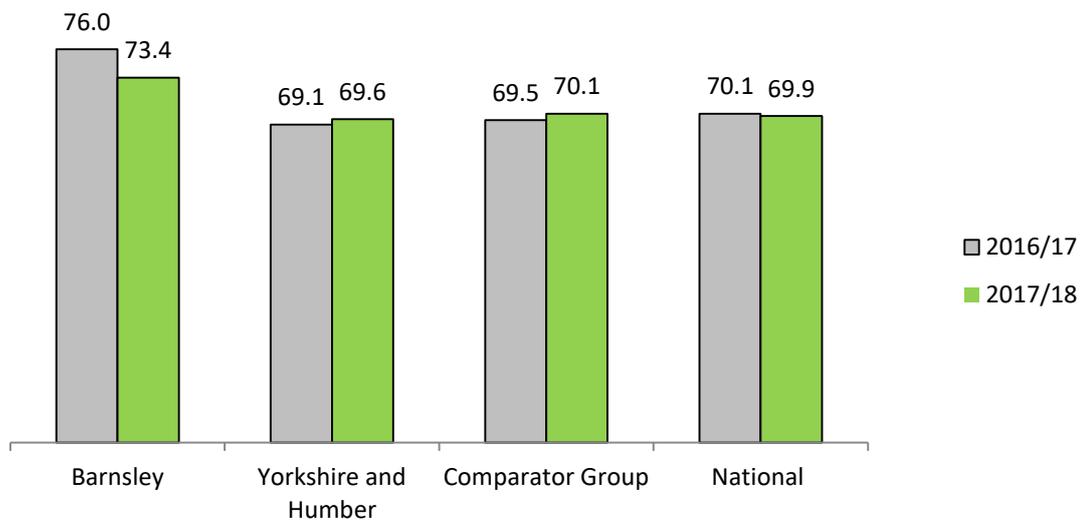
Did adults feel that we removed their risks by working with them in safeguarding?

Outcomes of Concluded S42 Enquiries



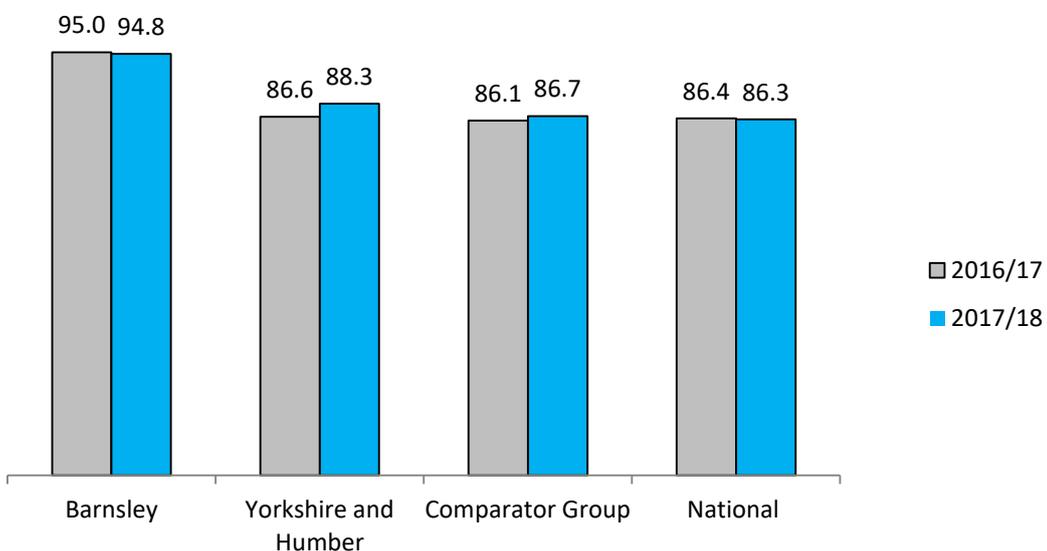
Adults may choose to have people who cause them harm in their lives, as that relationship is more important to them than the risks they pose, we may feel these decisions are “unwise”, however if they have the ability to make these decisions; we must respect these, even if this means the adult lives with risks of further harm.

Adults who are supported by social care services who tell us they feel safe.



Adults in Barnsley report feeling safer than adults in all areas of the country, despite a small drop from the previous year; the number is in line with 2015/16 data.

The proportion of people who use services who say that those services have made them feel safe and secure



Adults in Barnsley continue to report that services provided made them feel safe and the rates of satisfaction reported is higher than all other areas of the country. Data for 2018/19 is not available until Oct 2019.

Annabelle is a 57 year old lady who lives in social landlord property with her two adult daughters; the landlord contacted ASC following a visit to the property as significant hoarding was identified. Annabelle has ceased working due to health issues which has affected her mobility, requiring use of a scooter to leave the property. Her daughters work but do attempt to support Annabelle, though one daughter has her own health issues. During a conversation with Annabelle she said that she had not “recovered” from the death of her husband and was “embarrassed” by the state of her home and has shut people out of her life to stop them coming to see her. As a result the property has

- No gas, so they have no heating except for an electric fire – which is a fire risk (the fire safety check was not completed, as denied entry)
- They cannot use the cooker, due to the clutter, so buy in take-away food and rarely throw out the containers
- The washing machine is broken and they rely on the neighbour to wash their clothes
- Annabelle cannot access her bedroom so sleeps on a mattress in the kitchen
- Annabelle cannot access her shower and uses baby wipes for personal hygiene

Annabelle initially worked with the landlord, but this stalled and adult social care coordinated a multi-agency response under the self-neglect/hoarding policy. As a result of this - SY Fire and Rescue agreed to visit weekly and a named social worker every 3 weeks on a set day to build up relationships with Annabelle to support the necessary de-cluttering. These actions, combined with the risk to her tenancy have significantly reduced the clutter and she is hoping that she will be able to have adaptations made to the property to increase her independence in the near future, including being able to get a “proper wash” Annabelle says she wants to be “able to invite people in for a cup of tea without feeling embarrassed”. She reports valuing the relationships and support from other agencies and that she and her daughters will soon have a “normal home”. This view is shared by agencies and they have committed to continue working with her to achieve her wishes.

What we have done in the year ending March 2019, based on our priorities listed in annual report in 2018

Priorities in 2018 - 2019	Action	In 2019/20
Put the adult who has been harmed or who is at risk of harm at the centre of everything we do. Listen to their views to find out what we can do to improve the safety of adults	SAFE, our customer group, have produced a leaflet to help adults understand what safeguarding is and who will be involved in keeping them safe. The Board is given information about adult's experience of safeguarding – do they feel that we have helped them to reduce/remove the risks or if they remain	We will increase the information about the adult's experience of safeguarding. Did they feel safer? We will use this to improve practice and produce new guidance, if needed?
Hold Board members to account – are we/they doing enough to keep adults safe	All Board partners provide a quarterly update on what they are doing to keep adults safe	We will make this more visual to help people in Barnsley understand what we are doing
Collect and share information about how well we are keeping adults safe and what more we could do	Every quarter we look at data provided by Barnsley organisations to show how we helped keep adults safe, how long we took to do this and if this helped the adult stay safe from further harm an abuse	We will work with the 15 Yorkshire and Humber Local Authorities to share data. This will help us to evaluate our safeguarding practice and learn from other areas.

Priorities – 2018 - 2019	Action	In 2019/20
Make sure our workers and volunteers get the training they need to provide safe services and to share concerns if they think an adult is being hurt or abused.	Set up a multi-agency learning and development group. Agreed a safeguarding competency framework. Delivered a self-neglect training for trainers and shared learning materials Delivered training for staff who need to respond to “people in positions of trust” allegations	We will create a shared training resource for all partners to use to improve consistency. We will continue to explore options to employ a multi-agency trainer
Considered cases that might need to be a Safeguarding Adults Review? These are cases when an adult dies or are seriously injured as a result of abuse or neglect and all agencies did not work together well?	We did not hold any Safeguarding Adults Reviews but we did look at the deaths of 2 adults to evaluate how well all partners worked together to try and prevent their deaths. Details of the learning is available on the web site	We will hold an event to cascade the learning from Safeguarding Adults Reviews from across the country to help workers keep adults safe
Establish a network of Safeguarding leads to increase knowledge in organisations and support prompt safeguarding actions by all workers and volunteers	Safeguarding leads established in all relevant council departments, self-neglect leads identified and trained in partner and voluntary sector organisations	Safeguarding leads events will be held regularly to provide updates and identify areas for development
Work with the Children’s Board to reduce the risks of vulnerable young adults being harmed or abused as they become adults	Audits have been completed by both the Adults and Children’s Board to identify good practice and growth areas	A robust work plan will be developed to map the challenges to young people becoming resilient adults

Learning Lessons

Two multi-agency learning lessons into the deaths of two adults were held; neither death met the threshold for a Safeguarding adults review (SAR). The purpose of these was to evaluate current practice and make any changes to policies etc. A single agency review was completed by one of the partners and changes made to their practice. Summaries are shown below, however full details can be found on the website.

RG was 68 when he died; he had struggled to maintain a tenancy due to his self-neglect and hoarding. The death of his mother was a significant event and he struggled to form relationships with female workers, often being very inappropriate. His property and personal hygiene were cause for concern. A number of workers and agencies continued to visit and support RG despite his behaviour. At least one agency visited despite RG not meeting their eligibility criteria for services. **Learning** – staff need to be supported to effectively challenge inappropriate behaviours and to use the self-neglect and hoarding risk tools included in our policy

Mrs. T died in a house fire in her own home. Mrs. T had multiple health issues and had regular support from nursing services to manage her skin integrity concerns; this included use of paraffin based creams. Mrs. T had a history of mental ill health and was very resistant to care and would often refuse help, though she did have a positive relationship with her children. **Learning** – all workers visiting adults at home should evaluate the fire risks and support contact with SY Fire and Rescue for a home safety check. **Learning** – When an adult has mental ill health, a capacity assessment should be considered to ensure that they can still make decisions to refuse care. **Learning** – we need to be sure that when family are refusing help and support they are reflecting the wishes and feelings of the adult OR they have legal powers to make decisions on behalf of the adult

Key Achievements



Learning and Development sub group delivered 2 training for trainers' courses to support all organisations to deliver training for their staff to help them identify and respond to self-neglect

The SAFE group have produced a poster for adults who are deaf or have hearing impairments to let them how they can report abuse. The SAFE group have produced a leaflet to explain safeguarding to an adult if they have agreed that they want help to stop the harm. Members of SAFE who are members of other groups take regular updates to those groups on what we are doing to keep adults in Barnsley safe.



A FREE "E" learning resource was produced and launched to increase knowledge of safeguarding adults. The resource is available on the BMBC website – via POD <https://barnsley.learningpool.com/login/index.php>

We have examined the deaths of 2 adults and identified good practice and where improvements could be introduced; these have been added to our work plans and are reported to the Board on a regular basis.

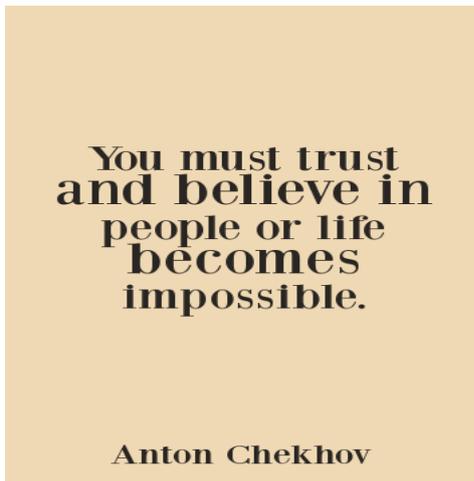
Details on our website -

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in->

Key Achievements



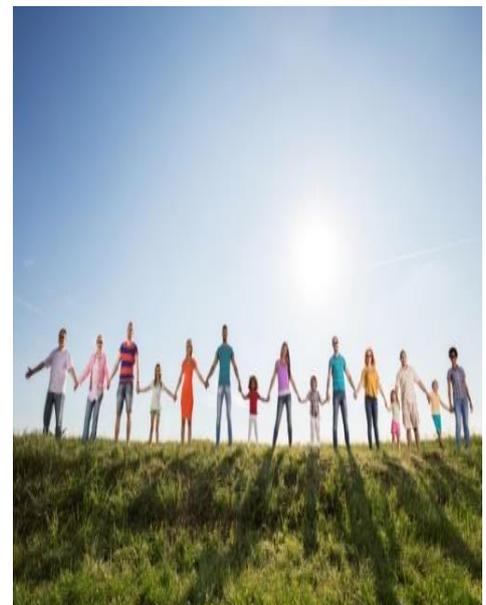
The Board took part in a Yorkshire and Humberside Making Safeguarding Personal Stocktake to help us improve how we work with adults to keep them safe. The Board also supported work to improve the quality of information given to Boards (dashboards) to make sure that we are doing all we can.



To embed the People in Positions of Trust policy we have delivered two training courses to equip managers to respond to concerns about workers or volunteers who are in a position of trust and who have harmed an adult. The policy is available on the website.

Safeguarding Awareness Week July 2018

This year the week included a regional self-neglect and hoarding conference and a regional fraud and scams event. Sessions were delivered on modern slavery, hate and mate crime and living as an asylum seeker. We took over the transport interchange and had lots of helpful chats to people in Barnsley about how they can help to keep themselves and other adults safe



Key Achievements

We know that adults are more at risk of being harmed if they are socially isolated and don't have supportive people around them. We have reviewed our partners' assessment tools to make sure that we identify adults who are socially isolated and discuss with them how they feel about this risk and what might help them feel more supported?



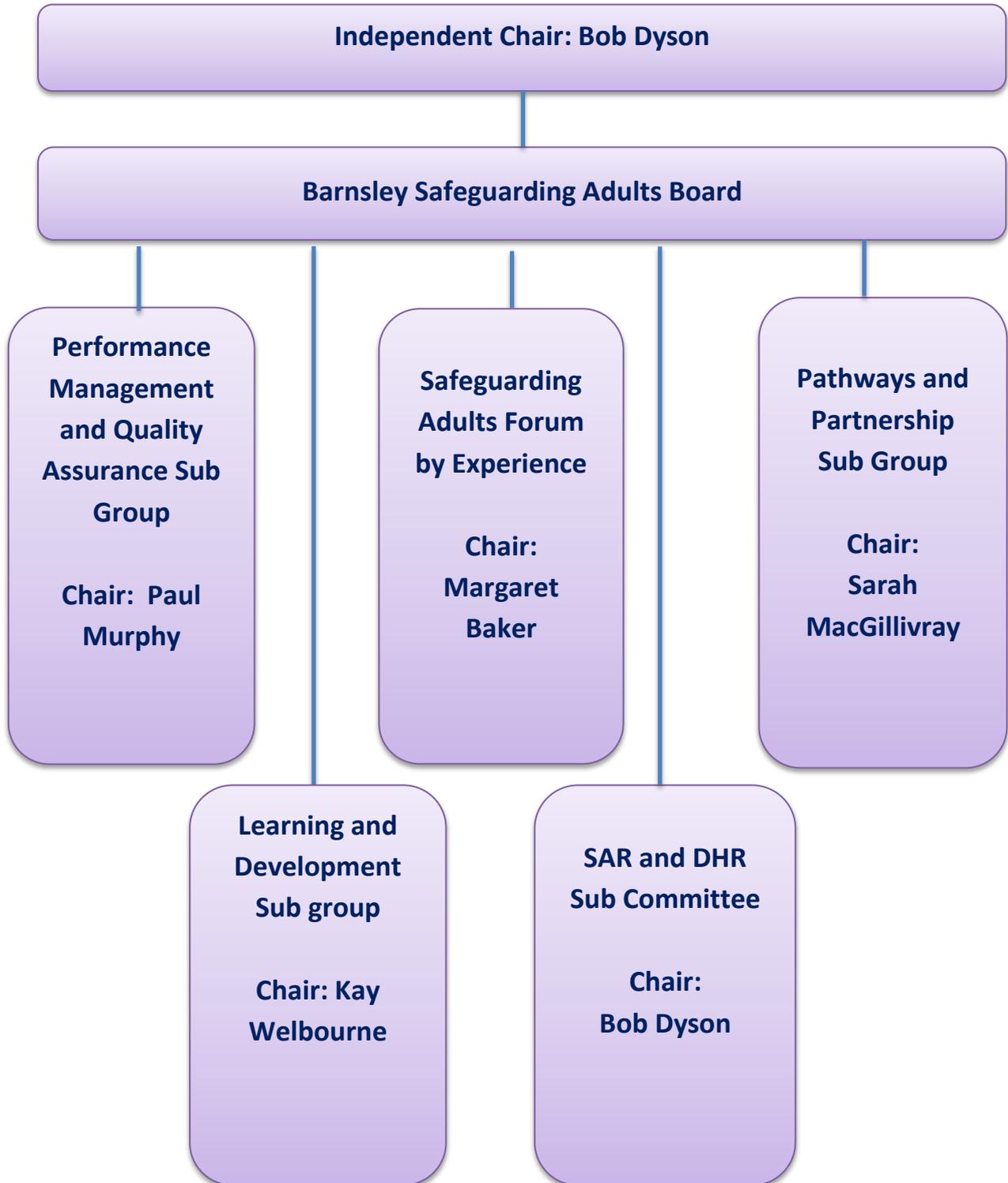
We wanted to make sure that adults who live in care homes in Barnsley were able to live openly as a lesbian, gay, bi-sexual, transgender or queer (LGBTQ) adult. The survey showed us that the care homes that responded (31%) are "safe" and inclusive places for LGBTQ adults. Further work will be completed in the coming year to ensure that this is replicated in all our care settings.



Decision support guidance

We evaluated how many workers knew about the guidance and if they found it useful? We were happy to find that workers did like the guidance and didn't want us to make any changes. Training will be delivered in 2019/20 to make sure all our workers and volunteers know about it, so they know when they should tell us about an adult who needs our help to stay safe

Barnsley Safeguarding Adults Board Structure



Safeguarding Adults Board Members
Our Partners



Barnsley
Clinical Commissioning Group



South West
Yorkshire Partnership
NHS Foundation Trust



Barnsley Hospital
NHS Foundation Trust



England



National
Probation
Service



South Yorkshire
Community Rehabilitation Company



South Yorkshire
FIRE & RESCUE

Thanks to all of our partners who have worked with us to demonstrate what they are doing to prevent harm and abuse every day. Safeguarding is everyone's business and ideally we need to prevent abuse by supporting adults to stay safe.

Our strategic priorities in 2019/2020

Making safeguarding personal Supporting adults at risk to achieve the outcomes they want to stay safe	Prevention Preventing abuse and neglect from taking place and supporting people to feel safer.	Accountability Making sure safeguarding arrangements work effectively	Transitions Making sure that all young people who need safeguarding into adulthood have an effective transition
What we will do?			
Embed Making Safeguarding Personal (MSP) into all Safeguarding practice by seeking feedback from adults who have been safeguarded and include this in performance data given to the Board	Deliver multi-agency training to encourage all partners to use the Decision Support Guidance to increase the quality of safeguarding concerns	Review quarterly data from all partners to provide evidence that services are safe	Work with the Children's Partnership to reduce the risks of vulnerable young adults being harmed or abused as they become adults
Work with the Safeguarding Adults Forum (by) Experience to increase their involvement in shaping the work of the Board and helping adults in Barnsley stay free from abuse/harm	Seek assurance that all care provision in Barnsley is safe for adults who use them	Continue to complete audits of all areas of safeguarding practice to identify and share good practice that helps keep adults safe	
Work in partnership with the Community Safety, Health and Wellbeing Boards on issues that affect adults who may need more than safeguarding support.	Increase our contact with the voluntary and independent groups in Barnsley to help them keep adults safe	Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice.	Facilitate, jointly with the Children's partnership, a public facing Safeguarding awareness week
Review impact of publicity materials and campaigns on public awareness and the number of concerns raised by them	Deliver learning events to share learning from Safeguarding Adults Reviews and other learning events	Receive regional and national safeguarding data to support evaluation with comparable Local Authorities.	
Co- produce resources that support citizens of Barnsley to feel confident to report safeguarding concerns		Receive assurance from the sub groups that staff and volunteers are appropriately trained and supported to recognise and respond to abuse and harm	Embed a sharing of audit findings between the Adults and Children's Boards/Sub groups to embed best practice.

These are the new priorities; ongoing work is shown on pages 9 and 10

Budget – Year end 2018 – 2019

Financial position of Barnsley Safeguarding Adults Board			
Income		Expenditure	
Partner incomes			
Barnsley BM Council	79,677.	Salaries	81,272
Barnsley CCG	25,000	Professional fees and services	18,739
SY PCC	5,595	Travel, running costs	1,290
BMBC - One off contribution to running of SAFE sub group	500		
Totals	110,772		101,301

GOVERNING BODY

12 September 2019

ANNUAL REPORT BARNSLEY SAFEGUARDING CHILDREN'S BOARD

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 checked="" type="checkbox"/>
2.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Jayne Sivakumar	Deputy Chief Nurse
	Author	Angela Fawcett	Designated Nurse Safeguarding Children
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Barnsley Safeguarding Partnership	24/5/19	Approved
	Directorate Management Team (People- BMBC) Cabinet on 4th Sept.	24/7/19	
	Senior Management Team BMBC 13th August	13/8/19	Approved
	BMBC Cabinet	4/9/19	
4.	EXECUTIVE SUMMARY		
	<p>The latest annual report of the Barnsley Local Safeguarding Children's Partnership for 2018/19 was presented for Cabinet's consideration at its meeting in September 2019. The report provides a summary of the work of both the Partnership and its sub groups and aims to reassure the public and partners that services are working in partnership to safeguard children effectively.</p> <p>Among the highlights of the Safeguarding Children Board annual report are:</p> <ul style="list-style-type: none"> • Continued actions being taken to minimise and prevent the risk of all 		

	<p>forms of harm, including Child Exploitation, Contextual Safeguarding, County Lines and improving children and young people’s safety, whilst online</p> <ul style="list-style-type: none"> • Achieving a 100% return rate for the fourth year running of the Section 175 self-assessments on safeguarding in schools • The continued monitoring and updated of the Barnsley Safeguarding Children Board Web Site • Using learning derived from serious case reviews to inform continual improvements in the protection and safeguarding of vulnerable children • Financial contributions made by partner agencies in support of the Board <p>The report highlights the recent Ofsted inspection that stated “Services for children in Barnsley are good and there has been steady improvement at successive inspections since 2012. Children are at the heart of strategic thinking, decision-making, and operational practice, which leads to good-quality services from a skilled and motivated workforce. The resolute focus on improving outcomes for children is shared across the partnership and is underpinned by political commitment and financial investment and a self-evaluation that shows that leaders know their services well.”</p>
5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Note the report and assurance offered.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 - Annual Report of the Barnsley Safeguarding Children’s Board

Agenda time allocation for report:	10 mins
---	---------

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	10.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	N
	2 - Primary Care	N
	3 - Cancer	N
	4 - Mental Health	N
	5 - Integrated Care System (ICS)	N
	6 - Efficiency Plan	N
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	N
	8 - Maternity	N
	9 - Compliance with Statutory and Regulatory Requirements	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Barnsley Safeguarding Children Board



Annual Report 2018 - 2019

**Barnsley
Safeguarding
Children
Board**



Barnsley Safeguarding Children Board is responsible for bringing local services together to plan and agree how best to keep children and young people in the area safe.

The Board develops shared policies and plans to protect vulnerable children. Their role is to make sure all children are well cared for and able to reach their full potential. They also provide support and training for people who work with children and young people, to make sure that they are fully aware of their safeguarding responsibilities.

Contents	Page
Chair's Foreword	3
Our Partners	5
Our Plan on a Page and Our Strategic Priorities	6
Governance Structure	7
Performance Audit and Quality Assurance Sub Group	8
Policy, Procedure and Workforce Practice and Development	9
Child Death Overview Panel	10
Neglect Sub Group	11
Serious Case Review Sub Committee	12
Safeguarding Children with a Disability or Complex Health Need	13
Child Exploitation Strategy Group	14
The Safeguarding Landscape	15
BSCB Budget 2018 - 19	16

Foreword from the Independent Chair

Thank you for taking an interest in the work of the Barnsley Safeguarding Children Board. We are always keen to raise public awareness of Safeguarding Children as we firmly believe that keeping children safe is everyone's business. I hope that this report plays a part in reassuring the public of Barnsley that agencies are working effectively together to keep our children safe and increases their understanding of Safeguarding.

A highlight of the last year was the Ofsted Inspection of Children's Social Care Services which took place in October 2018. To quote from the report:

“Services for children in Barnsley are good and there has been steady improvement at successive inspections since 2012. Children are at the heart of strategic thinking, decision-making, and operational practice, which leads to good-quality services from a skilled and motivated workforce. The resolute focus on improving outcomes for children is shared across the partnership and is underpinned by political commitment and financial investment and a self-evaluation that shows that leaders know their services well.”

I believe that opening statement in the report gives an independent verification of the commitment shown by all those who work with children, and their families, to ensure that they are doing their best to keep children safe and are focussed on continuing to drive forward improvements.

This will be the last annual report of the Barnsley Safeguarding Children Board as on the 1st of April 2019 we made adjustments to our partnership arrangements in order to be compliant with the Government guidance document: Working Together 2018. As a result of a national review of Safeguarding Boards, the Government decided that they would remove the statutory requirement for each local authority area to have a Local Safeguarding Children Board and replaced that by placing a duty on the three safeguarding partners,

the Local Authority, the Police and Health, to ensure that there are effective local arrangements to keep children safe. A decision was made to move to becoming the Barnsley Safeguarding Children Partnership which retains the strengths of the Safeguarding Board but continues to look for opportunities to improve.

We have always been prepared to make changes in order to respond to emerging issues. A good example is that during the period covered by this report the Child Sexual Exploitation sub group widened its remit to cover such issues as County Lines and Contextual Safeguarding. This led to a change in its action plan and a change of name to the Child Exploitation Strategy Group to reflect its increased role.

As the Independent Chair, I am pleased to be able to say that I have confidence in the commitment and focus of agencies working with Children, Young People and their families.

Bob Dyson QPM, DL

This is what we do

The Role of the Barnsley Safeguarding Children Board is to:

Ensure that safeguarding children and young people is at the centre of everything we do

Hold board members to account – are we/they doing enough to keep children and young people safe?

Collect and share information about how well we are keeping children and young people safe and what more we could do

These are our Partners



Produce a 'Plan on a Page'

We have created a 'Plan on a Page' which sets out:

The Statutory Responsibilities of the Barnsley Safeguarding Children Board

The Role of the Barnsley Safeguarding Children Board

The Structure of the Barnsley Safeguarding Children Board

It also outlines our Strategic Priorities

Strategic Priority 1 Sharing and Engaging

The Board will continue to monitor service improvement through the Continuous Service Improvement Plan and a schedule of regular audit activity

The Board will continue to seek the views of children and young people

Safeguarding Awareness Week provides an opportunity for all of the partnership and community to come together with the message **"Safeguarding is Everybody's Business"**

Strategic Priority 2 Helping, Empowering, Supporting

Ensure the availability of quality multi-agency child protection training and the provision of quality safeguarding services
Supporting children and young people to have a voice

Help shape services and support best practice via the Designated Safeguarding Leads and other Forums

Ensure accessibility of information via the website and other resources

Strategic Priority 3 Prevention

The synergy obtained from strong partnership working remains an essential element of effective safeguarding.

The continuing effectiveness of the work of the Board will continue to be subject to close scrutiny

Ensure partners are kept up to date with emerging themes and key messages

Support learning and development through Serious Case Reviews and Lessons Learned

Strategic Priority 4 Accountability

Continue work to ensure that the thresholds are understood and correctly applied by partner agency staff and that effective use is made of the escalation process in cases where there are concerns about the decision making

The Board will continue to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement

What We Will Do:

Let people know how to get help or report harm

Design and deliver effective training for all staff and volunteers

Provide children and young people and their families who have been harmed with support and information

Evaluate children and young people's views of safeguarding and demonstrate if we have helped them to reduce risk

Carry out Serious Case Reviews and Lessons Learned Reviews to improve the way we keep children safe

Continue to provide Performance Information to the Board to assure the Board that we are working together to prevent harm

Regularly challenge processes and performance at Board level to show all organisations are being held to account for the safety of children in Barnsley

Identify any gaps for young people moving from children's to adult services that may leave them at risk of harm

Ensure synergy and a joint response to shared themes such as Female Genital Mutilation (FGM)/Honour Based Violence /Forced Marriage (FM) and Prevent

Governance Structure of the Barnsley Safeguarding Children Board

Independent Chair

Bob Dyson

Barnsley Safeguarding Children Board

Performance Audit and
Quality Assurance
Sub Group

Mel John-Ross

Child Exploitation
Strategy Group

Paul Murphy

Policy, Procedures and
Workforce Practice and
Development
Angela Fawcett &
Stephanie Evans

Child Death
Overview
Panel

Alicia Marcroft

Neglect
Sub Group

Debbie Mercer

Serious Case
Review Sub
Group

Bob Dyson

Disability Sub
Group

Debbie Mercer

The priorities of the Board as identified by the partners are the responsibility of seven sub groups who ensure that the work of the Board is carried forward. Each of the sub groups has a work plan which focuses on a particular area of the Board's priorities.

Performance Audit and Quality Assurance Sub Group

Mel John Ross Service Director, Children's Social Care & Safeguarding

What We Do:

On behalf of the Board we carry out regular checks of individual agency safeguarding practice. We also keep a very close eye on a number of key performance indicators. We secure quality assurance through findings from single and multi-agency audits

What We Did:

Responsible to the Board for overseeing the Quarterly Performance Management Report and Quarterly Themed Audit Schedule

Co-ordinate single agency safeguarding Section 11 self-assessment audits and analysis, monitoring agency action plans by reviewing summary data and determining response in respect of non-compliance and oversee the Section 175 and 157 audit process relating to schools and outcomes

In 2018 – 19 we undertook four Multi Agency Themed Audits and ongoing monitoring of Action Plans

In April 2018 we carried out an Audit to assess the effectiveness of the Pre-Birth Assessment Pathway.

In September 2018 we carried out an Audit to assess the effectiveness of the Person Posing Risk to Children Assessment.

In October 2018 we carried out an Audit to assess the cumulative impact on children of Trauma and Adverse Childhood Experiences.

In February 2019 we carried out an Audit to assess the impact on children living with Mental Health Issues.

What We Will Do:

In 2019- 20 we will continue to carry out multi-agency audits to give the Board assurance that partners are doing everything they can to keep children and young people safe in Barnsley

Policy, Procedure and Workforce Practice and Development

Stephanie Evans, Interim Head of Service, Safeguarding Unit and Quality Assurance and Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, CCG

What We Do:

We aim to ensure we have a workforce that is supported to safeguard children in Barnsley
We strive to ensure staff are well supported and feel confident and competent to undertake their safeguarding role

This is achieved through the provision of a comprehensive training offer and assurance that staff are attending relevant training and achieving required competency

Additionally, that this is underpinned by clear, comprehensive policies which are readily available for all staff to access

Moreover, that staff have access to safeguarding supervision to support them and the caseloads they manage

The role of the PPWPD is to ensure the above structures are in place and maintain oversight of these to ensure they remain relevant and we are aware of emerging issues and learning

What we did:

Continued to offer a comprehensive training offer

Developed a training strategy and action plan for the group

Strengthened the training offer by adding in courses on contextual safeguarding and trauma informed approach

Reviewed all current policies and procedures to ensure they remain relevant and are up-to-date

Updated the procedures for bruising to non-mobile babies and developed an accompanying leaflet for parents

Introduced a quality assurance framework for the training programme

Continued to develop a successful programme of learning for safeguarding leads

Generated a substantial amount of income to reinvest in the training offer

Organised several successful conferences/masterclasses



On behalf of the BSCB, the Barnsley Safeguarding Children Multi Agency Training Programme represents one of the most comprehensive safeguarding training offers in the country with over 100 training courses, conferences and seminars

What We Will Do:

In 2019 - 20 we will do more to measure the impact of training on workforce practice. Does the training we deliver have a positive effect on the way people go about their day job and help to safeguard and improve the welfare of children and young people?

Child Death Overview Panel

Alicia Marcroft Head of Public Health (Children and Young People)
Head of Service Public Health Nursing

What We Do:

It is the role of one of the sub groups of the Board to look at all deaths of children and young people in Barnsley, whatever the reason, to see if there is anything that we can learn from them and anything that might help us avoid such deaths happening in the future. This is the role of the Child Death Overview Panel.

What We Did:

On behalf of the Partnership we met to consider all deaths of all children and young people in Barnsley, whatever the reason. We also met regularly with our colleagues from across the region to see if there are any identifiable themes or trends in child deaths, particularly, for example around issues to do with child health.

What We Will Do:

We will continue to work as a multi-agency partnership, to review all deaths of all children and young people in Barnsley and ensure that any lessons that can be learned are shared with colleagues in a timely way to make Barnsley as safe a place as possible.

Neglect Sub Group

Debbie Mercer Head of Service, Children and Family Social Care

What We Do:

The Neglect Sub Group was established in 2017 to help tackle Neglect. We recognise that neglect is a serious problem in Barnsley and so we have worked together with the NSPCC to launch a new Neglect Strategy and developed documents with guidance to support professionals and families in recognising neglect and what they can do to help sort the problem out.

What We Did:



We aim to reduce the impact and prevalence of neglect in Barnsley over time To raise everyone's awareness about the signs, symptoms and impact of neglect for children and young people 0-18 years.

To ensure that neglect is identified at an early stage and that it is responded to consistently, confidently and appropriately at the right threshold of need with a timely response

We developed a strategy for referral pathways and management of neglect cases in Barnsley so that the impacts upon children and young people are minimised We developed consistent multi agency practice and approaches to neglect through training and development and report to the BSCB on progress against these objectives

We have produced documents to help people understand and recognise Neglect, including a guide for parents, young people and professionals called 'Neglect Matters'



What We Will Do:

We will continue to work with partners, including the delivery of the Graded Care Profile training, to help them recognise neglect and support families in deciding how best to tackle neglect and improve outcomes for children, young people and families

Serious Case Review Sub Committee

Bob Dyson QPM, DL

What We Do:

Local Safeguarding Children Boards are required to commission an independent author to conduct a serious case review (SCR) in circumstances where abuse or neglect of a child is known or suspected and either the child has died or been seriously injured and there is cause for concern as to the way in which agencies worked together to safeguard the child. The SCR subcommittee is chaired by the independent chair of the Barnsley Safeguarding Children Board; it forms a panel to consider any case which may meet the criteria for an SCR to be commissioned. During the time covered by this annual report, there were no cases that needed to be considered. On 3 April 2018 the board published an SCR into the tragic death of a seven year old boy that occurred in 2015. The Independent Author did not find any fundamental failings by agencies but did identify six learning opportunities all of which have been addressed. That report, entitled Child R, is available to read on the Barnsley LSCB website.

What We Did:

Over the past twelve months, in the absence of any new cases in Barnsley, the subcommittee has considered SCR reports from other parts of the country to see if there are lessons that we can learn here in Barnsley. That has led to the board taking a greater interest in some subjects, an example being Special Guardianship Orders, to ensure that they are being effectively managed in Barnsley.

In March 2019 we commissioned a Serious Case Review to look at the case of a baby death that is the subject of an ongoing police investigation. That SCR has not yet been finalised.

What We Will Do:

We will continue to work with our colleagues across the partnership to ensure we all do everything we can to learn from any incidents or accidents to children and young people both locally and nationally and that we comply with the new requirements of Working Together to Safeguard Children 2018.

Safeguarding Children with a Disability or Complex Health Needs Sub Committee

Debbie Mercer Head of Service, Children and Family Social Care

What We Do:

One of the more vulnerable groups in society is those who either have a disability and/or complex health needs. The Board considers it very important that it continues to have oversight of this group of children and young people and that the needs of this vulnerable group are being met.

The role of the Safeguarding Children with Disabilities or Complex Health Needs subcommittee is to make sure that partners are working together to ensure the support needed is available for this group of vulnerable children and young people and to work alongside colleagues and partners of the Adult Safeguarding Board to ensure appropriate arrangements are in place for when these young people transition into adulthood, particularly with regard to relevant training.

What We Did:

We carried out quarterly themed audits to give the Safeguarding Children Board assurance that children with disabilities and or complex health needs receive the support they need and that appropriate plans are in place to keep them safe. We worked with colleagues across the partnership to ensure that transition protocols are in place to support children and young people when they transition from receiving help and support from children's services to accessing help and support from adult services



What We Will Do:

We will continue to work alongside partners in both children's and adult services to ensure colleagues are aware of their responsibilities towards this group of children and young people and that appropriate services are available

Child Exploitation Strategy Group

DCI Paul Murphy, South Yorkshire Police

What We Do:

The Child Exploitation (CE) Strategy Group is responsible to the Safeguarding Children Board for overview of inter-agency working in all areas of CE including Contextual Safeguarding and County Lines. The Strategy Group is also responsible for the development and implementation of the Safeguarding Children Board CE Strategy and Work Plan.

What We Did:

In 2018 - 19 we carried out four multi-agency audits so that we are able to assure the Board that our partners are fully aware of the risks facing our children and young people from those wishing to try and harm them through CE. This includes on-line grooming and pressures they may face from their peers in engaging in risk taking behaviours that might further expose them to harm.

As well as making sure the BSCB CE Strategy and Work Plan is kept up to date, the CE Strategy Group received regular reports and updates from the Multiple Vulnerabilities and Complex Abuse Panel, which considers some of our most at risk children and young people and reports from the Missing Panel, that meets regularly to consider children and young people who go missing from home, the reasons why they go missing and what we can do to try and keep them safe.

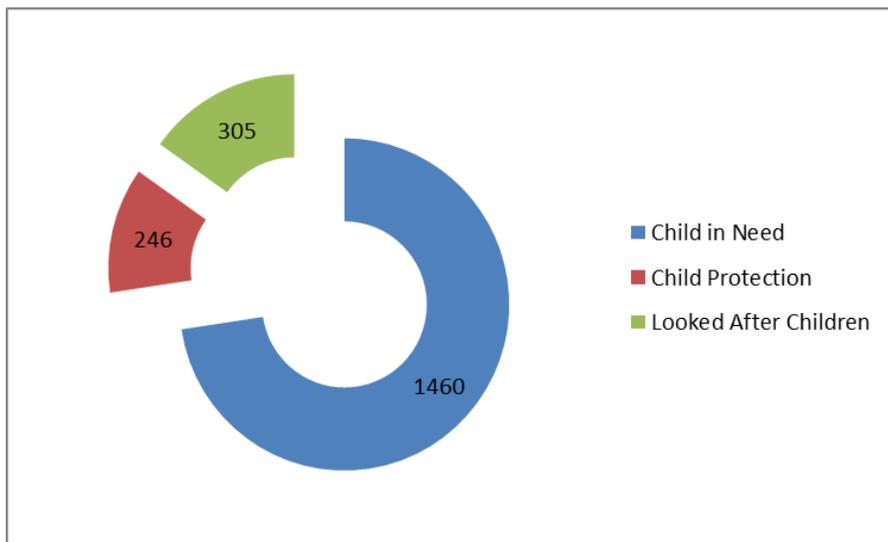


What We Will Do:

In 2019 - 20 we will continue to conduct regular audits of cases where children and young people have been exposed to or at risk of CE. We will continue to assess the local risks that our children and young people are facing, including harmful sexual behaviour and we will make sure all our partners and people that work for them are aware of what CE is and for them to be constantly vigilant so that we can keep our children and young people as safe as possible

The Safeguarding Landscape in Barnsley

The below graph shows the number of children on a plan in Barnsley as at 31 March 2019. There are also c. 2,890 children receiving support through early help on an Early Help Assessment.



What to do if you are worried about a child

If the child is in danger

Call the police on 999 or (01142) 202020.

If the child is not at risk of immediate harm

If you're concerned about a child, but they're not in immediate danger, it's still important to share the information with us as soon as possible.

If your call is not urgent contact the Assessment Service on (01226) 772423. Our offices are open between Monday and Friday from 9am to 5pm.

Out of hours emergencies

If you want to report your concern urgently and our offices are closed you can contact our Emergency Duty Team on 01226 787789. They work on weekends and bank holidays and deal with issues that can't wait until usual office opening hours.

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/worried-about-a-child/>

Barnsley Safeguarding Children Board Budget

Year End 2018/19

Barnsley Safeguarding Children Board Final Position 2018/19			
Income		Expenditure	
£		£	
Partner Contributions			
Barnsley MBC	£51,115	Staffing	£108,090
NHS Barnsley CCG	£49,000	Professional Fees, Supplies and Services	£35,086
PCC	£12,024		
NPS	£1,037		
Training Income	£30,000		
TOTAL	£143,176	TOTAL	£143,176

QUALITY & PATIENT SAFETY COMMITTEE

14 November 2019

Quality Highlights

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision	<input type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
		<input checked="" type="checkbox"/>	Information
		<input checked="" type="checkbox"/>	
2.	PURPOSE		
	Provide the November 2019 Governing Body with the agreed highlights of the October 2019 Quality & Patient Safety Committee.		
	The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.		
3.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Jayne Sivakumar	Deputy Chief Nurse
	Author	Hilary Fitzgerald	Quality Manager
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
	Quality and Patient Committee	10 October 2019	To raise as highlights to the Governing Body
5.	EXECUTIVE SUMMARY		
	At the Quality and Patient Safety Committee meeting on 10 October 2019, it was agreed that the following 3 quality issues are highlighted to the Governing Body and rated:		
	<ul style="list-style-type: none"> • Green – GP Practice CQC Inspection Outcomes • Green – Friends and Family Update • Amber – Mental Capacity Act and Deprivation of Liberty Policy 		

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

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)		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		
3.1	Clinical Leadership		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		Y
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?		N
	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
	See Appendix A		

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

Appendix A Quality Highlights Report

Issue	Consideration	Action
GP Practice CQC Inspection Outcomes	<p>Since the last QPSC meeting, the following GP practices have been inspected by the CQC and all have been classified as GOOD overall.</p> <ul style="list-style-type: none"> ➤ BHF Highgate Surgery ➤ BHF Lundwood Practice ➤ BHF Brierley Medical Centre ➤ Hoyland First PMS Practice 	<p>The CCG has written to the practices to congratulate all staff on receiving the Good rating and to thank the staff for their continued efforts to provide high quality services for the people of Barnsley.</p>
Friends and Family Test Update	<p>Changes to the Friends and Family Test (FFT) for patients are being implemented from 1 April 2020. The changes made are designed to improve accessibility to the FFT for all patients. Changes include using a better, easier to understand question, and removing timing requirements that had a potential negative impact on the collection of feedback.</p>	<p>The Governing Body is asked to note the changes as it is anticipated that the changes will make the FFT more accessible for all patients resulting in a more effective patient experience feedback capture tool.</p>
Mental Capacity Amendment Act and Liberty Protection Safeguards	<p>The amended Mental Capacity Act received Royal Assent on 16 May 2019. Deprivation of Liberty Safeguards will cease and will be replaced by the Liberty Protection Safeguards (LPS) which are expected to be implemented from 1 October 2020. As a result, the CCG will have a statutory role to authorise deprivations of liberty for people receiving Continuing Health Care and a vicarious role as a commissioner of NHS hospitals.</p> <p>QPSC considered the proposed timeframe for implementation of LPS and the potential impact to the CCG's business.</p>	<p>The Governing Body is requested to note that there will be significant organisational and system impact in terms of corporate risk; financial and human resource requirements; procurement, contracting and quality monitoring.</p> <p>Scoping has commenced internally and across partner organisations in Barnsley.</p> <p>Legislative regulations are not yet published. Updates will be provided as terms and conditions of the revised Act emerge.</p>

GOVERNING BODY

14 November 2019

RISK AND GOVERNANCE EXCEPTION REPORT

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"> To assure the Governing Body re the delivery of the CCG's annual strategic objectives To assure the Governing Body that the current risks to the organisation are being effectively managed and monitored appropriately To summarise the outcomes from a recent committee effectiveness survey To provide the outcome from a recent review of the Audit Committee's Terms of Reference. 								
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								
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Audit Committee Terms of Reference</td> <td>31.10.19</td> <td>Approved</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Audit Committee Terms of Reference	31.10.19	Approved
Group / Committee	Date	Outcome							
Audit Committee Terms of Reference	31.10.19	Approved							
5.	EXECUTIVE SUMMARY								
5.1	Governing Body Assurance Framework								
	<p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. In line with the new Corporate Calendar the Governing Body will now receive the full</p>								

	<p>Assurance Framework (GBAF) at every other meeting with a summary being brought to intervening meetings. In line with these reporting timescales an extract of the GBAF is therefore presented to the November 2019 meeting of the Governing Body (Appendix 1). There are currently no risks on the GBAF 2019/20 rated as 'red' extreme risk.</p>
<p>5.2</p>	<p>Corporate Risk Register</p> <p>The <i>Corporate Risk Register</i> is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (September and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with an extract report of the Corporate Risk Register (Appendix 2).</p> <p><i>Red (extreme) risks:</i></p> <p>There are currently 5 extreme risks on the CCG's Risk Register which have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework. The risks are:</p> <ul style="list-style-type: none"> • Ref CCG 18/04 (rated score 16, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG. • Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes. • Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce. • Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality & patient safety of incomplete D1 discharge letters. • Ref CCG 15/07 (rated score 15 'extreme') – Quality & patient safety risks relating to Yorkshire Ambulance Service (YAS). If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.
<p>5.3</p>	<p>Committee Effectiveness Survey</p> <p>From a good practice perspective and to identify potential improvements, a short survey designed to gauge the effectiveness of CCG Committees has been completed by CCG Committee Members for each committee that they are a member of. A total number of 30 responses were received out of a potential 45 responses. This equates to a 66% total response rate to the survey</p>

	<p>Appendix 3 provides a composite report of all responses received. A report for each CCG Committee will be submitted for due consideration and or action by the respective Committee.</p> <p><i>Key findings</i></p> <p>The findings from the Survey demonstrate an overall consensus from CCG Committee Members that Committees are working effectively. There are no findings from the survey which would suggest any significant, urgent actions to improve the effectiveness of Committees. However, there are some areas identified from the comments submitted via the survey which are worthy of further consideration by individual Committees, as follows:</p> <p>Quality & Patient Safety Committee:</p> <ul style="list-style-type: none"> • To consider developing links to contract monitoring to feed into QPSC work • To evaluate the duration of meetings and action accordingly. <p>Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Embed the practice of ensuring that papers requiring a decision contain a clear recommendation supported by a rationale linked to guidance and best practice. <p>Equality & Engagement Committee:</p> <ul style="list-style-type: none"> • To monitor and ensure that all actions determined by the Committee are completed
<p>5.4</p>	<p>Committee Terms Of Reference</p> <p>In accordance with CCG policy, Committee Terms of Reference are reviewed on an annual basis. The Governance & Assurance team, working with Committee Chairs and admin support, has recently reviewed the Terms of Reference of the Audit Committee. The following changes to the Terms of Reference are proposed following this review:</p> <ul style="list-style-type: none"> • Review of all External Audit reports, including the report to those charged with governance, review of the annual audit letter before publication, and any work undertaken outside the annual audit plan, together with the appropriateness of the management responses (Para 7.1d). • All CCG employees other than Governing Body GPs who may serve as members of the committee in accordance with paragraph 12.1 above (Para 12.4c). • Any work outside the External Audit plan is approved by the Audit Committee before commencement.
<p>6.</p>	<p>THE GOVERNING BODY IS ASKED TO:</p>
	<ul style="list-style-type: none"> • Review the summary of the GBAF for 2019/20, and consider whether the risks are appropriately described and scored, and whether there is sufficient assurance that they are being effectively managed • Identify any additional positive assurances relevant to the risks on the GBAF

	<ul style="list-style-type: none"> • Review the extract of the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks. • Note the summary of key outcomes from the committee effectiveness survey. • Approve the revised Audit Committee Terms of Reference.
8.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 – GBAF 2019/20 FULL • Appendix 2 – Corporate Risk Register FULL • Appendix 3 – Committee Effectiveness Survey Composite All Committee Data Report
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
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	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
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 CCG Governing Body Assurance Framework 2019-20

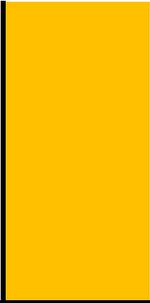
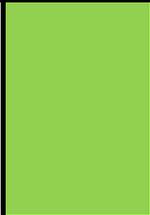
PRIORITY AREA 1: URGENT & EMERGENCY CARE				Delivery supports these CCG objectives:				PRINCIPAL THREATS TO DELIVERY							
<ul style="list-style-type: none"> Increased clinical assessment of calls to NHS 111 & CAS Enhanced front door clinical streaming Delivery of ambulance targets / conveyance with zero tolerance of delays over 30 minutes Delivery of 4 hour A&E standard Improved patient flow and reduce length of stay Free up hospital beds - Reduce non-elective activity Enhance Same Day Emergency Care, increasing the proportion patients discharged on the day of attendance Continue to deliver reductions in DTOC Reduce A&E by default selections on the DOS 				Highest quality governance				<p>There is a risk that if partners locally and across the ICS do not engage constructively together, to develop a model for urgent care at a South Yorkshire and Bassetlaw and Barnsley level, in line with best practice and national guidance there is a risk that urgent care services are unable to meet the growing demand, constitution standards for urgent care are not achieved and the quality of patient care is negatively impacted</p>							
				High quality health care								✓			
				Care closer to home								✓			
				Safe & sustainable local services				✓							
				Strong partnerships, effective use of £				✓							
				Links to SYB STP MOU 8.4. Urgent and Emergency Care											
<i>Committee Providing Assurance</i> Risk rating				FPC		<i>Executive Lead</i> JW				<i>Clinical Lead</i> SK					
Likelihood	Consequence	Total						Date reviewed Oct-19							
Initial	3	4	12					Rationale: Likelihood currently judged to be 'possible' given current pressures and challenges across the urgent care system and the developing nature of plans to deliver outcomes of the national urgent care review. Consequence is judged as major due to the potential impact on patient care.							
Current	3	4	12												
Appetite	3	4	12												
Approach Tolerate															
Key controls to mitigate threat:						Sources of assurance						Rec'd?			
Operational planning templates 2019/20 were submitted to NHSE in April 2019. All activity plans are in line with forecast demand, have been agreed through contracting arrangements and are reflected in signed contracts.						Plan submitted to NHSE in line with required deadlines and the CCG have worked with NHSE to inform the final assurance process. Final feedback and confirmation of assurance received by NHSE/I and the ICS.						Plan Assured by ICS & NHSE/I			
Barnsley UEC Delivery Board meets monthly, with representation from the CCG, to ensure oversight of performance and planning for urgent care locally and ensure delivery of urgent care standards including local system wide planning for winter and other seasonal pressures.						CCG Medical Director and Director of Strategic Planning and Performance represent the CCG as members of the local delivery board. UEC Delivery Board evaluation of Winter 2018/19 took place at the Delivery Board in April and recognised the successes in delivering key standards and maintaining performance over the period. 2019/20 Winter Plans being finalised by providers and feeding into the system wide winter plan and escalation arrangements. UEC Delivery Board Performance Dashboard is in place enabling all key performance and activity information from across partners to be reviewed by the Board and for actions to be agreed to address any areas of concern. Operational performance of UEC services in 2018/19 was strong including A&E, LoS, DTOC and Ambulance Handovers. A&E Summit planned for October 2019 to consider continuing demand on A&E and develop						Ongoing			

<p>Urgent and Emergency Care Steering Board is in place as the UEC Programme Board of the South Yorkshire and Bassetlaw Integrated Care System. Representation in place for the UEC Delivery Board partners on the Steering Group and Commissioner Reference Group.</p>	<p>Barnsley UEC Delivery Board are represented by Barnsley CCG Director of Strategic Planning and Performance and Barnsley Hospital Deputy Director of Nursing (Operations) ensuring Barnsley place is contributing to system developments. SYB UEC Steering Board has agreed priorities which all places are signed up to deliver locally. Oversight by the SYB Steering Board and locally through the UEC Delivery Board. Successful procurement of a new Integrated Urgent Care/Clinical Advice (111) service with delivery commencing from April 2019 increasing access to clinical advice and linking with local services.</p>	<p>Ongoing</p>
<p>The CCG is developing a clear, prioritised delivery plan, to improve the out of hospital service offer and ensure that more people are able to be cared for and treated at home or in a community setting without the need for an hospital attendance or admission.</p>	<p>NEL Group has been established to oversee delivery of priority projects and this will feed into SMT and QDG. Community Services specification is being developed for integrated community and primary care services working as part of the PCN/Neighbourhood arrangements with a focus on providing proactive care at home or in a community setting and supporting people to be better able to manage their own conditions.</p>	<p>In progress</p>
<p>Urgent Care Services are in place and continuing to deliver improvements to already strong performance and enabling the ongoing delivery of planning priorities. An Integrated extended hours and out of hours primary care services (IHEART 365) is in place with contracts for both elements of service delivered by Barnsley Healthcare Federation.</p>	<p>New IUC/CAS is in place and increasing access to clinical advice Primary Care Streaming is in place with a navigation function signposting people away from ED where appropriate. A&E waiting time performance is consistently high, length of stay low and flow good through and out of hospital ensuring low levels of DTOC Ambulatory Care/SDEC pathways are in place including Clinical Decision Unit, Acute Frailty Unit, Ambulatory Medical Assessment Clinic, Surgical Assessment Unit and Childrens Assessment Unit</p>	<p>Ongoing</p>
<p>Performance reports to Finance and Performance Committee and Governing Body on the delivery of constitution standards and CCG Improvement and Assessment Framework. Twice yearly assurance reports provided to Governing Body.</p>	<p>Monthly reporting through the Integrated Performance Report to Finance and Performance Committee and bi-monthly to Governing Body</p>	<p>Ongoing</p>
<p>Gaps in assurance</p>	<p>Positive assurances received</p>	
<p>Gaps in control</p>	<p>Actions being taken to address gaps in control / assurance</p>	
<p>RR 15/07: If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response times targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.</p>	<p>Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.</p>	
<p>RR 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non-elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG</p>	<p>Activity levels are monitored on an ongoing basis through contract/performance management arrangements. NEL activity has been reviewed and work commenced to identify opportunities to support more patients at home to avoid the need for emergency hospital admission.</p>	

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 High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		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	
				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	
Initial	3	4	12			Oct-19	
Current	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.	
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 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 the My Best Life Service 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			

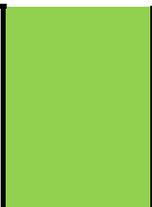
PRIORITY AREA 3: CANCER				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY				
<ul style="list-style-type: none"> Preventing cancer incidence Reduced Inequalities especially those diagnosed at emergency admission. Improved cancer diagnosed rates at stage 1 or 2 Early Diagnosis - Implement rapid assessment and diagnosis pathways for lung, prostate, colorectal and Upper GI cancers Improve care and treatment - implement new cancer waiting times system Improve Patient Experience along pathways and LWBAC Increasing Positive Experience at EOL by increasing early identification and reducing 3 or more admissions in last 3 months of life Deliver Survivorship Program (LWABC) including recovery package and stratified pathways Commissioning for Value adopted if appropriate Achieve 8 waiting time standards including the 62 day referral-to-treatment cancer standard. 				Highest quality governance		✓				
				High quality health care		✓				
				Care closer to home		✓				
				Safe & sustainable local services		✓				
				Strong partnerships, effective use of £		✓				
Links to SYB STP MOU				8.6. Cancer		<p>1. Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and shared by partner</p> <p>2. Risk to delivery of early diagnosis if:</p> <p>(a) the CCG does not effectively promote to the people of Barnsley the national screening programme</p> <p>(b) Practices do not consistently apply NICE guidance for cancer diagnosis and referral.</p> <p>3. Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, the CCG will not secure full access to cancer transformation funding which would impact negatively on securing improvements to services for people Living With and Beyond Cancer (LWABC) and improving 62 day target and 8 WT standards .</p> <p>4. Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful.</p>				
Committee providing assurance		FPC	Executive Lead		JB			Clinical Lead	Dr H Kadarsha	
Risk rating	Likelihood	Consequence	Total					Date reviewed		Oct-19
Initial	3	4	12					<p>RATIONALE: Likelihood has been scored at 4 due to performance issues but will be kept under monthly review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered. A number of areas are challenging and not delivering due to additional demand in the system and time required for clinical governance to be in place for pathway changes required to address performance issues.</p>		
Current	4	4	16							
Appetite	3	4	12							
Approach	Tolerate									
Key controls to mitigate threat:				Sources of assurance				Rec'd?		
Programme Governance arrangements										
Barnsley wide cancer group? SYB cancer alliance?				How reported back into CCG?						

<p>Steering Group: On track. CCG Contracting process: Reporting requirements relating to cancer A&E attendance and Vague Symptoms included in acute contract for 19/20. 5-10 year Strategy: Macmillan possible funding withdrawn. BHNFT/CCG working towards a solution. The CA Demand and capacity modelling will provide future trajectories; CCG /CRUK supporting practices with improvement plans to drive ED improvement at locality and practice level - these will be used to support PCN ED specification implementation and locality working; ED and screening and stakeholder meeting held to gain wider identification of priorities and action plan in place ; Workforce: MDT workshop: Using learning from the Cheshire and Merseyside models, the High Quality Services workstream of the CA will define scope and feed into CDGs. Pilots will be set up in each local trust and act as a vehicle for sharing learning. CCG working with CA to develop compassionate cancer nursing strategy.</p>	<p>HQS implementation group established, to develop and monitor quality priorities including CDG aim to reduce clinical variation and define quality measures for the CA programme. CCG will continue supporting at ICS/CA level via membership of group and CE CCG and Deputy Director representation at CA board. Steering group meeting 6 weekly and produces 6 weekly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO An 6 monthly assurance report approved by CCG governing body May 2019. 5 Primary care cancer measures within PDA are monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by PC team; contracting process ensures controls in place for BHNFT and STHT performance and contractual totals. This is reported to CCG via Finance & Performance committee.</p>	
<i>62 Day Waits</i>		
<p>current CCG performance for Q4 is 84.2% (target 85%) and BHNFT on track to meet Q4 target. Introduction of timed pathway for prostate and lung started and on track. The colorectal pathway started by September 2019 and upper GI timed pathway planning working group in place and on track. Trust and CCG performance has dropped during Q1 to 70.8% (target 85%). CCG unlikely to meet Q2 target.</p>	<p>Performance is reported to CCG via Finance & Performance committee and via CA board reporting arrangements. CCG meets BHNFT cancer lead monthly to monitor performance and gain assurance about improvement actions to address pathways; Steering group meeting 6 weekly and produces monthly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO monthly . CCG attends BHNFT CPIG group and raises assurance points that are addressed via the action log process. Reduction in performance due to large number urology backlog breaches cleared by STHT in May/June and increase in referrals to other pathways. Escalated to CCG via Finance & Performance committee and mitigating actions provided for assurance . Recovery plan agreed with BHNFT at 'place based review'. CCG Ass DON gaining assurance about maintaining quality from BHNFT and STHT during recovery period.</p>	
<i>Prevention</i>		
<p>Be Cancer SAFE: links established with PHE colleagues; Locality Dearne Team and BME and Polish populations. Joint BCS/Macmillan Health & Wellbeing Hub proposal submitted to BMBC market, awaiting feedback. Risky behaviours CQUIN: BHNFT and SWYPFT on target to deliver all parts including year-end targets. Screening: stakeholder workshop to be held April '19 to identify priority areas and gaps. Lynch screening: Paper to MT due 03/04/19. On track for 01/04/19 changeover date. Public health: Alcohol CleaR assessment being taken to Health and Wellbeing Board in April, on track to be delivered. Out of hours cervical screening pilot on track to deliver pilot .</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. The BCS work is reported to CCG via contractual process, via leads attendance at CCG Steering Group and bi-monthly assurance meetings with BCS by CCG cancer programme lead. Targeting Screening DNA/nonresponders via PDA indicator and BCS project focusing on 10 areas that have lowest reported screening rates. Out of hours cervical screening pilot monitored via existing I-Heart contract assurance .</p>	
<i>Early Diagnosis</i>		

<p>Timed pathways: Lung (green rating): ED pathway discussed and progress to mirror GP pathway. Prostate (green rating): agreement of Triage protocol and process with all clinical teams. Referral system set up for GPs to refer using a RAS. Colorectal (Amber) Clinical agreement in place - safety of triage. Timed pathway on track to start 30 September. Vague Symptoms Pathway shared via BEST website, with primary care, secondary care and LMC. SEA: Signed-up practices submitted SEAs and themes identified. . FIT - lower GI pathway: 67% of FIT Kits used compared to modelling number communication being sent regularly to primary care to increase usage. Tele dermatology pilot in place to reduce pressure on 2 WW skin pathway.</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementataions. Lower GI pathway implementation Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations. Lower GI pathway implementation monitored via QIPP monthly highlight reports .</p>	
<p><i>Better treatment and care</i></p>		
<p>Waiting times: With CA agree external support for demand and capacity work; continue rolling out timed pathway to reduce pressure on system. Quality Surveillance self-assessment: Results presented at QDG and shared with BHNFT. Improvement action and monitoring process to be agreed. Teledematology : CCG MT agreed 1 year Pilot , engagement survey to practices to ascertain preferred equipment option and general feedback distributed.</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly operational group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT and clinical forum . Tele dermatology pilot is reported via QIPP governance reports . Quality Surveillance self-assessment reported to CCG quality and safety committee annually and exceptions raised via this route . Ass DON gaining assurance about maintaining quality from BHNFT and STHT during recovery period.</p>	
<p>LWABC</p>		
<p>e-HNA/Care planning: Live pilot continues, currently 25 e-hna care plans completed in breast. CSW roles appointed. All templates completed in the 3 tumour sites. Test work outstanding. Supported self management: The Well has moved and reopened. Anxiety managements courses are well-attended. Risk stratified pathways: Clear pathways in place and being agreed regionally and locally –some delays still on local completion. Information: Macmillan Information will go in the new Well/ hopefully with Be Cancer Safe on the market and in outlying areas of Barnsley. Engagement and Project Governance: Dr Edgar and LWABC Project manager produced CCR template and guide for GP's. Project evaluation: evaluation work on-going with the Regional LWABC programme and the local evaluation including Anxiety management review of courses. Primary care: PDA/QOF support team visiting practices to support primary care with meeting deliverables. Letter written to Practices to offer a team support by CRUK and Macmillan funded Staff. EPaCCS all practices trained but issues with IT transfer of data between SWYPFT and GP practices is a risk.</p>	<p>5 Primary care cancer measures within PDA are monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by CAT and PC team; the Barnsley LWABC steering group governance framework and LWABC Leads membership of CA LWABC programme ensures programme reported to CCG. LWABC is a cancer measures within PDA that is monitored by PC commissioning committee and 1/4 reporting via PDA monitoring process led by PC team;</p>	
<p>End of Life</p>		
<p>SWYPFT's Palliative/EoL Care: EoL strategy group meets to progress action plan. EpaCCs: Surveys to practices who have / have not undertaken training produced and distributed to encourage sign up and ascertain possible mobilisation issues. Macmillan ANP for Care homes: Post-holder continuing to roll out project across South and Central neighbourhood.</p>	<p>reporting is via CCG being member of EOL strategy group and having responsibility to ensure strategy action plan on track. CCG reporting of Care homes ANP work plan gained by attending 1/4 implementation group and via CCG care homes programme governance. New EOL strategy production started and on track to be produced by 2020. EOL group focusing on reducing NEL - action plan in place. PDA assurance process monitoring EOL indicator compliance quarterly.</p>	
<p>Communication and engagement</p>		

Patient Engagement Screening: screening week communication completed. (10-16 June 2019). Primary Care Education: Hot Topic started and had good attendance that is increasing the numbers attending. Macmillan GP visited a number of practices. Patient Engagement: Promotion of BeCancerSafe breakfast meetings successful. Promotion of BeCancerSafe team runner up award. A cancer care navigation tool has been developed by BCS and is being used within BCSG services.

Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed; Macmillan post educational events reported via evaluation reporting process and bi-monthly reporting process to Macmillan ensures on track and monthly meetings between Macmillan GP and CCG CL for cancer. The CCG via CA established communication and engagement group ensures actions and reporting are to CCG and via monthly reporting for the cancer programme assurance reporting.



Gaps in assurance	Positive assurances received
Gaps in control	Actions being taken to address gaps in control / assurance

PRIORITY AREA 4: MENTAL HEALTH				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing - the access target to be achieved in 2019/20 is 35%</p> <p>By Q4 2019/20 to improve access to psychological therapies (IAPT) to 22% of the local prevalent population and to 25% by 2021.</p> <p>Improve the IAPT moving to recovery rate to an ambitious targets of 60% acknowledging the national target is 50%</p> <p>Improve pre and post mental health crisis care support</p> <p>Crisis care: extend the Liaison Mental Health service in A&E to include children and young people</p> <p>Reduce the numbers of suicides in Barnsley to the national average as a minimum</p> <p>Continue to Improve perinatal mental health</p> <p>Develop a South Yorkshire and Bassetlaw sustainable regional ASD /ADHD diagnosis and treatment service for adults</p> <p>Meet the Mental Health Investment Standard (MHIS)</p> <p>Improve access to healthcare and deliver annual physical health checks for the population - the target to be achieved for 2019/20 is 60% of those patients on the GP SMI Register</p> <p>66.7% of people with dementia aged >65 should receive a formal diagnosis.</p>				<p>Highest quality governance</p> <p>High quality health care</p> <p>Care closer to home</p> <p>Safe & sustainable local services</p> <p>Strong partnerships, effective use of £</p> <p>Links to SYB STP MOU</p> <p>8.5. Mental Health</p>		<p>There is a risk that if the CCG and its partners are unable to manage and mitigate the potential barriers to improving mental health services - lack of workforce capacity, limited financial resources, and legacy 'backlogs' - there is a risk that the CCG's ambitions for these services will not be achieved and that delivery of the five year forward view for Mental Health will not be achieved.</p>					
<i>Committee providing assurance</i>		FPC & QPSC		<i>Executive Lead</i>		PO		<i>Clinical Lead</i>		Dr M Smith	
Risk rating	Likelihood	Consequence	Total					Date reviewed		Oct-19	
Initial	4	3	12								
Current	4	3	12								
Appetite	4	3	12								
Approach				Tolerate				<p>Rationale: Likelihood set as 4 (likely) because delivering the recommendations of the five year forward view of mental health is dependent upon additional financial resources and a fully trained, accessible workforce. IAPT services have been successfully tendered and the new service commenced from 1 August 2018 which is delivering a more ambitious programme. In order to increase access to Mental Health services, the capacity of the mental health services needs to be increased, primarily by increasing the workforce. There are limited, accredited training courses available locally which limits the ability of the service to grow. The South Yorkshire and Bassetlaw ICS MH/LD Board have established a workforce strategy group for South Yorkshire collaborating closely with Health Education England</p> <p>Consequence set as 3 (moderate) because the mitigated actions outlined will enable mental health services to provide, good quality outcomes and be in a state of readiness to effectively utilise the additional resources as and when they become available. NB Rising clinical need is escalated and responded to.</p>			
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
Recurrent investment to implement the local transformation plan (improving children and young peoples emotional wellbeing).				Quarterly Assurance reports / feedback to NHS England; monitored by C&YPT(Children and Young Peoples Trust) ECG (see note 2). ECG minutes to F&P Committee.				Ongoing			
Perinatal Mental Health - continue to implement the specialist perinatal health team and to fund the specialist mental health midwife post at BHNFT.				ICS Reporting Framework. Action notes to JCU for info. Regular updates to Governing Body				Ongoing			
Service provider developing robust workforce plans in conjunction with Health Education England National Workforce Strategy.				MHFYFV Dashboard, monitored via Adult Joint Commissioning Group (see note 1)				Ongoing			

Increase the commissioning of ASD / ADHD services to 50% of the local evidence based prevalence. To develop a south Yorkshire and Bassetlaw regional ASD / ADHD diagnostic and treatment service. Additional investment in the Over 11 ASC pathway has been agreed to improve the waiting and access times on this pathway (waiting times are 2.5 years as at 30/4/2019)	ICS Reporting Framework. Successful Paper to May Governing Body re increased resource awaiting service mobilisation Progress monitoring by AJC Group (see note 1 below)	Ongoing
Continue to promote the local social prescribing service	Monitored via Adult Joint Commissioning Group (see note 1)	Ongoing
IAPT service has been successfully re-tendered with a revised service specification. The revised specification has been delivered by SWYPFT from October 2018 and is consistently achieving all national recommended targets	Oversight by F&PC, reporting into Governing Body. New IAPT service is fully implemented and all national IAPT targets are consistently achieved.	Complete
Barnsley Crisis Care Concordat Group have established three Task and Finish groups to i) assess the MH liaison service against Clinical Guidance CG16 (Self-harm); ii) consider the implementation of the Australian Mental Health Trauma Tool and iii) consider the development of a Crisis Cafe within the	Monitored via Adult Joint Commissioning Group	Ongoing
Further to the NHS E IST review of Barnsley CAMHS a new service specification is being developed and the service will be tendered mid-October 2019	Draft service specification has been discussed at Clinical forum (1/8/19) and wider consultation will be undertaken with young people and parents and partners to develop a robust service specification which will deliver the appropriate support for Barnsley's young people in relation to their emotional health and wellbeing	Ongoing
Barnsley CCG have submitted a bid (circa £500,000) to enhance the Mental Health Liaison service to achieve CORE 24 Compliance. Barnsley CCG have also submitted a bid to NHS England to develop a Crisis Care Assessment unit to provide an alternative to A&E and reduce the utilisation of the S136 Suite	Monitored via Adult Joint Commissioning Group (see note 1)	Ongoing
<p><i>Note (1) - Adult Joint Commissioning group minutes go to F&PC for information. It reports into the Health & Wellbeing Board which is attended by the CCG CO and Chair and minutes go to GB.</i></p> <p><i>Note (2) - the Childrens & Young People's Trust ECG minutes go to F&PC for information. It reports via TEG to H&WB which is attended by the CCG Chair and CO and minutes go to GB. Specific issues may be raised with GB via quarterly Children's Services updates.</i></p>		
Gaps in assurance	Positive assurances received	
	Local Transformation Plan refreshed annual (October) and quality assurance reports to NHSE. Latest Assurance report (March 2019) gained a 'fully confident' rating of delivery from the NHS E Assurance panel	
Gaps in control	Actions being taken to address gaps in control / assurance	

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 5: INTEGRATED CARE SYSTEM (ICS)				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<p>System Level: There is a shared view that in order to transform services to the degree required to achieve excellent and sustainable services in the future, we need a single shared vision and plan in each Place and across South Yorkshire and Bassetlaw. Partners from across health and social care in each Place have come together to develop a single shared vision and plan as part of an Integrated Care System.</p> <p>CCG contributions to system wide working & enabling work streams: Leadership and programme support</p>				Highest quality governance		✓			
				High quality health care		✓			
				Care closer to home		✓			
				Safe & sustainable local services		✓			
				Strong partnerships, effective use of £		✓			
				Links to SYB STP MOU					
				8.7 Workforce; 8.8 Digital & IT; 8.9. Development of Integrated Care in Place & System; 8.10. Commissioning reform; 8.11. Sustainable Hospital Services Review					
Committee Providing Assurance				ICS CPB JCC of CCGs		Executive Lead			
				LS		NB			
Risk rating	Likelihood	Consequence	Total				Date reviewed	Oct-19	
Initial	3	3	9				Rationale: Likelihood has been scored at 3 (possible) because individual organisation will be required to deliver on their statutory duties and may prioritise these over partnership commitments. Consequence has been scored at 3 (moderate) because whilst we would not be able to harness the full benefits of integrated health and care the commissioning and provision of health and care services for Barnsley people would continue.		
Current	3	3	9						
Appetite	3	4	12						
Approach	Tolerate								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
Collaborative Partnership Board (CPB) provides strategic direction and oversight of the ICS, while the Joint Commissioning Committee of CCGs facilitates collective commissioning decisions over defined areas.				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body				Ongoing	
ICS Memorandum of Understanding signed by all parties in place outlining sign up to direction of travel in system and in place, recognising journey to local Integrated care partnerships				ICS MOU signed off by Governing Body and all Parties to the ACS for 17/18. MOU for 2018/19 between NHSE/I and ICS agreed and signed off by 1 October 2018. ICS go Live October 2018. Integration agreements between place and system developed (from October 2018).				Oct-18	
Clear governance arrangements in place to enable to ICS to make both collective commissioning and provider decisions through the Joint Committee of Clinical Commissioning Groups (JCCC) and Providers Committee in Common (CiC)				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body. ICS governance arrangements for Level 3 ICS from April 19 in place				Jul-19	

The ICS has a clear management structure with sufficient capacity and resources to take forward its transformation programmes on behalf of the system.	Agreement of 2018/19 ICS nationally allocated transformation funding and partner contributions and sign off of 2018/19 ICS budget. Revised ICS Executive Management Team in place.	Jul-18
Work underway to identify 2019/20 commissioning priorities to be taken forward across the ICS footprint with JCCC oversight and potentially delegation of joint decision making subject to agreement of partner CCGs.	Paper setting out 2019/20 ICS commissioning priorities and collaborative commissioning arrangements agreed in principle by BCCG Governing Body March 2019. proposals for delegation of decision making to JCCC to be brought to a future GB.	Jul-18
Collective approach to decision making in relation to the Hospital Services Review in place within the Barnsley partnership and across the ICS.	Hospital Services Review received both by ICS Collaborative Partnership Board and by Barnsley CCG Governing Body. Governing Body agreed to the publication of the Strategic Outline Case October 2018.	Jun-18
Gaps in assurance	Positive assurances received	
Gaps in control	Actions being taken to address gaps in control / assurance	

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

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

Aligned resources	Place-based workforce lead appointed and transformation funding secured from HEE to support workforce modelling and strategy development. Commissioning team staff are aligned to integrated care priorities (Frailty, CVD and neighbourhoods) and there is agreement to align with BHF to support the development of PCNs and the supra-network.	Ongoing
Independent legal advisors appointed	Record of legal advice requested and received to date.	Completed.
Engagement with national bodies	Discussions with the Systems Transformation Group and New Business Models team at NHS England for Horizon Scanning and facilitating networking with other leading edge systems.	Ongoing
Staff engagement	Briefings have taken place. LS is attending team meetings to provide updates on the development of the ICS and ICP.	Ongoing
Communications and engagement	Communications leads from across the partners have co-produced a communications and engagement plan that has been signed off by ICPG.	Ongoing
Gaps in assurance	Positive assurances received	
Gaps in control	Actions being taken to address gaps in control / assurance	
18/02; If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	<ul style="list-style-type: none"> • Escalation of CCG concerns to BMBC senior management • Escalation via SSDG and health & wellbeing board 	

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 6: EFFICIENCY PLANS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
<ul style="list-style-type: none"> Free up hospital beds Best value across all CCG expenditure Reduce avoidable demand Reduce unwarranted variation in clinical quality and efficiency Cut the costs of corporate services and administration - plan to deliver 20% reduction in running costs in 2020/21 Financial accountability and discipline for all trusts and CCGs Plan for and deliver control total for 2019/20 				Highest quality governance		There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery & monitoring arrangements, there is a risk that the required QIPP savings will not be achieved, resulting in a failure to achieve statutory financial duties and non compliance with NHSE business rules.			
				High quality health care				✓	
				Care closer to home				✓	
Safe & sustainable local services		✓							
Strong partnerships, effective use of £		✓							
Links to SYB STP MOU									
8.2. Managing demand and demand management									
8.1. Efficiency programmes									
Committee Providing Assurance			FPC	Executive Lead		RN	Clinical Lead	Various	
Risk rating	Likelihood	Consequence	Total				Date reviewed	Oct-19	
Initial	3	4	12				Rationale: Likelihood currently judged to be 'possible' but will be kept under review. Consequence judged to be 'major' in light of potential impact on statutory duties, performance ratings, and organisational reputation.		
Current	3	4	12						
Appetite	3	4	12						
Approach	Tolerate								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
Structured project management arrangements in place to support delivery				F&PC scrutinised proposed monitoring on an ongoing basis & made recommendations to GB				Ongoing	
QIPP Delivery Group continues to be in place to maintain oversight of the QIPP programme				Progress reports to QIPP Delivery Group The CCG has plans identified against the 2019/20 QIPP target and these will be closely monitored with updates provided through QDG/F&P/GB. Work has commenced on identification of 2020/21 QIPP.				Ongoing	
Clinical Forum provides clinical oversight of projects				Monthly reports to Finance & Performance Committee and Governing Body				Ongoing	
Continued development and review of the CCG's Demand Management Programme (high value scheme)				Continual improvements and assessment of modelling of activity related schemes				Ongoing	
				Ongoing engagement with primary care and secondary care to support delivery of activity related schemes				Ongoing	
Continued development and review of the CCG's Medicines Optimisation QIPP 2019/20 to deliver prescribing efficiencies (high value scheme)				Clinical Pharmacists and Medicines management team continue to engage with Primary care and a validation of all efficiencies reported as delivered is undertaken within the Medicines Management team.				Ongoing	
Gaps in assurance				Positive assurances received					
Gaps in control				Actions being taken to address gaps in control / assurance					

	<p>Some concerns on the level of expected achievement against 2019/20 plans for demand management which are currently under review. Mitigating actions will be developed and reported through the QIPP delivery group, Finance and Performance Committee and Governing Body. Response teams also established to fast track in year opportunities.</p>
--	---

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 7: TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISTIC SPECTRUM CONDITIONS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by: -Reduce inappropriate hospitalisation and lengths of stay to be as short as possible - Improve access to healthcare and deliver annual physical health checks (eg cervical screening) -Invest in community teams -Ensure all children with learning disabilities, autism or both receive Community Care, Education and Treatment Review (CETR) if appropriate - Ensure all adults with learning disabilities, autism or both receive Community Care and Treatment Review (CTR) as appropriate -Increase uptake on annual health checks and learn from learning disability mortality reviews				Highest quality governance High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		There is a risk that if the CCG and its partners are unable to provide focussed case management and wrap around services there is a risk that: -People with a learning disability or autistic spectrum conditions will enter hospital inappropriately -There will be difficulty discharging current patients -Potential prohibitively high cost of meeting needs -Inability of current provider market to meet needs -Difficulty in ensuring that the quality of care is high -Insufficient funding to ensure the appropriate level of care within the community					
				Links to SYB STP MOU							
Committee providing assurance				FPC & QPSC		Executive Lead		PO / AR		Dr M Smith	
Risk rating		Likelihood	Consequence	Total				Date reviewed		Oct-19	
Initial		4	3	12				Rationale: likelihood assessed as 4 'likely' because the local market is not sufficiently developed to enable all aspects of the transforming care plan to be delivered. Consequence judged to be moderate (3) because in terms of direct impact higher levels of care are viewed as 'safer' but longer term promoting independence and quality of life is compromised, hence this focus by NHSE.			
Current		4	3	12							
Appetite		4	3	12							
Approach		Tolerate									
Key controls to mitigate threat:								Rec'd?			
A Complex Case Manager for Transforming Care patients has been in post from May 2019. The postholder will ensure CTR's and CETR's will be undertaken in a timely manner to ensure clients receive the most appropriate care in environments as close to Barnsley as possible.				JCU reports to Finance & Performance Committee with any Quality issues escalated to Quality & Patient Safety Committee.				May-19			
Appropriate services are being developed within Barnsley, where appropriate, to enable some of the most complex patients to return to Barnsley and be cared for within the local community								Jun-19			
Strong partnership arrangements with Calderdale, Wakefield and Kirklees (Transforming Care Partners CKWB) which will continue despite realignment of reporting footprint (Barnsley now to be reported with South Yorkshire & Bassetlaw)								Ongoing			
Development of LD Strategic Health & Social Care Improvement Group to maintain oversight of key legislation inc LEDER learning and transforming care. The identified LAC (Local Area Coordinator) for the LeDer Programme will be the Head of Commissioning (Mental Health, Childrens ad Maternity)								Ongoing			
The SEND lead for the CCG has been identified as the Head of Commissioning (Mental Health, Children's, Maternity). A vacancy for a Designated Clinical Officer for SEND has recently been advertised.								Ongoing			
Detailed plans, with timescales, have been developed for each patient identified within the Transforming Care cohort, to return these patients to appropriate local community settings as quickly and as safely as possible to improve their life outcomes								Ongoing			
A Barnsley Learning Disabilities Strategic Group has been established in April 2019 to continue the principles within the TCP programme - the CCG is represented on this multi-agency group by the Head of Commissioning (Mental Health, Children's and Maternity)								Ongoing			
Gaps in assurance				Positive assurances received							
Gaps in control				Actions being taken to address gaps in control / assurance							
				Quarterly meetings with NHS England Spec Comm, who commission the existing placements for this cohort of patients, to determine progress made, workign towards discharge							
				Quarterly assurance reports to be presented to Management Team outlining progress being made towards discharge of patients to the local community							

PRIORITY AREA 8: MATERNITY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
Continue to implement the Saving Babies' Lives care bundle to further reduce still birth, neonatal deaths, maternal deaths and brain injuries. Implement the SYB LMS (Local maternity service) - - Improve maternity safety, choice and personalisation - Liaise closely with the local MVP (Maternity Voice Partnership) to ensure local women are able to influence and shape the delivery of future services				Highest quality governance		1/ Dependent upon implementing the outcomes of the Hospital Services Review 2/ Lack of investment in additional staff resources to enable 'continuity of carer' 3/ Dependent on ICS maternity services therefore failure of the ICS providers to integrate working practices fully to implement the LMS 4/ Lack of staff rotation between hospital and community based services may reduce the likelihood of fully delivering continuity of carer		
				High quality health care				✓
				Care closer to home				✓
Safe & sustainable local services		✓						
				Strong partnerships, effective use of £		✓		
				Links to SYB STP MOU				
				8.5.				
Committees providing assurance			FPC & QPSC	Executive Lead		PO	Clinical Lead	Dr M Smith
Risk rating	Likelihood	Consequence	Total				Date reviewed	Oct-19
Initial	4	3	12					
Current	4	3	12					
Appetite	3	4	12					
Approach	Tolerate						Rationale: Likely primarily due to the staffing issue inherent in delivering continuity of carer and there are no additional funding streams available. Consequence is moderate because this is primarily a local issue which will potentially result in the late delivery of the key objective within the better birth recommendations of delivering the 'continuity of carer.'	
Key controls to mitigate threat:				Sources of assurance				Rec'd?
3 Continuity of carer midwifery teams have been established focusing on smoking cessation, under age pregnancy and substance misuse				NHSE LMS assurance process				Ongoing
CQB for each provider reports to Q&PSC				Yorkshire and Humber maternity dashboard (enables benchmark)				Ongoing
Governing Body oversight				Reporting into QPSC, minutes to Governing Body with specific issues escalated by the Quality Highlights Report				Ongoing
the local based maternity plan includes increasing the choice of where to give birth from the current two options available to the recommended three options (consultant led, home and midwifery led)				A newly established Maternity Hosted Network (led by Rotherham) will oversee the implementation of the Better Birth recommendations within the South Yorkshire and Bassetlaw region				Ongoing
enhanced specialist smoking cessation support for women who smoke during pregnancy will be provided								Ongoing
Gaps in assurance				Positive assurances received				
				In 2017/18 BHNFT benchmarked well positive update to June Governing Body. NHS England positively assured the SY&B ICS Maternity Plan in the assurance round in December 2018. The SY&B ICS LMS achieved the 2018/19 target for CoC (Continuity of Carer) of 20%				
Gaps in control				Actions being taken to address gaps in control / assurance				

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				<i>Delivery supports these CCG objectives:</i>		PRINCIPAL THREATS TO DELIVERY					
1. Development of a system wide shared care record 2. Ensure the delivery of the GP IT Operating Model to: - Comply with mandatory core standards re: interoperability and cyber security - Support the transition to HSCN from N3 - Support the roll out of Windows10 to secure system security from cyber attack - Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam - Support the wider use of digital technology as described within the Long Term Plan - Comply with the transition from GPSoC to GP IT Futures - Working closely with the SY&B digital and IT workstream to deliver the digital road map				Highest quality governance		Capacity and leadership system at place there is a risk that: - The contract for GP IT and Corporate IT support is nearing its end - Lack of IT technical input into projects and programmes of work - Primary Care colleagues fatigued with the amount of IT work scheduled - Short timelines to deliver projects - Supplier and equipment delays - constructive and timely engagement by system partners to deliver a SCR by 20/21					
				High quality health care				✓			
Care closer to home		✓									
Safe & sustainable local services		✓									
				Strong partnerships, effective use of £		✓					
				Links to SYB STP MOU							
<i>Committees providing assurance</i>				<i>Executive Lead</i>		<i>JB</i>		<i>Clinical Lead</i>		<i>JH</i>	
Risk rating	Likelihood	Consequence	Total					Date reviewed		Oct-19	
Initial	4	3	12					Rationale: Likelihood has been scored at 4 but will be kept under review. Consequence has been scored at 4 because of the eMbed contract situation.			
Current	4	4	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance				Rec'd?			
Barnsley IT Strategy Group				Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB				Pending			
Barnsley CCG Operational IT Group				Monthly meetings to review progress of the delivery of key projects and programmes. Updates to GB				Pending			
GP IT and Corporate IT service commissioned from eMBED								Pending			
Redcentric become the commissioned service to maintain HSCN											
Gaps in assurance				Positive assurances received							
Governance process to be established for the IT groups											
Gaps in control				Actions being taken to address gaps in control / assurance							
Lack of technical support to ensure deliverables are robust				CCG has some resource to obtain additional support if required							
Link with the IT Strategy group and the CCG Operational Group				Linkage through shared membership							
Incomplete information available from NHS Futures regarding future work											

NHS Barnsley CCG Governing Body Assurance Framework 2019-20

PRIORITY AREA 10: COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<ul style="list-style-type: none"> • Delivery of all the CCG's statutory responsibilities • Deliver statutory financial duties & VFM • Improve quality of primary & secondary services (inc reductions in HCAI, ensuring providers implement learning from deaths, and reductions in medication errors); • Involve patients and public; • Promote Innovation; • Promote education, research, and training; • Meet requirements of the Equality Act; • Comply with mandatory guidance for managing conflicts of interest • Adhere to good governance standards. 				Highest quality governance		✓					
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
Links to SYB STP MOU Section 7 'Governance, Accountability, & Assurance'				There is a risk that if the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.							
Committee Providing Assurance		Audit Committee	Executive Lead					RW	Lay / Clinical Leads		
MG,MT,NBa, NBe, CM											
Risk rating	Likelihood	Consequence	Total							Date reviewed	Oct-19
Initial	2	5	10							Rationale: Likelihood is 'unlikely' as arrangements now well established. Consequence is catastrophic due to very significant quality, financial & reputational impact of failure.	
Current	2	5	10								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:				Sources of assurance		Rec'd?					
Overall: Constitution, Corporate Manual, Prime Financial Policies, and suite of corporate policies				Audit Committee provides oversight, supported by internal & external audit reports & opinions, LCFS work etc		Ongoing					
Governing Body & Committee Structure underpinned by clear terms of ref and work plans				GB members sit on Committees. All Committee minutes taken to GB and significant issues are escalated. Committees produce annual assurance reports for the GB.		Ongoing					
Management Structure - responsibilities clearly allocated to teams and individuals				Management action monitored by regular senior management team meetings. SMT decisions with a financial consequence reported through F&PC.		Ongoing					
Finance: Budgetary control, contract monitoring & QIPP monitoring arrangements. Scheme of Delegation requires SMT approval for spending commitments <£100k and GB approval over this level.				Financial Plan signed off by GB each year. Monthly finance report to FPC and GB; internal & external audit reviews and opinions; GB formally adopt annual report & accounts.		Ongoing					
Performance monitoring arrangements				Integrated Performance Reports to FPC provides assurance across all NHS Constitution pledges. Summary reports to GB.		Ongoing					
Quality: comprehensive and well established arrangements in place to monitor, assure and improve the quality of all commissioned services including Clinical Quality Boards, Quality Assurance visits, benchmarking, Primary Care Quality Improvement Tool, outcomes from CQC inspections in both primary and secondary care, review of serious incidents and never events, complaints & compliments, review of FFT, nurse leads for safeguarding adults & children who represent the CCG on the local safeguarding boards.				Reporting of all relevant information to the Quality & Patient Safety Committee, with assurance to Governing Body through Quality Highlights reports and sharing of minutes.		Ongoing					

Patient & Public Involvement: strategy in place, well established Patient Council and OPEN network, close working with healthwatch, co-ordination of activity with partners, appropriate engagement & involvement re service changes, membership of consultation institute, active patient reference groups locally.	Oversight by Equality & Engagement Committee. Assurance to Governing Body via minutes and monthly PPI Summary reports. In 2017/18 Internal Audit Reviews and NHSE assurance process also provided assurance re robustness of our arrangements. Compliance with statutory guidance on patient and public participation in commissioning health and care is assessed via the NHSE 'improvement and assessment framework'. (rated green in 2017/18, 2018/19 and 'Green Star' in 2018/19).	Ongoing
Equality: EDS2 used to ensure compliance with PSED requirements; Equality Action Plan monitored via E&D Group and E&E Committee; E&D Lead; E&D training provided to all staff; EQIA policy in place and EQIAs attached to GB papers where appropriate; Staff survey results considered & acted upon; HR policies approved & embedded.	Progress monitored by Equality, Diversity & Inclusivity Group and reported quarterly to Equality & Engagement Committee. Assurance to GB via E&E Committee Minutes and annual assurance report. Summary of key actions on CCG website each year.	Ongoing
Conflicts of Interest: standards of business conduct policy in place & compliant with statutory guidance; registers of interests maintained & published; declared conflicts managed in meetings and / or during procurements; online training provided to key staff; oversight by Audit Committee; Conflicts of Interest Guardian in place; PCCC has delegated authority where GB cannot make decisions.	Oversight by Audit Committee. Regular reports to GB. Declarations at every Committee and GB meeting. Annual IA review of arrangements. NHSE Quarterly self certification process.	Ongoing
Information Governance: strategy & policies in place, SIRO / Caldicott Guardian identified, training provided for all staff, information asset register in place, committee report & business case template prompts consideration of IG issues. GDPR / compliant processes in place. DPO service provided by eMBED	DSP Toolkit (formerly IG Toolkit) compliance achieved every year. Reporting via IG Group==>QPSC==>GB.	Ongoing
Risk Management: Risk management framework (GBAF and RR) provides assurance that risks have been identified and are being managed	GBAF and Risk register updated monthly and considered at all Committees and meetings of the GB	Ongoing
Health & Safety and Business Continuity Group established to oversee compliance with statutory Fire & Health & Safety & Business Continuity requirements	Annual Report & update reports taken to Audit Committee.	Ongoing
MAST: Statutory & Mandatory training programme in place for all staff, inc GB members, as well as IPR reviews, development sessions for Governing Body inc conflicts of interest, risk management & assurance etc	L&D team provides dashboard which is considered by management team on a regular basis.	Ongoing
Gaps in assurance	Positive assurances received	
	The CCG received a 'Green Star' rating from NHSE in respect to compliance with statutory guidance on patient and public participation in the 2018/19 IAF ratings published in July 2019. The CCG received a 'significant assurance' opinion from Internal Audit following its review of the Governance & Risk Management arrangements (Sep 2019).	
Gaps in control	Actions being taken to address gaps in control / assurance	
RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters	Audit of discharge letters currently underway. Outcomes will be considered by Quality & Patient Safety Committee.	

RISK REGISTER – November 2019

- 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)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	3	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 18/04	1,2, 3, 5,6, 8	If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets	5	4	20	Regular review of activity data as part of contract and performance management and monitoring arrangements. Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc. A&E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering improvements to urgent care services and achieving related targets.	Director of Strategic Planning & Performance (Finance & Performance Committee)	Contract and Performance Monitoring	4	4	16	11/19	Nov 2019 NEL activity remains above for the YTD. QIPP schemes are yet to show impact in 2019/20. Additional schemes are being developed focused upon addressing NEL demand. Oct 2019 NEL activity remains above for the YTD. QIPP schemes are in place to reduce activity but are yet	12/19

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			
		(with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.				<p>CCG funding identified to support winter planning and resilience with a specific focus on avoiding A&E attendance and reducing emergency admissions.</p> <p>Additional Primary Care Capacity is in place for same day appointments through IHEART and Home Visiting Services</p> <p>CCG commissioned Out of Hospital Services being reviewed with a view to developing a specification for integrated community and primary care services as part of PCN/Neighbourhood developments.</p> <p>Non-Elective commissioning group established to identify priorities to address opportunities in Non – Elective Activity and contribute to QIPP plans.</p>							<p>to show significant impact in 2019/20. Additional schemes are being developed focused upon addressing NEL demand.</p> <p>Sept 2019 NEL activity was above plan in July and remains above for the YTD. QIPP schemes are in place to reduce activity but are yet to show significant impact in 2019/20</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			
18/02	1,2,5,6	If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.	4	4	16	Escalation of CCG concerns to BMBC senior management Escalation via SSDG and health & wellbeing board To be raised and discussed at H&W Board development Session (August 2018)	LS (SSDG)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC commissioned services notably: 0-19 Health Checks Weight management & smoking cessation	4	4	16	10/19	October 2019 Joint commissioning workshop bringing together GB GP members and BMBC elected members focused on children's mental health and early years August 2019 Prevention s75 agreement now in place with BMBC with priority areas identified as young peoples and early years support and smoking. June 2019 The CCG and BMBC are working on proposals to set up a Joint Commissioning Board.	11/19

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	<p>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>	3	3	9	<p>The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles.</p> <p>The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley.</p> <p>NHS England has published an Interim People Plan to support the workforce challenge.</p> <p>The CCG's Primary Care Development Workstream 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</p>	Senior Primary Care Commissioning Manager. (Primary Care Commissioning Committee)	Governing Body	4	4	16	10/19	<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 courses. These initiatives will continue to be built on and embedded to support primary care recruitment and retention.</p> <p>Sept 2019 Phase 2 Clinical Pharmacists now in post and commencing work to support practices.</p>	11/19

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			
						<p>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>Work continues to establish the recruitment of the roles in the LTP</p> <p>August 2019 Work is underway to support the PCN to deliver the requirements stated in the Network Contract DES</p>	
14/15	1, 5, 6	There are two main risks: 1. Scant or absent information relating to why medication changes have been made. Poor communication of medication changes , even if changes are appropriately made for therapeutic/safety	4	4	16	<p>Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016).</p> <p>Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee.</p>	<p>Head of Medicines Optimisation</p> <p>(Quality & Patient Safety Committee)</p>	Risk Assessment & audit of discharge letters	3	5	15	10/19	<p>October 2019 No further updates.</p> <p>September 2019 Discussion at CQB (19/09/19) and also D1 summit (26/09/19). Trust to internally review and process their draft</p>	11/19

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			
		<p>reasons, creates a patient safety risk when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing</p>				A working Group (with reps from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.						<p>report, including the action plan. D1 summit agreed key actions to be taken forward and meeting scheduled for Dec 19 to review progress.</p> <p>August 2019 Draft BHNFT audit report received by APC (Aug 19), which showed improvement in number of D1's which accounted for all drug changes against the reconciled medicine list (increase from 53% to 61.4%).</p> <p>Final report will be discussed Clinical Quality Board in Sept 19.</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			
		systems during post discharge medicines reconciliation when adding medicines to the Patients Primary Care Record. This indicates that either the hospital is not reconciling medicines using the GP Practice Summary Care Record or that the reconciliation is not sufficiently robust.												
13/13	1,5,6	If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.	4	5	20	July 2016 Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Chief Nurse (Acting) (Quality & Patient Safety Committee)	Risk Assessment	3	5	15	10/19	October 2019 YAS CQC inspection report published on 14 October 2019. Overall rating GOOD and Good in all domains. Report covered Emergency Operations Centres and stated there were comprehensive assurance systems to manage risk, and	11/19

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			
												performance issues were escalated appropriately through clear structures and processes. The report also stated that Trust had responded to a need for more double crewed ambulances, and had significantly changed the mix of types of ambulance vehicles. This enabled the Trust to respond more flexibly and effectively in line with new national standards. Latest performance figures (September 2019) shows sustained satisfactory performance. Reduction of risk rating to be		

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			
												discussed at QPSC on 12.12.2019. September 2019 Performance has improved against national targets. No further concerns raised at Q&PS. CQC inspected - report expected September 2019. Q&PSC agreed to wait for the outcome of the CQC inspection before reassessing the risk.		

**COMMITTEE EFFECTIVENESS SURVEY
COMPOSITE ALL COMMITTEE DATA REPORT**

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
1. As a member of the Committee - do you understand the role, function, decision making arrangements of the Committee and how it feeds into other committees and assurance flows?	19/30 63%	11/30 37%	0/30 0%	0/30 0%	0/30 0%	N/A	N/A	<p>Q&PSC - Important committee which assures us regarding quality issues.</p> <p>PCC - Right balance of lay members and clinicians. Functions of the committee are clearly articulated in the delegation from NHSE and the committee TOR.</p>
2. Are the duration times of meetings about right?	9/30 30%	20/30 67%	0/30 0%	1/30 3%	0/30 0%	N/A	N/A	<p>F&P – Generally provides for enough time for meaningful discussion.</p> <p>Q&PSC - Chair keeps committee on track. The QPSC requires increase time to discuss issues.</p>

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
								PCC – Busy Agenda but chair keep to timeline
3. Does the Committee have an Assurance Work Plan/Agenda Timetable to be dealt with across the year?	N/A	N/A	N/A	N/A	N/A	27/30 90%	1/30 3% 2/30 (unsure) 7%	Q&PSC – Always PCC – Work plan is brought into committee on a regular basis for review. Rem Com – Meetings are more ad hoc to deal with business as it arises.
4. Is the quality of agenda papers sufficient to enable decision making?	12/30 40%	17/30 57%	0 0%	0 0%	1/30 3%	N/A	N/A	PCC - Generally this is the case. However, with a strong lay representation and public and some partners present the context, local and national needs to be clearly described and the ‘ask’ of the committee well defined. I think this has been addressed through the papers been reviewed before circulation by the Chief Officer and PCCC chair. Improved to make it clearer what the ‘ask’ is. Rem Com - Improved as the ‘ask’ has been made clearer There have been occasions when better and relevant information in papers would have supported a

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
								smoother decision making process and prevented the need to seek additional information. Benchmarking and comparators are always useful.
5. Are Committee papers distributed in sufficient time for members to give them due consideration?	N/A	N/A	N/A	N/A	N/A	28/30 93%	2/30 7%	PCC – Usually distributed a week in advance of the meetings
6. As a Committee Member do you feel able to contribute and provide sufficient challenge to issues discussed?	20/30 67%	10/30 33%	0	0	0	N/A	N/A	
7. Each agenda item is ‘closed off’ appropriately so that as a member you are clear what the conclusion is: who is doing what, when and how etc. and how it is being monitored?	15/30 50%	15/30 50%	0	0	0	N/A	N/A	PCC - Matters Arising always followed through and most if not all are marked complete at next meeting. Generally yes, but I think there have been times when greater clarity would have been useful.
8. The Committee Membership has the right balance of experience, knowledge and skills to fulfil its role?	15/30 50%	15/30 50%	0	0	0	N/A	N/A	F&P - The GP members of this committee demonstrate strong ownership of the CCGs financial position and challenges including QIPP. PCC - Both the local council and health watch are invited for input. In house expertise on contracting is

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
								<p>very useful in maintaining a supportive role.</p> <p>Three lay members, a secondary care commissioning, the CO and the Head of Governance plus 3 GP's, supported by experts from the Primary Care and Finance Teams and from NHSE, this allows informed discussion of issues.</p> <p>Rem Com – Yes but this will always be a committee that needs good HR support</p>
<p>9. Decisions and actions agreed by the Committee are implemented in line with the timescales set?</p>	<p>12/30 40%</p>	<p>18/30 60%</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>N/A</p>	<p>N/A</p>	<p>PCC – i.e. matters arising always actioned and completed</p>
<p>10. Do you have any suggestions re how the effectiveness of the Committee could be improved?</p>	<p>Finance & Performance Committee & Audit Committee - No suggestions</p> <p>Quality & Patient Safety Committee We perhaps need to develop a better link to Contract monitoring as an element of QPSC going forward.</p> <p>Primary Care Commissioning Committee Embed the practice of ensuring that papers requiring a decision contain a clear recommendation supported by a rationale linked to guidance and best practice. The key thing is to embed the practice of ensuring that papers requiring a decision contain a clear recommendation supported by a rationale linked to guidance and best practice.</p>							

Questions	Overall rates							Comments Received
	SA	A	SD	D	U/A	Y	N	
	<p>Equality & Engagement Committee Action Log to be followed through. Good progress has been made on this agenda relative the resources available to progress the work.</p> <p>Remuneration Committee A good innovation was to have a brief extraordinary meeting after GB to facilitate achievement of time scales if necessary. Links to section 4.</p>							

Governing body

14 November 2019

Integrated Performance 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 checked="" type="checkbox"/>	
2.	PURPOSE		
2.1	The Finance and Performance reports aim to provide an overview of the performance of NHS Barnsley Clinical Commissioning Group (BCCG) up to the end of September 2019.		
3.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Roxanna Naylor / Jamie Wike	Chief Finance Officer / Director of Strategic Planning and Performance
	Author		
4.	SUMMARY OF PREVIOUS GOVERNANCE		
4.1	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Finance and Performance Committee	07/11/19	Noted the report
5.	EXECUTIVE SUMMARY		
5.1	The reports provide details of the latest performance against key performance indicators and an overview of the financial performance of the CCG up to 30 September 2019 or the latest available position.		
5.2	The Finance and Performance Committee have received a more detailed report containing all indicators monitored by the CCG and detailed financial analysis to enable them to maintain oversight of performance and finance and provide assurance to Governing Body.		

5.3	The performance report attached at Appendix 1 provides a high level dashboard and an exception report which covers the NHS Constitution standards, quality indicators, key performance indicators linked to local priorities and financial performance.
5.4	<p>Performance continues to be generally strong for Barnsley patients with key standards in relation to A&E, Referral to treatment, diagnostics and CHC all being achieved for the latest performance period.</p> <p>Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> • The number of people entering IAPT services • The number of people waiting longer than 2 weeks to be seen following referral with breast symptoms not initially suspected to be cancer. • The number of people waiting 31 days for subsequent treatment where that treatment is surgery. • The number of people waiting 62 days from referral to first definitive treatment <p>As a number of exceptions are in relation to cancer pathways, the cancer update paper due to be presented to Governing Body in November will include a detailed update on the current position, challenges and improvement actions.</p>
5.5	The finance report, attached at Appendix 2, provides an assessment of the current financial performance of the CCG up to 30 September, together with the forecasts for the year end. The report contains the headline messages along with monthly financial monitoring.
5.6	<p>As at 30 September the CCG is forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However in-year pressures, emerging risks and under delivery of planned efficiency schemes continues to increase with a forecast overspend (after risk assessment in the 'most likely' scenario) of £919k. The Governing Body are asked to note that the reduction in the level of risk in Month 6 is as a result of the Prevention funding being utilised to support achievement of financial balance. This has been agreed with BMBC. Further immediate action is required to ensure the forecast position of financial balance can be achieved. In response to these risks the CCG has established rapid response teams to identify mitigating actions. The groups established are:</p> <ul style="list-style-type: none"> • Planned Care (including demand management) • Urgent and Emergency care • Medicines Optimisation <p>Plans remain in development and will be discussed at the QIPP Delivery Group meeting in October.</p> <p>Further information on the CCG's financial performance targets is set out in section 2 of Appendix 2.</p> <p>Appendix 2 also includes a forecast assessment of the CCG's efficiency programme. The position as at 30 September is that planned schemes are</p>

	<p>forecast to deliver £11.5m against the £13.1m target. Further in-year mitigations of £657k have been identified leaving a shortfall against plan of £872k which is yet to be identified.</p> <p>Further updates will be provided through the Integrated Performance Report and QIPP reporting which are standing agenda items of the Finance and Performance Committee and Governing Body.</p>
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> • 2019/20 performance to date • projected delivery of all financial duties, predicated on the assumptions and actions required as outlined in this paper • the current forecast position on the CCG’s efficiency programme • work being undertaken to mitigate against the emerging in-year pressures and risks identified.
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	<p>Performance Section</p> <ul style="list-style-type: none"> • Appendix 1 – Barnsley CCG Monthly Performance Report to September 2019 <p>Finance Section</p> <ul style="list-style-type: none"> • Appendix 2 – Finance Report 2019/20 – Month 6 • Appendix 3 – 2018/19 QIPP dashboard

Agenda time allocation for report:	15 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	✓
	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:	18/04, 13/3, 13/31, 15/12, 17/05
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
	Duty to promote the NHS Constitution (s14P)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2
	Duty as to improvement in quality of services (s14R)	See 3.3
	Duty in relation to quality of primary medical services (s14S)	See 3.3
	Duties as to reducing inequalities (s14T)	See 3.4
	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)	See 3.5
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?	Y
	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 Performance Report for Governing Body

CCGs are accountable to their local populations and to NHS England for planning and delivering comprehensive and high quality care that meets the needs of their local community.

We have created the tools that you need to ensure that your activities and operations are compliant with the targets set within the CCG Assurance Framework.

Freedom of
Information
Request

Putting Barnsley people first



Exception Report 2019/20

Key Performance Indicators by Exception				
Indicator	Target	Actual Period	Actual YTD	Period Performance
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.73%	1.57%	1.28%	Barnsley CCG performance for September 2019 was 1.57%, missing target by 0.16%. This is an improvement on recent performance however remains below the standard. A detailed report on the IAPT service will be presented to the Governing Body in November, setting out plans to increase access rates and progress in extending the service to support more patients with Long Term Conditions. Monthly meetings are in place with the provider to support the expansion of the service and increase the numbers accessing IAPT services.
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00%	84.27%	74.86%	In August 14 of 89 patients waited longer than 14 days to be seen a significant reduction on July 19. All of the patients were waiting to be seen at Barnsley Hospital. 10 were due to outpatient capacity being inadequate and 4 due to patient choice. As a result of the breaches at Barnsley Hospital the trust also missed this target in August. The CCG continue to work with the Barnsley Cancer Steering Board to ensure adequate capacity is in place and with the Cancer Alliance to improve Cancer performance across all pathways. A report will be presented to Governing Body on improvement actions in November 2019.
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00%	77.78%	88.66%	In August 4 of 18 patients waited longer than 31 days for subsequent treatment (surgery) following a diagnosis of cancer. 3 of the patients were waiting to be treated at Sheffield Teaching Hospital, 2 due to elective capacity and 1 due to patient choice. The other patient was waiting at Leeds Teaching Hospital. Performance against this standards is impacted by the small numbers and therefore no additional action has been agreed at this time however the CCG continue to work with lead commissioners and the Cancer alliance to improve pathways and performance. A report will be presented to Governing Body on improvement actions in November 2019.

Cancer - % Patients seen within 62 days of referral from GP	85.00%	 78.18%	 76.64%	<p>In August 12 of 55 patients waited longer than 62 days to be treated following urgent referral. 8 of the breaches involved patients who required inter provider transfers between Barnsley Hospital and Sheffield Teaching Hospital. The other 4 were patients waiting for treatment at Barnsley Hospital. The CCG continue to work with the Barnsley Cancer Steering Board, with Sheffield CCG as the lead commissioner for STH and with the Cancer Alliance to improve Cancer performance across all pathways. A report will be presented to Governing Body on improvement actions in November 2019.</p>
---	--------	--	--	---



Governing Body Report 2019/20

Performance					
Outcomes	Target	Actual Period	Actual YTD	Period	Trend
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.73%	● 1.57%	● 1.28%	Sep-19	
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.0%	● 50.9%	-	Sep-19	
Estimated diagnosis rate for people with dementia	70.3%	● 72.4%	● 71.8%	Aug-19	
CHC eligibility within 28 days	80.0%	● 98.5%	-	Q1 19/20	
Number of CHC Referrals	-	22	119	Sep-19	
Number of CHC Referrals Completed Within 28 Days	-	21	117	Sep-19	
% of CHC Referrals Completed Within 28 Days	80.0%	● 95.5%	● 98.3%	Sep-19	
Percentage of NHS Continuing Healthcare assessments taking place in an acute hospital setting	15.0%	● 0.0%	-	Q4 18/19	
Number of DSTs Completed in Acute Hospital Setting	-	0	0	Sep-19	
% DSTs Completed in Acute Hospital Setting	15.0%	● 0.0%	-	Sep-19	
% Patient experience of primary care - GP Services	-	80.7%	-	Aug-19	
% Patient experience of primary care - GP Out of Hours services	-	70.9%	-	Aug-19	
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	95.0%	● 95.5%	● 94.1%	Sep-19	
% 4 hour A&E waiting times - seen within 4 hours (Type 1 BHNFT) (Monthly)	95.0%	● 96.3%	● 94.7%	Sep-19	
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.0%	● 93.4%	● 94.1%	Aug-19	
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	● 0	● 0	Aug-19	
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00%	● 0.54%	● 0.49%	Aug-19	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.0%	● 93.6%	● 91.5%	Aug-19	
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.0%	● 84.3%	● 74.9%	Aug-19	
Cancer - % Patients seen within 31 days from referral to treatment	96.0%	● 96.7%	● 93.8%	Aug-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.0%	● 77.8%	● 88.7%	Aug-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.0%	● 100.0%	● 99.6%	Aug-19	
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.0%	● 96.8%	● 94.7%	Aug-19	
Cancer - % Patients seen within 62 days of referral from GP	85.0%	● 78.2%	● 76.6%	Aug-19	
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.0%	● 100.0%	● 90.0%	Aug-19	
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.0%	● 75.0%	● 84.4%	Aug-19	
Category1 - YAS Mean Response Time	07:00	● 06:58	● 06:53	Sep-19	
Category2 - YAS Mean Response Time	18:00	● 18:26	● 18:29	Sep-19	
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.0%	● 100.0%	● 100.0%	Q1 19/20	

Urgent operations cancelled for a second time	0	● 0	● 0	Aug-19	
Ambulance handover delays of over 30 mins	0	● 117	● 707	Sep-19	
Ambulance handover delays of over 1 hour	0	● 7	● 28	Sep-19	
% Patient experience of primary care - GP Services	-	80.7%	-	Aug-19	
Trolley waits in A&E -zero waits from decision to admit to admissions over 12 hours - BHNFT (Month)	0	● 0	● 0	Sep-19	
Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95.0%	● 100.0%	-	Sep-19	
Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75.0%	● 96.7%	-	Sep-19	
Cancelled operations rebooked within 28 days	0	● 0	● 1	Aug-19	

Quality					
Outcomes	Target	Actual Period	Actual YTD	Period	Trend
Patient experience of hospital care	77.3	● 75.8	-	YTD 2015/16	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	● 0	● 0	Aug-19	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - BHFT	0	● 0	● 0	Aug-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	YTD Target - 15	7	● 20	Aug-19	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - BHFT	YTD Target - 7	8	● 15	Aug-19	
Number of mixed sex accomodation breaches (Commissioner)	0	● 0	● 0	Aug-19	

NHS Barnsley Clinical Commissioning Group

Finance Report 2019/20

Month 6



1 Headline Messages and contents

Headline Messages	Contents	
<ul style="list-style-type: none"> As at 30 September the CCG is forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However this position is predicated on the assumptions outlined within this report. The forecast position before mitigation show an overspend of £6,849k, with further risks of £2,000k identified. Finance and Performance Committee considered risks and mitigations with the current projections in the 'Most Likely' scenario indicating a potential net risk of £919k; which is a reduction of £740k due to the Prevention funding being utilised to offset the increasing emerging risks. Should the forecast position materialise in the 'worst case' prediction further efficiency plans of approx. £2,519k would need to be developed and delivered to ensure financial duties and targets are achieved. The CCG has established rapid response teams to identify in-year mitigations which will focus on planned care, urgent and emergency care and medicines optimisation. The Finance and Performance Committee were also asked to identify any further potential opportunities to explore to ensure the forecast position can be achieved. Acute contract activity data has been received for Month 5 flex from Barnsley Hospital. Pressures continue in non-elective, elective (including day case) and outpatient activity with a forecast overspend position of £5.6m on the main contract and £792k on the ophthalmology contract. Work is ongoing to review this position, with meetings being arranged with the Trust analyst team and business managers to ensure the position is understood and forecasting is consistent with the Trust taking account of any known impacts. The impact of stroke reconfiguration and any actions identified by the CCG rapid response teams are not included within this forecast position. Other acute forecast positions are based on Month 4 data with an overall forecast overspend of £440k. Data will continue to be reviewed and forecasts updated. Primary Care prescribing data has been received for Month 4 and continues to show pressures with an overspend position. The forecast overspend at this stage is estimated to be approx. £2.2m, however further risk is anticipated and has been considered by the Finance and Performance Committee. The main pressures are within NCSO and CAT M at £1.35M and increasing volumes and prices at £1.22m offset by 2018/19 accruals and income. The current forecast is based on the Head of Medicines Optimisation assessment of data. Continuing Healthcare continues to be a volatile area of expenditure and increases in the costs of care provided is creating significant budget pressures, current forecasts show an overspend of £931k. The main pressure experienced seems to be as a result as increasing care package costs rather than numbers of patients being eligible for continuing healthcare funding. A review of the care management process is to be undertaken by 360 Assurance as part of the Audit plan for 2019/20. 	1	Headline Messages and Content
	2	Financial Performance Targets
	3	Monthly Finance Monitoring Statement – Executive Summary
	3.1	Detailed Summary Resource Allocation – Detailed Summary

1 Headline Messages continued

Headline Messages

- The CCG's Efficiency Programme Management Office (PMO) continues to monitor and review delivery of the CCG's £13.1m efficiency programme. Modelling data continues to be reviewed and plans are currently in development to mitigate against the forecast which shows an under delivery against planned schemes of £1.5m. In year mitigations and schemes in the pipeline have been progressed, which are expected to deliver £657k against the under delivery leaving a shortfall of £872k yet to be identified to ensure delivery of the target is achieved. A full review of budgets will be undertaken and other schemes in the pipeline be developed at pace to ensure the £13.1m target is achieved.

2 Financial Performance Targets

1) Financial Duties

NHS Act Section	Duty	2019/20 Target £'000	2019/20 Actual Performance £'000	2019/20 Actual Achievement
223H (1)	Expenditure not to exceed income	447,224	447,224	YES
223I (2)	Capital resource use does not exceed the amount specified in Directions	0	0	YES
223I (3)	Revenue resource use does not exceed the amount specified in Directions	447,167	447,167	YES
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	YES
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	5,529	4,702	YES

2) Financial targets/NHS England Business Rules requirements

Target/Business Rule Requirement	2019/20 Target	2019/20 Actual Performance £'000	2019/20 Actual Achievement
Delivery of in year balanced position	0	0	YES
0.5% Contingency to manage in-year pressures	2,218	2,218	YES

Comments

The CCG is forecasting to achieve all financial duties/targets and NHS England (NHSE) Business Rules predicated on the delivery of the CCGs efficiency programme and mitigations being identified against in-year pressures identified within this report.

It is important to note that whilst the in year position reflects a balanced budget the CCG has a historic surplus held by NHSE. NHSE has approved a drawdown from this resource in 2019/20 of £2m. The historic surplus balance in 2019/20 now totals £12,532k.

2019/20 QIPP Schemes - Activity and Performance Dashboard M5

DEMAND MANAGEMENT		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total YTD	Total 2019/20	
Demand Management																
Demand Management - Procedures	Baseline	637	630	622	641	591	520	636	657	536	541	551	598	3,121	7,160	
	2019/20	548	528	724	655	492								2,947		
	Actual Reduction/Increase	-89	-102	102	14	-99									-174	
	Variance to Baseline	-14%	-16%	16%	2%	-17%									-6%	
	Actual Cost Reduction/Increase	-£174,556	-£122,958	£236,233	£47,176	£48,070										£33,965
Demand Management																
Spinal Injections	Baseline	29	22	23	28	24	26	25	21	20	24	19	17	126	278	
	2019/20	18	20	8	31	11								88		
	Actual Reduction/Increase	-11	-2	-15	3	-13									-38	
	Variance to Baseline	-38%	-9%	-65%	11%	-54%									-30%	
	Actual Cost Reduction/Increase	-£5,684	-£560	-£8,016	-£462	-£6,739										-£21,461
Demand Management																
Acupuncture	Baseline	156	156	156	156	156	156	0	0	0	0	0	0	779	935	
	2019/20	46	47	39	50	54								236		
	Actual Reduction/Increase	-110	-109	-117	-106	-102									-543	
	Variance to Baseline	-70%	-70%	-75%	-68%	-65%									-70%	
	Actual Reduction/Increase	-£5,883	-£6,028	-£6,239	-£5,434	-£5,329										-£28,913
Demand Management																
COMBINED	Baseline	822	808	801	825	771	702	661	678	556	565	570	615	4,026	8,373	
	2019/20	612	595	771	736	557								3,271		
	Actual Reduction/Increase	-210	-213	-30	-89	-214									-755	
	Variance to Baseline	-26%	-26%	-4%	-11%	-28%									-19%	
	Actual Cost Reduction/Increase	-£186,123	-£129,546	£221,978	£41,280	£36,002	£0	£0	£0	£0	£0	£0	£0	£0		-£16,409

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
FINANCE & PERFORMANCE COMMITTEE held on Thursday 4 July 2019 at 10.30am
in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Lesley Smith	- Chief Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Andrew Mills	- Membership Council Member
Dr Jamie MacInnes	- Elected Member Governing Body

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
------------------	--------------------------------

APOLOGIES:

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
---------------	---

Agenda Item		Action & Deadline
FPC19/92	HOUSEKEEPING	
	The Chair informed members that there were no planned fire tests and directed members to the nearest fire exit points.	
FPC19/93	QUORACY	
	The meeting was declared quorate.	
FPC19/94	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA	
	<p>The Committee noted the declarations of interest report. It was noted that it required updating for the Chief Officer and the Lay Member Governance.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Update Chief Officer as now Interim Chief Officer at Sheffield CCG. • Update Lay Member Governance as a member of the Integrated Assurance Committee 	LW

	The Chair and Dr J Harban declared an interest under item 9 of the agenda 'Approval and Update on Procurements'.	
FPC19/96	INTEGRATED PERFORMANCE REPORT	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to the Committee highlighting that whilst a balanced budget position is reported there are some emerging pressures in acute contracts, prescribing and continuing healthcare. Further work is underway to understand the impact on the financial position to allow mitigating actions to be taken. The pressure in acute contracts is within the Barnsley Hospital contract for elective and non-elective activity. Early analysis has identified an increase in GP referrals but further work is required to determine the contributing factors increase. Dr J Harban will be involved in this work. It was agreed that the review of activity needed to be undertaken before information is provided to practices on the PDA requirements. The Committee were asked to note these risks.</p> <p>It was noted that work had begun on community services specification and integration with PCN's.</p> <p>It was suggested that the group initially set up to look at non electives be brought back together to look at what had been done and what future work programmes could be developed. It was reported that the outcome of the IST review for CAMHS and community services draft specification were being shared in Private Governing Body on the 11 July for clinical input and discussion and would then need to link in at Membership Council if possible on the 16 July.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • A workshop was in the process of being organised around community services and Jeremy Budd was leading. It was agreed that the Chair be involved to help shape the workshop and ensure clinical input/PCN input is included. <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report. Performance continues to be generally strong for Barnsley patients with key standards in relation to A&E, referral to treatment, diagnostics and CHC all being achieved for the latest period. Key performance indicators issued which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> • The number of people entering IAPT services • The number of people waiting longer than 2 weeks to be 	JB/NB

	<p>seen following referral with breast symptoms</p> <ul style="list-style-type: none"> • The number of people waiting longer than 31 days to be seen following referral (Cancer) • The number of people waiting longer than 31 days for subsequent treatment where this is surgery • The number of people waiting longer than 31 days for subsequent treatment where this is radiotherapy • The number of people waiting 62 days from referral to first definitive treatment • The number of people waiting longer than 52 weeks for treatment <p>Also shared with members was the urology 2 week wait referral activity for 18/19 which shows an increase of 31% between 17/18 and 18/19, however this appears to be in the context of overall growth as a result of initiatives such as Be Cancer Safe as well as the new guidance early in the year. Whilst referrals have increased significantly, there does not appear to be a direct correlation to re-circulation of guidance to GP's in January 2019.</p> <p>The QIPP 18/19 schemes year end data was also shared with members.</p> <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • 2019/20 performance to date • projected delivery of all financial duties, predicated on the assumptions outlined in this paper. • updated allocations and expenditure position for 2019/20 • the final actual outturn position on the 2018/19 efficiency programme • the current forecast position on the CCG's efficiency programme and the work being undertaken to mitigate against the risks of delivery. 	
FPC19/97	MINUTES OF THE PREVIOUS MEETING HELD ON 2 MAY 2019 – Approved.	
FPC19/98	MATTERS ARISING REPORT	
	<p>FPC19/85 – Minutes of Children's Executive Committee</p> <p>Capacity re CAMHS and Mental Health has been sourced via the contracting Team and is working very well.</p> <p>The Committee received and noted the report and marked some items as complete. Committee Secretary to update.</p>	LW
FPC19/99	UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE – No update to report.	

FPC19/100	UPDATE ON CONTRACTING CYCLE	
	<p>The Chief Finance Officer presented the Contracting Cycle report to the Committee, with updated on the following areas:</p> <p><u>Integrated Diabetes Service</u></p> <p>This contract still remains in mobilisation phase and issues need to be addressed before becoming business as usual and managed through contract mechanisms. The Commissioning and Transformation team will remain responsible until such a time when all initial issues are resolved.</p> <p><u>Thames Ambulance Service – TASL Patient discharge/transport services</u></p> <p>It was reported that notice had been served on this contract and Thames had written to the CCG to say they were may experience issues in delivering the contract until the end of the notice period. The CCG had responded to say that if services cannot be delivered, service will be put into place with any associated costs being recharged to TASL. The Head of Contracts was working with Doncaster and Rotherham CCG on procurement of a new service.</p> <p><u>HASU</u></p> <p>It was reported that formal notice had been served to BHNFT to decommission the Hyper Acute Stroke Unit on the 30 September 2019 in line with expectations and implementation of the HASU pathway. The Chief Finance Officer reported that she had met with Mark Brookes (SWYPFT) and Chris Thickett (BHNFT) and SWYPFT were likely to be in a position to accept the CCG financial envelope, on the understanding that a review is undertaken in 12 months. BHNFT were not in a position to accept the CCG proposal. The CCG is trying to engage with external clinical support to review the models of delivery to allow the position to move forward and service mobilisation to commence prior to 'go live' on the 1 October 2019.</p> <p><u>Personal Health Budget Brokerage Service – Contract Extension</u></p> <p>Contract has been extended until 30 March 2020.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to liaise with the Deputy Chief Nurse in relation to re-procurement. <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • The update on 2019/20 contract monitoring. • Termination notices issued in relation to Hyper Acute Stroke Services (HASU) and Patient Discharge 	

	<p>Services.</p> <ul style="list-style-type: none"> • The contract extension to the Personal Health Budget (PHB) Brokerage Service contract 	
FPC19/101	APPROVAL AND OR UPDATE ON PROCUREMENTS	
	<p>The report provided an update on current tenders and contract awards being undertaken noting that the Any Qualified Provider for a Primary Care Vasectomy Service Non Scalpe tender closed on the 28 June 2019, and a contract for a Consultant led Tele Dermatology pilot had been awarded to Clinical Collective Ltd trading as Clinical Partnership. The service will run for a period of ten months.</p> <p>The Committee received and noted the report.</p>	
FPC19/102	ASSURANCE FRAMEWORK	
	<p>The Director of Strategic Planning and Performance presented the Assurance Framework to the Committee. The Lay Member Governance asked that given the cancer indicators in the IPR report whether anything needed to be added in around the threats of delivery.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Director of Strategic Planning and Performance to look at priority area 3. <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the risks on the 2019/20 Assurance Framework for which the Finance and Performance Committee is responsible • Note and approve the risks assigned to the Committee • Review and update where appropriate the risk assessment scores for all Finance and Performance Risks • Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework • Agree actions to reduce impact of high risks • Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being appropriately managed. 	
FPC19/103	RISK REGISTER	
	<p>The Director of Strategic Planning and Performance presented the Risk Register to the Committee. The Committee were asked to consider inclusion of a new risk on the register, in relation to EMBED (19/04) which had been drafted for members to consider.</p> <p>Agreed Actions:</p>	

	<ul style="list-style-type: none"> • Members agreed risk 19/04 and its score of 12. <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the Finance and Performance Committee Risk Register extract for completeness and accuracy • Note and approve the risks assigned to the Committee • Review the risk assessment scores for all Finance and Performance risks • Identify any other new risks for inclusion on the Risk Register • Agree actions to reduce impact of extreme and high risks • Identify any positive assurances relevant to these risks for inclusion on the Assurance Framework • Consider inclusion of new risk in relation to EMBED. 	
FPC19/104	MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD – 30 May 2019 – Meeting Cancelled	
FPC19/105	MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD – No Minutes available	
FPC19/106	MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP – No minutes available	
FPC19/107	MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP – 10 May 2019 – members noted the minutes	
FPC19/108	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Director of Strategic Planning and Performance presented the report to the Committee and were asked to note that the following decisions to commit expenditure were taken by Management Team during May & June 2019:</p> <ul style="list-style-type: none"> • Agreed £73k support from 2021/22 for the SY&B Individual Placement Support (IPS) programme • Agreed to pay £6k to Dorothy Bean for the paediatric services review • Approved 6 months' additional funding of £31k (April to Sept 2019) for medical oversight of intermediate care beds whilst further areas within IC are improved and the model is embedded further • Approved £5.5k+VAT to the Pacific Institute to undertake a Cultural Blueprint survey incorporating elements of the standard NHS staff survey <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Check Paediatrics presentation is on for 31 July session that Patrick Otway leading on. 	RN

	The Committee received and noted the report.	
FPC19/109	ANY OTHER BUSINESS	
	No items were raised under this heading.	
FPC19/110	AREAS OF ESCALATION TO GOVERNING BODY	
	<ul style="list-style-type: none"> • Integrated Performance Report • Risk 19/04 for Governing Body approval 	
FPC19/111	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED	
	The meeting went well and ran to time.	
FPC19/112	DATE AND TIME OF NEXT MEETING	
	Thursday 5 September 2019 at 10.30am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

Adopted

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
FINANCE & PERFORMANCE COMMITTEE held on Thursday 5 September 2019 at
10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Lesley Smith	- Chief Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Dr Jamie MacInnes	- Elected Member Governing Body

IN ATTENDANCE:

Angela Turner	- Executive Personal Assistant
---------------	--------------------------------

APOLOGIES:

Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Andrew Mills	- Membership Council Member

Agenda Item		Action & Deadline
FPC19/113	HOUSEKEEPING	
	The Chair informed members that there were no planned fire tests and directed members to the nearest fire exit points.	
FPC19/114	QUORACY	
	The meeting was declared quorate.	
FPC19/115	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA	
	The Committee noted the declarations of interest report. It was noted that it required updating for the Chief Officer and the Lay Member Governance. Agreed Actions: <ul style="list-style-type: none"> • Update Chief Officer to read as: Husband is Owner of Ben Johnson Ltd a York based business offering office 	

	<p>interiors solutions, furniture, fit out and recruitment services for private sector and potentially public sector clients.</p> <p>The Chair and Dr J Harban declared an interest under item 9 of the agenda 'Approval and Update on Procurements'. – Carpal Tunnel.</p>	AT
FPC19/116	<p>MINUTES OF THE PREVIOUS MEETING HELD ON 4 JULY 2019</p> <ul style="list-style-type: none"> • Approved <p>Page 2 Item 19/96 IPR</p> <p>Dr J Harban had carried out some work and sent letters to all GP practices to establish if there has been a change in anything in relation to rise in GP referrals, no changes, working on whether this is catch up or whether people have gone faster through the system or MSK, awaiting responses.</p>	
FPC19/117	<p>MATTERS ARISING REPORT –</p> <p>19/96 – IPR Action complete discussed at Programme Board and Community Board.</p>	
FPC19/118	<p>UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE – No update to report.</p>	
FPC19/119	<p>UPDATE ON CONTRACTING CYCLE</p> <p>The Chief Finance Officer presented the Contracting Cycle report to the Committee and updates were given on the following areas:</p> <p><u>Integrated Diabetes Service</u> The Trust continues to not meet the targets for Structured Education in particular the XPERT course. The CCG will be visiting the service to gain a better understanding of the issues faced by the Trust. Contract leads to meet in September, Siobhan Lendzionowski to discuss.</p> <p><u>BREATHE Service</u> After a meeting with the service on 20 June 2019, the Trust formally proposed changes to the service model outlined in the service specification and changes to some of the KPIs. The changes to the service model were in relation to having a nursing presence in A&E at peak times.</p> <p>The changes to the KPIs were as follows:</p> <ol style="list-style-type: none"> 1. % of patient eligible for ESD who are followed up within 24 hours at their place of residence. Proposal to change to: 	

	<p>% of patients eligible for ESD who are followed up the next day at their place of residence. This was agreed by the Clinical lead within the CCG.</p> <p>The following KPI variations were not agreed by the CCG and therefore remain unchanged in the contract:</p> <ol style="list-style-type: none"> 2. % of COPD admissions who are not readmitted within 30 days following discharge that have been in contact with the service 3. % of COPD admissions who are not readmitted within 60 days following discharge that have been in contact with the service 4. % Respiratory first outpatient appointment reduction against main acute contract ratio 5. % Respiratory Follow up outpatient appointment reduction against main acute contract ratio <p>Further updates will be provided to the Finance and Performance Committee should more information become available.</p> <p>The committee raised concerns that interventions are not taking place in the community; there is no evidence to suggest patients are contacting their COPD nurse when appropriate. Engagement of the COPD nurses with GPs also seems to be an issue. Do GPs know who their COPD nurse is? Are patients being escalated appropriately in the community working with GP practices to prescribe medication in order to prevent avoidable admission to hospital? There are 9 BREATHE nurses within the community. Discussions have taken place at Senior Management Team about the impact of non-elective admissions and winter planning for this service. The committee also discussed that the service needs to be aligned to the integration of community services and development of Primary Care Networks.</p> <p>Further concerns were raised in relation to the Trusts ability to deliver the specification in full. Further meetings have been arranged with the Trust in order to gain this assurance. It was agreed following these discussions the Finance and Performance Committee and Governing Body would be updated.</p> <p><u>Barnsley Hospital NHS Foundation Trust – (BHNFT)</u> <u>Ophthalmology</u></p> <p>There is a new manager in that service now and is very positive on delivering what is required in that specification. We have received an action plan from the Trust and a meeting is to be arranged between the Trust and the Finance and Contracting team to discuss the action plan and address the issues. Delivery of the specification remains an issue for the Trust. Further updates will be provided to the Finance and Performance committee once</p>	
--	--	--

discussions have taken place

Thames Ambulance Service – TASL (Patient Discharge/ Transport Services)

There continues to be issues with this service in terms of crew availability. We have put in place arrangements that by 12 noon each day TASL will inform us of what crews they can make available and where they cannot provide a crew the Trust are making alternative arrangements and re-charging costs to TASL. There have been some issues with TASL reimbursing Trusts, but if this is not resolved by the end of September, the CCG will withhold the October contract payment value.

The procurement for the Patient Discharge/ Transport Service went live 30 July 2019. Evaluation due in the next two weeks. RN noted that this may be fast tracked given the issues being experienced with service delivery.

Stroke Reconfiguration

Hyper Acute Stroke Unit

As previously reported the Hyper Acute Stroke Unit in Sheffield and Doncaster went live on 1 July 2019 with Mid Yorkshire following on 1 October 2019 to coincide with the decommissioning of the unit at BHNFT.

Acute Stroke Unit (ASU) / Rehabilitation and Early Supported Discharge

The CCG Commissioning and Transformation team has now engaged external clinical assurance with the clinical lead for stroke in the North East for the proposed pathway changes in Barnsley. Unfortunately the identification of an appropriate lead has proven difficult and therefore progress as not been as expected.

In addition, the Finance and Contracting team are pursuing a further breakdown of the diagnostic costs proposed by Barnsley Hospital NHS Trust. The Trust may now also have a more accurate patient level breakdown to be able to inform further discussions. A verbal update will be provided to the Finance and Performance Committee should more information become available.

Recovery College Review

A review of the recovery college provided by South West Yorkshire Partnership NHS Foundation trust has commenced and the milestones are documented below:

- engagement commenced on 19 August 2019 for 7 weeks – this will include 2 surveys and College visits
- an outline specification will go to Clinical Forum on 3 October 2019

	<p>A full review is taking place and a draft specification will be submitted, with options to Governing Body on 14 November 2019.</p> <p><u>Barnsley Hospital Service Specification Review</u></p> <p>The Finance and Contracting team are in the process of reviewing services provided by Barnsley Hospital NHS Foundation Trust. It is proposed that an overarching generic service specification is produced by the CCG with pathways and process maps completed for each speciality the hospital provides.</p> <p>Meetings with the Trust are in the process of being arranged starting with the Emergency Department and urgent care specialities and the Clinical Lead for acute contracts is fully engaged in the process.</p> <p>The work is expected to take between 3- 6 months to complete, updates will be provided as work progresses.</p> <p>The Chief Finance Officer noted that the Trust had raised some concerns over this work and updates would be provided following further discussions with the Trust.</p> <p><u>Spa Medica</u></p> <p>Doncaster CCG is now in a position to issue Spa Medica with a formal contract. Spa Medica have now agreed to adhere to our Commissioning for Outcomes / EBI policy on issue of a contract. As previously reported the CCG are at risk of having significant volumes of activity going through a non-contracted provider without the protection of an NHS Standard Contract and a locally commissioned service.</p> <p>As an associate to the contract, we will have input into development of the services, pathways (i.e. optometry first scheme) and control over minimum wait period.</p> <p>Considering the benefits and risks an urgent decision was taken in July 2019 by the Finance and Performance Committee members (in line with scheme of delegation) to become an associate to Doncaster CCG contract.</p> <p>Further updates will be provided to the Finance and Performance Committee through the report.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to raise a draft letter to CEO BHNFT in relation to BREATHE service • Chief Officer to arrange a meeting with CEO BHNFT to discuss the BREATHE contract. AT to arrange a 1-1 with Richard Jenkins, BHNFT w/c 9 September. (Due to RJ diary meeting arranged for 2 October). 	<p>RN</p> <p>AT/LS</p>
--	--	------------------------

	<p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • the update on 2019/20 contract monitoring. • Service Reviews being undertaken within the Finance and Contracting team and note progress (Stroke Services/Recovery College/Barnsley Hospital services). Spa Medica contracting arrangements 	
FPC19/120	APPROVAL AND OR UPDATE ON PROCUREMENTS	
	<p>The report provided an update on the status of current tenders and contracts awarded being undertaken on behalf of NHS Barnsley CCG.</p> <p>The shared procurement service has one completed procurement, one under evaluation and one out to tender at this time:</p> <p>Any Qualified Provider for a Primary Care Vasectomy Service Non Scalpel</p> <p>Any Qualified Provider for a Carpal Tunnel Service</p> <p>Discharge Patient Transport Service (On-Day Service)</p> <p>There was also a brief update on the status of the GP and Corporate IT contract which is currently provided by EMBED. Discussion has taken place at Senior Management Team and will be going to the September Governing Body meeting.</p> <p>The Committee received and noted the report.</p>	
FPC/19/121	REVIEW OF COMMITTEE WORKPLAN	
	The Committee received and noted the workplan.	
FPC19/122	INTEGRATED PERFORMANCE REPORT	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to the Committee highlighting that performance continues to be generally strong for Barnsley patients with key standards in relation to Referral to treatment, diagnostics and CHC all being achieved for the latest performance period.</p> <p><u>Performance</u></p> <p>The Chief Finance Officer updated members on the performance section of the report. Performance continues to be generally strong for Barnsley patients with key standards in relation to Referral to treatment, diagnostics and CHC all being achieved for</p>	

	<p>the latest performance period.</p> <p>A&E four hour performance dipped below 95% in July 2019 however performance remains in line with the planned trajectory and therefore this is not highlighted as an exception.</p> <p>Key performance indicator issues which are highlighted within the exception report are:</p> <ul style="list-style-type: none"> • The number of people entering IAPT services • The number of people waiting longer than 2 weeks to be seen following urgent referral by a GP • The number of people waiting longer than 2 weeks to be seen following referral with breast symptoms not initially suspected to be cancer. • The number of people waiting longer than 31days to be seen following referral (Cancer) • The number of people waiting longer than 31 days for subsequent treatment where this is surgery • The number of people waiting longer than 31 days for subsequent treatment where this is radiotherapy • The number of people waiting 62 days from referral to first definitive treatment <p>As a number of exceptions are in relation to cancer pathways, the cancer update paper due to be presented to Governing Body in November will include a detailed update on the current position, challenges and improvement actions.</p> <p>Discussion took place in relation to the patients waiting longer than 31 days to be seen following referral and to challenge the hospital on their staffing levels throughout the annual leave period that has created this backlog. BHNFT have advised that they are recruiting radiologists for the role so should see a much improved situation. JH discussed opportunity/possibilities of reduction in patients waiting times if by investing in the community to carryout ultrasound and biopsies through PCN in the community in LIFT premises. It was noted that counselling and support would also be a requirement.</p> <p>62 day wait – Sheffield Teaching Hospital are struggling with them coming through late. 13 individuals referred to Sheffield after 38 days. 6 Barnsley, 6 Sheffield and 1 Rotherham in one month.</p> <p>IAPT and access rates – seeing a similar trend to Rotherham and Doncaster in terms of providers struggling to meet the increase in targets. We have put additional resource into our IAPT service and SWYPFT are providing services for up to an additional 50 patients per month.</p> <p>Financial Risk Assessment – Section 5 Appendix 2</p>	
--	---	--

	<p>Forecast currently assumes we will deliver financial duties and targets however the position is likely to be extremely challenging. There is a £7.4m forecast outturn pressure with further risk identified of £1.5m. Mitigations have been identified such as the 0.5% contingency, surplus drawdown, investment budgets not yet committed which total £8.5m, however £1m of this is yet to be confirmed. Further risks are also likely and therefore the CCG Finance and Performance Committee and Governing Body are asked to identify opportunities to delivery in-year to ensure financial balance can be achieved. Discussions have also taken place at SMT on 4 September and it has been agreed that we would set up 3 response teams to review elective activity, non-elective activity and medicines.</p> <p>It was agreed that non-elective respiratory activity would be targeted given the investment in the BREATHE service and concerns over service delivery.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • IAPT and access rates – Chief Finance Officer to discuss with Patrick Otway • Chief Finance Officer to check info on back log and check if due to self referral. <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • 2019/20 performance to date • projected delivery of all financial duties, predicated on the assumptions and mitigations required as outlined in this paper. • the current forecast position on the CCG's efficiency programme and the work being undertaken to mitigate against the risks of delivery 	<p>RN RN</p>
<p>FPC19/123</p>	<p>QIPP PROGRAMME REPORTING</p>	
	<p>The Chief Finance Officer updated members on the QIPP Programme report.</p> <p>The Committee usually receive 2 dashboards designed to provide a high level overview of current delivery of the QIPP programme thereby enabling the Finance and Performance Committee to provide assurance to the Governing Body. All of the programmes currently still in the delivery phase are either on track or project plans are being finalised. Therefore, this month the committee was only presented with the dashboard which provides a summary of the performance against key performance indicators for those schemes which have been implemented and are expected to deliver benefits and efficiencies associated with activity reductions during the year.</p> <p>Details of the current assessment of the financial position against</p>	

	<p>the CCG efficiency programme are included within the Integrated Performance Report.</p> <p>The position as at 31 July is showing a significant under delivery against planned schemes such as demand management and non-elective. In year mitigations have been identified but further work is required to ensure full delivery against the £13.1m target is achieved.</p> <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • Note the content of the dashboard and position against key performance indicators as at month 3. • Note the current position against the £13.1m target. • Agree the content of the dashboard for presentation to Governing Body. 	
FPC19/124	ASSURANCE FRAMEWORK	
	<p>The Chief Finance Officer presented the Assurance Framework to the Committee.</p> <p>The Committee is the assurance provider for 6 amber rated risks on the Governing Body Assurance Framework 2019/20. It should be noted that there is shared Committee responsibility for 3 of the amber risks, and these are:</p> <ul style="list-style-type: none"> • Risk 4.1 – Mental Health (F&P Committee and Quality & Patient Safety Committee) • Risk 7.1 – Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions (F&P Committee and Quality & Patient Safety Committee) • Risk 8.1 – Maternity (F&P Committee and Quality & Patient Safety Committee) <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the risks on the 2019/20 Assurance Framework for which the Finance and Performance Committee is responsible • Note and approve the risks assigned to the Committee • Review and update where appropriate the risk assessment scores for all Finance and Performance Risks • Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework • Agree actions to reduce impact of high risks • Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being 	

	appropriately managed.	
FPC19/125	RISK REGISTER	
	<p>The Chief Finance Officer presented the Risk Register to the Committee.</p> <p>A full Risk Register including all risks allocated to the Committee is submitted to the Finance and Performance Committee on a bi-annual basis (November and March). In line with reporting timescales an extract of the register is therefore provided to the September 2019 meeting of the Finance and Performance Committee.</p> <p>There is currently one risk on the Finance and Performance Committee Risk Register with a residual rating of 'red' (extreme):</p> <ul style="list-style-type: none"> • Risk Reference 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission, there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG. <p>In total the Finance & Performance Committee is responsible for one risk with a residual rating of 'red' (extreme) and nine 'amber' (high risk).</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • 13/20 – Strengthen to reflect PCN development – Richard Walker to update GP provision to be kept separate. <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the Finance and Performance Committee Risk Register extract for completeness and accuracy • Note and approve the risks assigned to the Committee • Review the risk assessment scores for all Finance and Performance risks • Identify any other new risks for inclusion on the Risk Register • Agree actions to reduce impact of extreme and high risks • Identify any positive assurances relevant to these risks for inclusion on the Assurance Framework 	RW

FPC19/126	MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD – 25 July 2019 – Meeting Cancelled	
FPC19/127	MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD – 26 July 2019 - Meeting Cancelled	
FPC19/128	<p>MINUTES OF THE JOINT COMMISSIONING MEETINGS:</p> <p>CHILDRENS EXECUTIVE COMMISSIONING GROUP – 10 June 2019</p> <p>Council supported the CCG in relation to CAMHS. CCG to develop and consider option for future service.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Dr J MacInnes asked if BSARCS had cancelled referrals. Chief Finance Officer to check • Dr J MacInnes advised that Mindspace do not operate over the summer. Chief Finance Officer to speak with PO for an update for next meeting. <p>MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP no minutes available</p>	<p>RN</p> <p>RN</p>
FPC19/129	COMMITTEE TERMS OF REFERENCE	
	<p>The Terms of Reference for the Finance and Performance Committee are reviewed on an annual basis. The last review took place in September 2018. The Governance & Assurance team has reviewed the Terms of Reference in conjunction with the Committee Chair and executive leads, and there are some minor changes proposed to the Membership and other minor updates throughout the TOR.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Approve the proposed changes to Committee Membership and minor updates throughout the TOR. 	
FPC19/130	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Chief Finance Officer presented the report and the Committee were asked to note that the following decisions to commit expenditure were taken by Management Team during July & August 2019:</p> <ul style="list-style-type: none"> • Approved funding for 2 VTS nurses at circa £72k for one year • Approved up to an additional £6000 over and above £12000 accrued in 2018/19 to KPMG for the Assurance Engagement of the Mental Health Investment Standard 	

	The Committee received and noted the report.	
FPC19/131	AREAS OF ESCALATION TO GOVERNING BODY	
	<ul style="list-style-type: none"> • Current Financial Position Action Agreed: <ul style="list-style-type: none"> • Escalate to Governing Body Private. 	RN
FPC19/132	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED	
	The meeting went well and ran to time.	
FPC19/133	ANY OTHER BUSINESS	
	No items were raised under this heading.	
FPC19/134	DATE AND TIME OF NEXT MEETING	
	Thursday 3 October 2019 at 10.30am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
FINANCE & PERFORMANCE COMMITTEE held on Thursday 3 October 2019 at
10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

Dr Nick Balac (Chair)	- Chair
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle (from item 7)	- Elected Member Governing Body
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Jamie MacInnes	- Elected Member Governing Body

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

APOLOGIES:

Dr John Harban	- Elected Member Governing Body - Contracting
Lesley Smith	- Chief Officer
Dr Andrew Mills	- Membership Council Member

Agenda Item		Action & Deadline
FPC19/135	QUORACY	
	The meeting was declared quorate.	
FPC19/136	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.	
FPC19/137	MINUTES OF THE PREVIOUS MEETING HELD ON 5 SEPTEMBER 2019 – Approved with a few minor typos.	
FPC19/138	MATTERS ARISING REPORT	
	FPC19/119 Update on Contract Cycle Letter drafted to BHNFT re Breathe, but wasn't sent, as a meeting took place on the 26 September to agree and discuss actions for the trust to take forward. The contract was signed with a specification so the Trust needed to now address any gaps in provision, working with the Federation. There was a planned	

	<p>meeting for the 18 October, therefore an update will be provided following that. The Committee felt that assurance was needed that work was taking place to address any gaps, therefore the Chief Finance Officer agreed to contact the trust that day for a progress update. The Trust had raised an issue of not being able to access or get information from GP practices, but no examples of this was given at meeting and the CCG indicated they would need to be aware of such issues to help. It was reported that Siobhan Lendzionowski was now the lead for Breathe and that the Chief Officer had also met with the Trusts Chief Officer on the 2 October.</p> <p>FPC19/22 IPR</p> <p>The Chief Finance Officer had looked into IAPT access rates and whether this was due to back log or self-referral, but was noted that the performance was not due to self-referrals and that it reflects reduction in referrals. Stress packs were being promoted and a number of other promotions were taking place. It was reported that some referrals were onto online services which are not counted in the referrals. Long Term Conditions working with IAPT are enhancing diabetes and cancer and they are focussing on these 2 pathways at the moment, they did try to engage with cardiac rehab and will try again in the future.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to contact Trust regarding work to address gaps in Breathe Contract for an update on progress in advance of the meeting on the 18 October. <p>FPC19/59 IPR</p> <p>The Chair reported that there was meeting planned for the 10 October where he would raise the obesity issue. The Chief Finance Officer mentioned that other colleagues were looking at Joint Commissioning Arrangements with BMBC colleagues. It was agreed to check what work they doing as the Chair was also working on this with other colleagues.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to check with JB re Commissioning Arrangements for the future. 	<p>RN</p> <p>RN</p>
<p>FPC19/139</p>	<p>INTEGRATED PERFORMANCE REPORT</p>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the report to Committee highlighting as at 31 August the CCG were forecasting to achieve all yearend financial duties and planning guidance requirements, with an in-year balanced budget position. However in-year pressures, emerging risks and under delivery of</p>	

planned efficiency schemes continues to increase with a forecast overspend (after risk assessment in the 'most likely' scenario) of £1.7M. This requires immediate action to ensure the forecast position of financial balance can be achieved. In response to these risks the CCG has established rapid response teams to identify mitigating actions. The groups established are:

- Planned Care (including demand management)
- Urgent and Emergency care
- Medicines Optimisation

The CCG's QIPP programme as at 31 August is that planned schemes are forecast to deliver £11.5m against the £13.1m target. Further in-year mitigations of £963k have been identified leaving a shortfall against plan of £591k which is yet to be identified.

It was reported that the prevention funding held by BMBC was to be returned to the CCG of £1.7m, to use against the position. A review of all budgets was taking place as QIPP for next year was a huge challenge. It was noted that prescribing continues to be a significant pressures along with CHC, the needs of patients are increasing and so the team are looking at care plans and one to one hours. They are now issuing on the spot purchase contracts due to historical cases not having any contracts in place and ongoing discussions were happening between the CHC team and BMBC.

Performance

The Director of Strategic Planning and Performance updated members on the performance section reporting that performance continues to be generally strong for Barnsley patients with key standards in relation to Referral to treatment, diagnostics and CHC all being achieved for the latest performance period.

A&E four hour performance was below 95% in August 2019 and has dipped slightly below for the year to date, however, performance remains in line with the planned trajectory.

Key performance indicator issues which are highlighted within the exception report are:

- The number of people entering IAPT services
- The number of people waiting longer than 2 weeks to be seen following urgent referral by a GP
- The number of people waiting longer than 2 weeks to be seen following referral with breast symptoms not initially suspected to be cancer.
- The number of people waiting 62 days from referral to first definitive treatment

It was noted that on the 17 October there was an Urgent and

	<p>Emergency Care Summit being arranged and all GB clinicians were urged to attend.</p> <p>A report was due to GB on IAPT and all the changes that have taken place and challenges they face.</p>	
FPC19/140	KPI's FOR CHILDREN AND YOUNG PEOPLES MENTAL HEALTH SERVICE CYPMHS	
	<p>Work had been undertaken on the KPI's for the Children and Young Peoples Mental Health Service CYPMHS, they had been discussed at Clinical Forum on the 26 September and were seeking approval from Finance and Performance Committee. There were 10 proposed KPI's and a proposed 25% penalty of the total contract value would be attributed to the 10 KPI's with payment thresholds set out in the report as follows:</p> <ul style="list-style-type: none"> • 95-100% achievement equals 100% payment • 85-94% achievement equals 80% payment • 75-84% achievement equals 50% • Achievement below 75% equals 0% payment <p>The Committee discussed the report and agreed for something to be added in relation to reporting so it is known if penalties need to apply or not. It was noted that Governing Body wanted the back log to be cleared before the new service starts. The Head of Commissioning reported that he was awaiting the proposed trajectory from SWYPFT and Mindspace on this and therefore will report back to Management Team once received.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Head of Commissioning to add in performance and reporting. <p>The Committee agreed the KPI's with the exception of a line added in around performance and reporting. The Committee agreed they were a good place to start and to see how this progresses.</p>	PO
FPC19/141	ANY OTHER BUSINESS - No items were raised under this heading.	
FPC19/142	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED - The meeting went well and ran to time.	
FPC19/143	DATE AND TIME OF NEXT MEETING	
	Thursday 7 November 2019 at 10.30 am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 31 October 2019 at 1.30 pm in Meeting Room 1, Hilder House, 49/51 Gawber Road, Barnsley S75 2PY

PRESENT:

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Dr Adebowale Adekunle	Elected Member Governing Body
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning

IN ATTENDANCE:

Lewis Henery	Internal Auditor, 360 Assurance
Rashpal Khangura	Director KPMG
Kay Meats	Client Manager, 360 Assurance
Kay Morgan	Governance and Assurance Manager
Usman Niazi	Assistant Client Manager, 360 Assurance
Roxanna Naylor	Chief Finance Officer
Chris Taylor	Counter Fraud Specialist
Richard Walker	Head of Governance and Assurance

APOLOGIES

No Apologies

The Chairman welcomed everyone to the Audit Committee meeting and introductions took place

Agenda Item	Note	Action	Deadline
AC 19/11/01	QUORACY - The meeting was declared quorate		
AC 19/11/02	DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY		
	The Director KPMG declared a conflict of interest in agenda item 14, ' External Audit and Mental Health Investment Standard' The Chairman agreed that the Director KPMG could participate in discussion but must leave the meeting whilst the committee make decision on the item.		

Agenda Item	Note	Action	Deadline
	<p>The Chairman highlighted that one of his declarations:</p> <p style="padding-left: 40px;">‘Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System’</p> <p>had been omitted from the Declaration of Interests Report and expressed concern as to why this declaration is sometimes included and then excluded from the report.</p> <p>It was confirmed that the declaration was included on the CCGs master Declaration of Interest Register available on the CCG website. The Head of Governance and Assurance explained that extracts for individual committees are derived from the master document and agreed to further look into this issue.</p> <p>The Committee noted the Declaration of Interests Report.</p> <p><i>Agreed action:</i> <i>To ensure that all extracts from the CCGs Declaration of Interests Register for individual CCG Committee are accurate.</i></p>	RW	8.11.19
AC 19/11/03	MINUTES OF THE PREVIOUS MEETING HELD ON 16 MAY 2019		
	<p>The Minutes of the meeting held on 16 May 2019 were verified as a correct record of the proceedings subject to the following amendment:</p> <ul style="list-style-type: none"> • References ‘KMPG’ to be corrected as necessary • Minute reference AC 19/05/05.4 ‘Annual Report LCFS’ – last paragraph to read ‘In response to a question raised it was clarified that additional days spent on investigations were justified and had not been invoiced’ • Minute reference AC 19/05/05.5 ‘Annual Governance Report KPMG (ISA 260) – First paragraph, second sentence to add and also an unqualified (clean) opinion on the Value for Money conclusion. 		

Agenda Item	Note	Action	Deadline
AC 19/11/04	MATTERS ARISING		
	<p>The Committee considered the Matters Arising Report and noted the following:</p> <ul style="list-style-type: none"> Minute reference AC 19/05/06.1 Audit Committee Training The Client Manager, 360 Assurance, confirmed that she will be attending the KPMG workshop for Audit Committee Members on 23 January 2020 Minute reference AC 19/03/06 Draft Internal Audit and Counter Fraud Plan The Audit Committee were informed that 360 Assurance are pulling plans together for next year's Internal Audit and Counter Fraud plan to discuss with all relevant parties. <p>Agreed Action <i>To share the Internal Audit Charter for 2019/20 including the updated opinion levels with Audit Committee Members</i></p>	KMe	01.11.19
STANDING AGENDA ITEMS			
AC 19/11/05	ASSURANCE ON COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES		
	<p>The Head of Governance and Assurance provided the Committee with assurance in respect of compliance with the CCG's Standing Orders and Prime Financial Policies. The Audit Committee noted that under the CCG's scheme of delegation, the Chief Finance Officer had approved the writing off of two CHC debts deemed irrecoverable.</p> <p>For clarity the Committee noted that this issue related to duplicate invoices issued by providers. The Chief Finance Officer advised that controls had been put in place within shared financial services and CHC processes to prevent reoccurrence of the issue. The CHC processes will be reviewed as part of the CHC Audit.</p>		
	The Audit Committee noted the report		
THIRD PARTY ASSURANCE			

Agenda Item	Note	Action	Deadline
AC 19/11/06	LOCAL COUNTER FRAUD SPECIALIST PROGRESS REPORT		
	<p>The Local Counter Fraud Specialist provided Members with the Local Counter Fraud, Bribery and Corruption Progress report. The Audit Committee noted the key messages from the report and performance against the plan.</p> <p>The Committee were updated on new requirements for the management of fraud related risks at CCG level (as opposed to CFA level) with input from the Local Counter Fraud Specialist and guidance from the CFA. These risks will be managed in line with the CCG's risk management framework and risk scoring matrix. It was noted that the Local Counter Fraud Specialist had met with and updated the Head of Governance and Assurance and Head of Finance (statutory Accounts/financial reporting) in relation to the management of fraud related risks.</p>		
	The Audit Committee noted the Local Counter Fraud Specialist Report		
AC 19/11/07	CONFLICTS OF INTEREST REPORT		
	The Audit Committee noted the 360 Assurance NHS Barnsley CCG Conflicts of Interest Report. The key findings had been discussed previously at Audit Committee and appropriate actions taken.		
AC 19/11/08	INTERNAL AUDIT PROGRESS REPORT (360 ASSURANCE)		
	<p>The Client Manager, 360 Assurance introduced the Internal Audit Progress report to the Audit Committee. The Committee considered the report and the following main points were noted:</p> <p>Contingency days - The Client Manager, 360 Assurance confirmed that contingency days were still available. However some of these days may be required for the CHC audit dependent on how the work progresses.</p> <p>CHC Audit – The terms of reference for the CHC audit were to be reviewed to ensure all requirements of the audit were captured. The Chairman commented that he would like to see the terms of reference.</p>		

Agenda Item	Note	Action	Deadline
	<p>It was noted that a specialist nurse from the 360 Assurance team will provide an independent view to the CHC audit. The Chief Finance Officer advised that the CCG will take early action to address the totality of issues raised and recommendations made as a result of the audit.</p> <p>Summary of Audits Completed – The Committee noted that the audits of Policy Monitoring and Governance and Risk Management were complete. With regard to policies the Client Manager, 360 Assurance commented that, in relation to the Temporary IT Access policy, the CCG did have appropriate controls in place but unfortunately as there is no specific policy in place these controls were not documented within the policies tested. The Head of Governance & Assurance explained that he would consider how other CCGs incorporate temporary IT access into their policies when the composite report is released and will look to include a section in the IT Security Policy when it is next reviewed and updated.</p> <p>Audit Recommendation Tracker - The Client Manager, 360 Assurance reported that there were very few outstanding actions on the Recommendation Tracker and expressed appreciation to the Corporate Affairs Team for monitoring and maintaining the tracker at CCG level.</p> <p>Stage 1 Head of Internal Audit Opinion – The Audit Committee noted the stage 1 Head of Internal Audit Opinion Summary Conclusion. It was recognised that some risks and mitigating actions on the GBAF could be perceived as ongoing in nature but for other risks / mitigations action time limitations should be applied.</p>		
	<p>The Audit Committee:</p> <ul style="list-style-type: none"> • Noted the key messages and progress made against the Internal Audit Plan. • Approved the use of days allocated to the Safeguarding Children audit to carry out a more in-depth review of the Continuing Healthcare System. • Received the information and guidance papers produced by 360 Assurance and that the issues raised are being considered and, where necessary, addressed by the CCG. 		

Agenda Item	Note	Action	Deadline
	<p>Agreed action To provide the Audit Committee with updates in respect of the CHC audit and contingency days</p> <p>To review the terms of reference for the CHC review to ensure all required areas are included.</p> <p>To provide feedback to the Audit Committee Chairman regarding the CHC audit terms of reference</p> <p>To consider application of time limits for mitigating actions against risks on the GBAF where appropriate.</p>	<p>KMe</p> <p>KMe/RN</p> <p>RN/NB</p> <p>RW</p>	
<p>AC 19/11/09</p>	<p>UPDATE FROM EXTERNAL AUDITORS</p>		
	<p>The Audit Committee noted the update from the External Auditors KPMG in particular early indication relating to IFRS 16 Implementation relating to leases and the National Audit Office consultation on the draft new Code of Audit Practice.</p>		
	<p>Discussion took place around the Annual Audit Letter. The Audit Committee Terms of Reference (para 7.1d) specified that the Audit Committee is responsible for ‘...agreement of the annual audit letter before submission to the Governing Body.’ However, whilst the ISA 260 report is considered and agreed by Audit Committee prior to submission to the Governing Body, the Annual Audit Letter (which largely contains the same information) had been published on the CCG’s website (with the final accounts) without the Audit Committee having sight of it.</p> <p>The Committee Chair advised that in future the requirements of the Terms of Reference should be followed. A discussion ensued in which it was noted that there were practical considerations since the Annual Audit Letter is not generally provided to the CCG until after the year end accounts process has been completed. The Head of Governance and Assurance suggested that due to the timings of Audit Committee meetings and year end publishing timescales the Annual Audit Letter could be issued to Audit Committee virtually for comment before being published on the website. In addition a draft of the Letter could be provided to the Audit Committee alongside the ISA260 report at the May meeting.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Audit Committee noted the Health Sector Update from KPMG.</p> <p>Agreed action To circulate the 2018/19 Annual Audit Letter to Audit Committee members</p> <p>To provide a draft of the 2019/20 Annual Audit Letter to the May 2020 meeting of the Audit Committee.</p>	<p>RN</p> <p>RK</p>	<p>Complete</p> <p>May 2020</p>
AC 19/11/10	MENTAL HEALTH INVESTMENT STANDARD (MHIS)		
	<p>The Audit Committee considered the following two linked agenda items:</p> <ul style="list-style-type: none"> • A KPMG paper – Mental Health Investments Standard (MHIS) • A CCG Paper – External Audit and Mental Health investment Standard (MHIS) 		
	<p>KPMG paper – Mental Health Investments Standard (MHIS)</p> <p>The Director KPMG Introduced his report to the Audit Committee regarding the CCG's MHIS Statement of Compliance. KPMG intended to issue a clean audit report with an 'except for' extension on the CCG's MHIS Statement of Compliance. The CCG has materially complied with the requirements of the MHIS, except for an issue relating to MHIS prescribing category costs where the method of allocation is not in compliance with the guidance provided by the NHSE.</p> <p>It was highlighted that many CCGs will have the same exception to their MHIS Statement of Compliance. NHSE did not consult on guidance relating to the compliance statement in particular in relation to MHIS prescribing category costs and the correlation to primary diagnosis.</p> <p>NHSE had embargoed publication of MHIS Statement of Compliance until they gave instruction to publicise.</p>		
	<p>CCG Paper – External Audit and Mental Health investment Standard (MHIS)</p> <p>The Audit Committee considered a paper providing background information regarding the external audit</p>		

Agenda Item	Note	Action	Deadline
	<p>contract extension and compliance with the Mental Health Investment Standard. The Director KPMG explained the rationale for the increase in the audit fee.</p> <p>At this point in proceedings, the Director KPMG left the meeting as agreed under the declarations of interest agenda item.</p> <p>The Audit Committee considered the contract extension and increase in audit fee. It was noted that other CCGs in SY&B (other than at this point in time Bassetlaw) had already agreed to the contract extension and increase in audit fee. Other CCGs had tested the market but were at more cost even taking account of the proposed increased costs to the KPMG contract.</p> <p>The Committee Chair suggested that in future, where contracts include provision for extension beyond the initial contract period, that the contract documents place limits on any subsequent cost increase related to the extension period.</p>		
	<p>The Audit Committee noted the KPMG paper – Mental Health Investments Standard (MHIS) and assurance it provided re the CCGs compliance with the MHIS.</p> <p>In respect of the CCG Paper – External Audit and Mental Health investment Standard (MHIS), the Audit Committee:</p> <ul style="list-style-type: none"> • Supported the extension of the current KPMG contract as previously approved by Governing Body, noting the financial implications and the requirement for Management Team approval. • Supported subsequent work in exploring a future re-procurement of the external audit service options, including collaborative approaches with other SYB CCGs. • Noted the work that has been undertaken by KPMG for the Mental Health Investment Standard and the verbal opinion on a clean audit report with an ‘except for’ extension. <p>Agreed action <i>To consider future proofing procurement documentation regarding extended contracts and increased cost implications.</i></p>	RN	

Agenda Item	Note	Action	Deadline
ITEMS FOR APPROVAL			
AC 19/11/11	POLICIES AND PROCEDURES UPDATE		
	<p>The Audit Committee approved updates to the:</p> <ul style="list-style-type: none"> • Budget Timeline Procedure • Budget Management Policy • Petty Cash Procedure • Policy for the management of Losses and Special Payments. 		
AC 19/11/12	INCIDENT REPORTING AND MANAGEMENT POLICY		
	<p>The Audit Committee approved the Incident Reporting and management Policy subject to advice from the Nurse Quality Manager, MCA/DoL regarding the wording on page 11 Appendix 2 regarding Safeguarding and possible onward reporting routes.</p>	RW	
AC 19/11/13	AUDIT COMMITTEE TERMS OF REFERENCE		
	<p>The Committee approved its terms of reference subject to the following amendments:</p> <ul style="list-style-type: none"> • Paragraph 7.1d as follows: ‘ Review of all External Audit Reports including the report to those charged with governance, review the annual audit letter before publication, and any work undertaken outside the annual audit plan subject to committee approval together with the appropriateness of the management responses. • Paragraph 12.4 9(c) to read “All CCG employees other than Governing Body GP members who may serve as Members of the Committee in accordance with paragraph 12.1 above.” • Any work outside the External Audit plan is approved by the Audit Committee before commencement. 		
	<p>Agreed Actions: To make amendment to the terms of reference as detailed above by the Audit Committee</p> <p>To amend the November 2019 Governing Body Governance & Risk Report relating to the Audit Committee Terms of Reference.</p>	RW RW	

Agenda Item	Note	Action	Deadline
AC 19/11/14	AUDIT COMMITTEE MEETING DATES 2020		
	The Committee approved the 2020 meeting dates.		
GOVERNANCE			
AC 19/11/15	ASSURANCE FRAMEWORK RISK REGISTER		
	The Head of Governance and Assurance presented the Governing Body Assurance Framework and Risk Register Report to the Audit Committee. The Committee Chair highlighted that for some risks, the risk rating appears to worsen after mitigation actions. In response it was clarified that issues may occur after the initial score to make the risk, this may appear odd but flags up a change in the risk. Explanations are included in the updates column against the risk but this history may be deleted over time as new updates are added. The Primary Care risk was highlighted as an example of this.		
	<p>The Audit Committee reviewed the Assurance Framework and Risk Register and:</p> <ul style="list-style-type: none"> • Determined that all risks are being appropriately managed and are appropriately described and scored. • Did not identify any other know risks not currently reflected in the corporate risk register • Noted the report <p>Agreed action;</p> <p>To review the Primary Care risk score with the Primary Care Team with an expectation that the risk score may now be reduced.</p>	RW	
AC 19/11/16	REGISTERS OF INTERESTS, SPONSORSHIP, GIFTS & HOSPITALITY		
	The Audit Committee received and noted the Report on Registers of Interests, Sponsorship, Gifts & Hospitality and the Register of Procurement Decisions.		
AC 19/11/17	HR ANNUAL REPORT		
	The Audit Committee received and noted the Human Resources Shared Service Annual report 2018-19.		

Agenda Item	Note	Action	Deadline
AC 19/11/18	ANNUAL INCIDENT REPORT		
	The Audit Committee noted the information contained in the Annual Incident Report and the assurance it provided that incident reporting system was in place and monitored.		
AC 19/11/19	HEALTH SAFETY FIRE AND BUSINESS CONTINUITY UPDATE		
	The Audit Committee noted the Health Safety Fire and Business Continuity Update and the assurance it provided. Agreed Action To chase up the outstanding actions following an inspection from the South Yorkshire Fire & Rescue Service.	RW	
AC 19/11/20	AUDIT COMMITTEE WORKPLAN AGENDA TIMETABLE		
	The Audit Committee approved the work plan and agenda timetable subject to the following amendments: <ul style="list-style-type: none"> • Draft Annual Audit letter to May 2020 meeting • Draft Head of Internal Audit Opinion 2019/20 to March 2020 meeting • All references 'KMPG' to be corrected • Remove third party assurances Progress reports and KPMG technical update from the 18 May 2020 meeting • Remove 360 assurance progress report form 16 April 2020 meeting • Include MHIS • KPMG Plan 2020/21 to January 2020 meeting. 		
AC 19/11/21	FREEDOM OF INFORMATION REQUESTS ANNUAL REPORT		
	The Audit Committee noted the Freedom of Information Annual Report 2018/19. It was recognised that the Finance and Contracting Team received more FOI requests than any other CCG department but that there was not a particular theme to the requests other than requests for CCG spend.		
ITEMS FOR DISCUSSION			
AC 19/11/22	AUDIT COMMITTEE TRAINING REQUIREMENTS		

Agenda Item	Note	Action	Deadline
	<p>It was noted that a training session on 'Changes to the Audit Committee Handbook' will take place immediately following the Audit Committee meeting facilitated by the Client Manager, 360 Assurance.</p> <p>At the January 2020 meeting the Director of KPMG will facilitate a workshop around challenges to the ISA 260.</p> <p>The Committee Chair advised Members to raise any other training requirements as and when required.</p>		
AC 19/11/23	ANY OTHER BUSINESS		
	23.1 Audit Committee Maturity Matrix		
	<p>The Chair brought the Audit Committee Maturity Matrix, which had been provided by 360 Assurance, to the Audit Committee's attention and said that he would review it in conjunction with the Head of Governance & Assurance before taking a view on whether to bring it back to a future meeting of the Committee for a fuller discussion.</p> <p>Agreed Action The Committee Chair and the Head of Governance & Assurance to meet to review the Audit Committee Maturity Matrix and agree how to take it forward.</p>	NB	
AC 19/11/23	ESCALATION OF ITEMS TO GOVERNING BODY		
	<p>The Committee proposed the following items for escalation to the Governing Body:</p> <ul style="list-style-type: none"> • MHIS • Annual Reports received by the Audit Committee • Freedom of Information requests completing 100% of requests within time limits 		
AC 19/11/24	REFLECTION ON HOW WELL THE MEETINGS BUSINESS HAS BEEN CONDUCTED		
	It was noted that meeting had been conducted at a good pace and all items well covered.		
AC 19/11/25	DATE AND TIME OF NEXT MEETING		

Agenda Item	Note	Action	Deadline
	The next meeting of the Audit Committee will be held on Thursday 23 January 2020 at 9.30 am, in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY.		

Unadopted



**Minutes of the NHS Barnsley Clinical Commissioning Group
QUALITY & PATIENT SAFETY COMMITTEE
Thursday 15 August 2019, 13:00pm-15:00pm
Boardroom, Hilder House**

PRESENT:

Jayne Sivakumar	- Deputy Chief Nurse (Chair)
Chris Millington	- Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning
Mike Simms	- Secondary Care Clinician
Dr Mark Smith	- Practice Member Representative Contracting Lead from the Governing Body
Chris Lawson	- Head of Medicines Optimisation
Dr Ibrar Ali	- Membership Council Representative
Dr Shahriar Sepehri	- Membership Council Representative

IN ATTENDANCE:

Jill Auty	- Quality Administration Officer (Minutes)
Richard Walker	- Head of Governance and Assurance
Sarah Tyler	- Governing Body Member (Observer)
Hilary Fitzgerald	- Quality Manager
Terry Hague	- Primary Care Transformation Manager

APOLOGIES:

Dr Sudhagar Krishnasamy	- Medical Director (Chair)
-------------------------	----------------------------

Agenda Item	Note	Action	Deadline
Q&PSC 19/08/01	HOUSEKEEPING		
	The Chair advised the meeting that there were no planned fire tests and explained the procedures in the event of a fire.		
19/08/02	WELCOME, INTRODUCTIONS, APOLOGIES & QUORACY		
	Introductions were made and apologies noted as above. The meeting was declared quorate.		

Q&PSC 19/08/02	PATIENT STORY (DISCUSSION)		
	<p>The Chair informed the Committee that a patient story was not available to be shared at this meeting.</p> <p>The Chair opened a discussion about whether the patient story should remain a standing agenda item.</p> <p>The Committee agreed that the item would continue on the agenda as members felt that in general the stories provide learning and value. It was agreed that members would take it in turns to prepare and present the stories.</p>		
	<p>Actions agreed:</p> <ul style="list-style-type: none"> The Head of Medicines Optimisation to present the next patient story based around a recent care home case, followed by the Head of Governance and Assurance in December 2019. 	<p>CL</p> <p>RW</p>	<p>October 2019</p> <p>December 2019</p>
Q&PSC 19/08/04	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	No declarations of interest relevant to the agenda were declared.		
Q&PSC 19/08/05	MINUTES OF THE PREVIOUS MEETING - 20/06/2019		
	<p>The minutes from the meeting on 20 June 2019 were approved as an accurate record.</p> <p>The Lay Member for Public and Patient Engagement asked if the Friends and Family Test (FFT) would continue. The Quality Manager advised the Committee that this would be discussed further under the Matters Arising Report agenda item.</p>		
Q&PSC 19/08/06	MATTERS ARISING REPORT		
	<p>The Chair confirmed that all items were complete.</p> <p>In addition, the Quality Manager provided an update on the Friends and Family Test (FFT). NHS England has confirmed that following a national review the test will continue albeit in a slightly different format. There will be a new mandatory question and six new response options.</p> <p>The new test will remove mandatory timescales as this has proved challenging in some service areas particularly emergency departments.</p>		

	<p>The formal announcement about the changes is expected in September 2019 with the new test effective from April 2020.</p> <p>The Lay Member for Public and Patient Engagement asked if the emphasis would be around quality of responses and not quantity. The Quality Manager advised that greater emphasis will be placed on demonstrating that service improvements have been implemented as a result of the feedback.</p>		
QUALITY AND GOVERNANCE			
Q&PSC 19/08/07	RISK REGISTER & ASSURANCE FRAMEWORK (STANDING ITEM)		
	<p>The Head of Governance and Assurance presented for assurance the relevant extract from the CCG's Assurance Framework and Risk Register and asked the Committee to review the documents for completeness and accuracy and identify any new risks for inclusion on the Risk Register.</p> <p>Ref 19/02 - Yorkshire Ambulance Service (YAS) - The Quality Manager confirmed that the SYB YAS IUC (111/999) Clinical Governance & Quality Steering Group & Contract Management Meetings resumed in July 2019, and the focus of the meetings will be on quality. It was highlighted in the meeting that performance has improved against national targets, and no new major quality concerns had been raised. The service has been recently inspected by Care Quality Commissioning (CQC) with the report expected to be published in September 2019.</p> <p>The Lay Member for Public and Patient Engagement asked how robust the meetings are. The Quality Manager reported that there is a good level of challenge at the meetings from a number of clinicians who have first-hand front line experience.</p> <p>The Quality Manager highlighted that Barnsley Hospital NHS Foundation Trust has one of the best ambulance handover performance rates in Yorkshire compared with other Trust in South Yorkshire and Bassetlaw. However, delays in other areas can still impact on the 999 service in Barnsley.</p> <p>It was noted that there is still a lack of reporting at place level however "hot-spot" areas are highlighted by YAS.</p> <p>The Committee agreed that the level of performance is improving but will wait until the outcome of the CQC</p>		

	<p>inspection is confirmed before downgrading the level of risk.</p> <p>Ref 17/02 – Cyber Security – The Head of Governance and Assurance informed the Committee that an update has not been provided since May 2019. A recent training event highlighted the high number of cyber attacks on the NHS and level of risk this poses.</p> <p>For assurance the Committee was advised the Head of Governance and Assurance presented a briefing paper at Governing Body in May 2019 on Cyber Security and risks to the CCG. The briefing addressed some of the risks by advising members that the CCG Information Asset Owners have either received or are receiving on-line training along with NHS Digital providing support and guidance to CCG's</p> <p>The Head of Governance and Assurance has also received one to one GCHQ accredited training which has highlighted some actions which will be taken forward and reported in due course.</p> <p>Ref 19/01 – Dodworth Medical Centre – The Head of Governance and Assurance asked members to consider removing the risk following the recent CQC published report which shows the practice is now out of special measures. It was also reported that CQC are impressed with the way the new management team have turned the practice around and are looking at featuring the practice in the next CQC newsletter. The Committee agreed to the removal of the risk from the risk register.</p> <p>Caxton House - The Primary Care Transformation Manager reminded the Committee that the CQC rated the practice inadequate following an inspection in October 2018. A re-inspection in February 2019 found it was still inadequate. The CQC has met with the practice and discussed an action plan but the CCG has not yet been sighted on this. The CQC is meeting regularly with the practice to monitor progress.</p> <p>The CCG has issued a breach notice to the practice.</p> <p>The Committee agreed to the addition of a risk to the register for this practice.</p> <p>Ref 13/30 – Information Governance - The Committee was asked to increase the risk score from 5 to 8, which would prompt more frequent reviews to</p>		
--	--	--	--

	<p>take place with updates brought back into the meetings. It was noted that this did not increase the level of risk but reflects the way information is being shared in a more complicated way. The Committee approved the changes to the Risk Register.</p> <p>Ref 19/02 Thames Valley Ambulance Service (TASL) – The Quality Manager advised that a notice has been given to terminate the contract due to quality issues. The procurement process to appoint a new provider is currently underway with an expected start date of 30 November 2019. The Head of Contracting, BCCG is in communication with TASL to ensure quality issues are being addressed until the new provider takes over.</p> <p>The Quality Manager asked for the risk score to be increased following intelligence from both Barnsley Hospital and another provider in South Yorkshire. The Committee agreed to increase the risk likelihood from 4 to 5 giving an overall score of 10.</p> <p>Ref: 19/03 Rose Tree Medical Practice - The Committee was informed that the Practice Manager will change. The CCG are working with the practice on an action plan. It was agreed to update the register accordingly.</p>		
	<p>Actions agreed:</p> <ul style="list-style-type: none"> • Caxton House to be added to the risk register • Risk Ref 13/30 - Information Governance – change to risk score. • Risk Ref 19/02 -TASL – increase the risk likelihood score from 4 to 5 • Risk Ref 19/01 - Dodworth Medical Practice – to be removed from the risk register. • Risk Ref: 19/03 - White Rose Medical Practice – update progress on the risk register. 	RW	September 2019
Q&PSC 19/08/08	MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)		
	<p>The Chair presented the Quality Metrics report. The following points were highlighted:</p> <p>Safeguarding</p> <ul style="list-style-type: none"> • New Safeguarding Children’s Board – It was reported that the Safeguarding Children’s Board ceased to exist from April 2019 and has been replaced with the Barnsley Safeguarding Children Partnership. There are a number of 		

	<p>sub groups with the Designated Nurse, BCCG playing an active role within these groups.</p> <ul style="list-style-type: none"> • Child Death Overview (CDOP) – It was reported that the CCG is now part of a South Yorkshire CDOP Panel. • Serious Case Reviews, Learning Lessons Events/Reviews – Brief details were provided of three ongoing serious case reviews. • Recruitment – It was reported that a joint CCG Designated Professional for Safeguarding Adults has been recruited. In the interim, the Lead Nurse MCA/COP from Sheffield CCG is providing cover. Committee members raised concerns about the new appointment being a shared post. The Chair stated that the joint post had been discussed at Membership Council and with the Chief Nurse Sheffield CCG. The Chair agreed to escalate the concerns raised to the Chief Nurse Sheffield CCG. The committee members were reassured that at present there are no urgent issues to be addressed. • Mental Capacity Act/Deprivation of Liberty – It was reported that the Lead Nurse MCA/COP from Sheffield CCG is assisting Barnsley CCG in this area until the Designated Professional for Safeguarding Adults starts. • Learning Disabilities Mortality Review – (LeDeR) – Patrick Otway, Head of Commissioning (Mental Health, Children’s and Maternity) has been named as the Local Area Contact and Jayne Sivakumar, Deputy Chief Nurse will be second Local Area Contact. Barnsley CCG currently has a backlog of incomplete reviews. The CCG will receive support to clear the backlog of reviews up to 31 December 2018. The main cause of the backlog is lack of staff resource. Patrick Otway will receive reviewer training and will be supported by local nurses from Barnsley Hospital NHS Foundation Trust and South West Yorkshire Partnership Foundation Trust. The Chair agreed to share a recent report presented to the Safeguarding Adults Board with the committee members. 		
--	---	--	--

	<p>Serious Incidents The Quality Manager reported that a notification had been received on 1 July 2019 of a serious incident that involved a Barnsley CAMHS patient.</p> <p>Infection Prevention & Control (IPC) The Chair provided verbal assurance that all the IPC contract KPIs and standards are being met, based on the outcome of the last IPC Contract meeting.</p> <p>Primary Care The Primary Care Transformation Manager presented the Primary Care section of the Quality Metrics report. It was highlighted that:</p> <ul style="list-style-type: none"> • CQC Inspections <p>Hill Brow Surgery - rated Good overall for all domains.</p> <p>Dodworth Medical Practice (Apollo Court) – rated Good for the Safe and Well Led domains. The CQC was unable to allocate ratings for the other domains due to insufficient evidence due to the practice provider recently taking over the service.</p> <p>The published reports are available on the CQC website.</p> • CQC Annual Regulatory Reviews <p>A number of annual regulatory reviews have taken place, including the three Barnsley Healthcare Federation practices. The CQC has not highlighted any concerns and have indicated that a number of practices potentially will be rated as outstanding providing evidence is submitted to support the verbal review.</p> <p>The CQC representative has stated that Barnsley patients are lucky to have the calibre of its General Practices.</p> <p>The Quality Manager provided an update on YAS and the Healthcare Safety Investigation Branch (HSIB):</p> <p>YAS Out of hours Dental Service – Yas has highlighted that the service is being under used and therefore patients should not be attending A&E for dental services. Possible reasons for under use are lack of awareness of the locations of the service and ease of access.</p>		
--	--	--	--

	<p>Committee members expressed concern that patients are not aware of the service, and the Head of Medicines Optimisation raised that patients may not have the funds to pay for treatment and this could be a reason for under use. It was agreed that it would be useful to communicate location and telephone details to practices.</p> <p>HSIB - The Quality Manager provided a brief overview of two recent reports:</p> <ul style="list-style-type: none"> • Failures in Communication or Follow-up of Unexpected Significant Radiological Findings • Recognising and Responding to Critically Unwell Patients 12017/007 <p>It was agreed that actions from the above reports would be followed-up with the Barnsley Hospital NHS Foundation Trust via the Clinical Quality Board.</p>		
	<p>Actions agreed:</p> <ul style="list-style-type: none"> • Recruitment - Designated Professional for Safeguarding Adults role to be discussed with Chief Nurse Sheffield CCG. • LeDeR report presented to the Safeguarding Adults Board to be circulated. • Communicate location and telephone details to practices of the Out of Hours Dental Services. 	<p>JS</p> <p>JS</p> <p>HF</p>	<p>September 2019</p> <p>September 2019</p> <p>September 2019</p>
Q&PSC 19/08/09	BCCG PATIENT EXPERIENCE FEEDBACK REPORT QUARTER 1 2019/2020		
	<p>The Quality Manager presented the BCCG Patient Experience Feedback report for Quarter 1 2019/20. No particular themes had been identified from the 17 complaints and concerns received.</p> <p>The Head of Medicines Optimisation asked if the three complaints relating to access to medicines were due to out of stock issues. The Quality Manager advised that this was not the case.</p> <p>A further update was provided in relation to the number of ongoing Parliamentary Health Service Ombudsman (PHSO) investigations. A complaint relating to a historical Continuing Healthcare Care (CHC) patient has been upheld by the PHSO, and the required actions for the CCG have been completed.</p>		

Q&PSC 19/08/10	SY&B QUALITY SURVEILLANCE GROUP (QSG) UPDATE –19/07/19		
	<p>The Chair informed the committee of changes relating to Group’s previous sub-group, the SY&B Quality Leads meeting. The Quality Manager provided further detail.</p> <p>NHS England has changed the scope and reporting structure of the SY&B Quality Leads meeting. It is now called the SYB ICS Quality Group, and it will report into the ICS quality reporting structure as well as the SY&B Quality Surveillance Group. The role and scope of the SYB ICS Quality Group are still being developed.</p> <p>The QSG remains a statutory function and will continue to take place for the foreseeable future</p>		
Q&PSC 19/08/11	MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY POLICY		
	<p>The Committee was asked to approve the Interim Corporate Mental Capacity Act and the Deprivation of Liberty Policy.</p> <p>The Head of Governance and Assurance requested clarification to the frequency of safeguarding training, review dates and also that the Equality Impact Assessment to be reviewed by CCG’s Equality Lead before submission to the Governing Body for ratification.</p> <p>Approval was given by the Committee members subject to the changes requested.</p>		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> • Mental Capacity Act policy - clarification to the frequency of safeguarding training, frequency of review dates and Equality Impact Assessment to be reviewed by the Quality Lead and signed before submitting to Governing Body. <p>Post Meeting Note: The following clarification was provided after the meeting. The safeguarding training is as per the CCG mandatory matrix. Review dates stated in the policy are correct and an explanation has been added to the cover paper for Governing Body. The review of the Quality Impact Assessment is in progress.</p>	JH	Complete
Q&PSC 19/08/12	CONSENT POLICY		
	The Chair asked the Committee to approve the Consent Policy. The Head of Governance and		

	<p>Assurance requested clarification to the frequency of safeguarding training, frequency of review dates, reference to Quality and Patient Safety Committee in 8.1.4 along with the Equality Impact Assessment reviewed and signed by Quality Lead before presenting to Governing Body for ratification.</p> <p>The Lay Member for Public and Patient Engagement asked who the Policy is applicable to as the document references "ALL" and how would this be communicated. It was agreed that all staff should be aware of the policy including committee members and it should not only apply to clinical staff. It was agreed that the Policy should be presented at a staff briefing so all staff are aware of the Policy.</p> <p>Approval was given by the Committee members once the changes have been made.</p>		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> Consent Policy - clarification to the frequency of safeguarding training, frequency of review dates, reference to Quality and Patient Safety Committee in 8.1.4 along with the Equality Impact Assessment reviewed and signed by Quality Lead <p>Post meeting note: The following clarification was provided after the meeting. The safeguarding training is as per the CCG mandatory matrix. Review dates stated in the policy are correct and an explanation has been added to the cover paper for Governing Body. The review of the Quality Impact Assessment is in progress.</p> <ul style="list-style-type: none"> Consent policy to be presented at staff briefing for staff awareness. 	JH	Complete
		JH	September 2019
Q&PSC 19/08/13	Q&PSC TERMS OF REFERENCE UPDATE		
	The Committee was asked to approve the changes to the terms of reference presented by the Head of Governance and Assurance. The proposed changes relate to the membership of the committee at section 5.3. Approval was given by the Committee members.		
Q&PSC 19/08/14	MEMORANDUM OF UNDERSTANDING – CONTROLLED DRUGS		
	The Head of Medicines Optimisation presented the memorandum of understanding for co-operative working between NHS England and local CCGs with regard to the Safe Management and Use of		

	Controlled Drugs for assurance purposes. No questions were raised by the committee members.		
COMMITTEE REPORTS AND MINUTES GENERAL			
Q&PSC 19/08/15	MINUTES OF THE 12 JUNE 2019 AREA PRESCRIBING COMMITTEE		
	<p>Q&PSC received the minutes for information. The Head of Medicines Optimisation highlighted the following items to the committee:</p> <ul style="list-style-type: none"> • Ticagrelor Audit Report The audit report covered the information documented on discharge letters over a 3 month period, focussing on whether sufficient advice on ticagrelor treatment is being communicated effectively. The report findings showed overall future care of the patient is communicated well providing assurance that most of the standards audited are embedded into practice and operating effectively. No major weaknesses or unmanaged risks were identified, or changes in patient care needed. An additional piece of work in primary care will be carried out for assurance. • D1 Audit Report The Head of Medicines Optimisation reported that the BHNFT audit report has been received. The initial findings show that there has been significant improvement on the findings from a previous audit completed two years ago. 		
Q&PSC 19/08/16	MINUTES OF THE 04 JUNE 2019 AND 04 JULY 2019 PRIMARY CARE QUALITY & COST EFFECTIVE PRESCRIBING GROUP MEETING		
	<p>Q&PSC received the minutes for information. The Lay Member for Public and Patient Engagement queried the benchmarking data. The Head of Medicines Optimisation explained that due to commissioning differences it is not always possible to compare like for like however discussions do take place to look at differences and establish the reasons behind them. No further questions were raised.</p>		
Q&PSC 19/08/17	CLINICAL QUALITY BOARDS: <ul style="list-style-type: none"> • Adopted SWYPFT minutes – 18 April 2019 • Adopted BHNFT CQB – 14 March 2019. 		

	Q&PSC received the minutes for information.		
Q&PSC 19/08/18	BARNSELY INTELLIGENCE SHARING MEETING (HEALTHWATCH) – 3 JUNE 2019		
	<p>The Quality Manager provided a verbal update. The CCG's previous Head of Quality attended the meeting in June 2019. The frequency of the meetings has changed from quarterly to half yearly. Also, it was suggested at the meeting that a representative from Primary Care attend the meetings as the majority of the intelligence gathered relates to primary care. This will be taken forward with the primary care team to establish if a representative can attend. First quarter data did not report any red flags and the members were assured that intelligence is routinely shared with the primary care team.</p> <p>The Quality Manager asked for approval from the members to remove the item from the standard agenda and report on an exception basis. The members approved this recommendation.</p>		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> • Representative from the primary care team to attend Healthwatch meetings. • Agenda item Q&PSC 19/08/18 BARNSELY INTELLIGENCE SHARING MEETING to be removed from the standard agenda. 	<p>HF</p> <p>JA</p>	<p>October 2019</p> <p>October 2019</p>
Q&PSC 19/08/19	ACTION NOTES OF THE 25 APRIL 2019 AND 16 JULY 2019 HEALTH PROTECTION BOARD		
	<p>Q&PSC received the action notes for information. The Chair highlighted the following item to the committee:</p> <ul style="list-style-type: none"> • Item 10 – No recourse to Public Funds (NRPF) pathway for TB patients. The Chair informed members that a paper will be presented at Management Team in relation to the funding element of the pathway. <p>No questions were raised from the members.</p>		
GENERAL			
Q&PSC 19/08/20	Any Other Business		
	<p>Supply of Medicines The Lay Member for Public and Patient Engagement asked for guidance on how to respond to questions at the next Patient Council meeting around medicine shortages in particular as NHS England have</p>		

	<p>declared an emergency on Intravenous Feed supplies (IV) shortages and Hormone Therapy Treatment (HRT). The Head of Medicines Optimisation provided background information about why shortages can occur and offered to provide the Lay Member for Public and Patient Engagement with a formal response for the September 2019 Patient Council meeting.</p> <p>A discussion took place around what drug shortages BHNFT are experiencing and the Head of Medicines Optimisation offered to contact the hospital to gather further information.</p> <p>Denosumab and Zoledronic Acid patients The Chair provided background in relation to this cohort of patients. 39 patients have been identified as not receiving the required follow-up (recall) for monitoring due to gaps in the commissioning, staffing and the monitoring process. The Chair informed the members that a bigger piece of work will be undertaken and progress will be fed back to this meeting in due course.</p>		
	<p>Actions agreed:</p> <ul style="list-style-type: none"> The Head of Medicines Optimisation to provide the Lay Member for Public and Patient Engagement with a written response for the September 2019 Patient Council meeting on drug shortages of IV Feed and HRT. The Head of Medicines Optimisation to contact BHNFT to gather information on drug shortages within the hospital. 	<p>CL</p> <p>CL</p>	<p>September 2019</p> <p>September 2019</p>
<p>Q&PSC 19/08/21</p>	<p>AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT</p>		
	<p>It was agreed the quality highlights to Governing Body should include:</p> <ul style="list-style-type: none"> Mental Capacity Act (MCA) and Deprivation of Liberty (DOLs) Policy - Green Consent Policy - Green Yorkshire Ambulance Service improvement - Amber 		

Q&PSC 19/08/22	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED: <ul style="list-style-type: none"> • CONDUCT OF MEETING • ANY AREAS FOR ADDITIONAL ASSURANCE • ANY TRAINING NEEDS IDENTIFIED 		
	There were no items to raise.		
Q&PSC 19/08/23	DATE AND TIME OF NEXT MEETING Thursday 10 October 2019 at 1pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY		

Adopted

Minutes of the meeting of the Membership Council held on Tuesday 17 September 2019 at 7.00 pm at Hilder House, 49/51, Gawber Road, Barnsley, S75 2PY

PRESENT

Dr Nick Balac	Practice Representative (St Georges Medical Practice)
Dr Adebowale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
James Barker	Chief Operating Officer Barnsley Health Care Federation The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr M Hussain Kadarsha	Practice Representative (Hollygreen Practice and Lakeside Surgery)
Dr Sudhagar Krishnasamy	Practice Representative (Royston Group Surgery) and CCG Medical Director
Dr I Saxena	Practice Representative (Caxton House Surgery)
Dr Sepehri	Practice Representative (Hillbrow Surgery Mapplewell)
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)

IN ATTENDANCE

Paige Dawson	Governance, Risk and Assurance facilitator
Louise Dodson	Transformation Manager (for minute reference MC 19/09/xx)
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Kay Morgan	Governance & Assurance Manager
Lesley Smith	Chief Officer

APOLOGIES

Dr Eddy Czepulkowski	Practice Representative (High Street Royston)
Dr Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr John Harban	Practice Representative (Lundwood Medical Centre and The Kakoty Practice)
Dr Gareth Kay	Practice Representative (Huddersfield Road)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice)

Dr Andy Mills
Mike Simms
Dr Mark Smith

Practice Representative (Ashville Medical Centre)
Governing Body Secondary Care Clinician
Practice Representative (Victoria Medical Centre PMS
Practice)

Richard Walker
Mike Austin
Jeremy Budd

Head of Governance and Assurance
Primary Care Support
Director of Commissioning

Agenda Item	Note	Action	Deadline
MC 19/09/01	HOUSEKEEPING		
	The Chairman explained the fire procedures for the meeting venue, including nearest fire exit and toilet facilities.		
MC 19/09/02	QUORACY		
	The meeting was not quorate. The Chair advised that the meeting would continue, all agenda papers were for information only and there were no decisions for the Committee to make.		
MC 19/09/03	DECLARATION OF INTERESTS INCLUDING SPONSORSHIP & HOSPITALITY		
	The Membership Council noted the Declarations of Interests Report. No new declarations were received.		
MC 19/09/04	MINUTES OF THE MEETING HELD ON 16 JULY 2019		
	The minutes of the Membership Council meeting held on 16 July 2019 were verified as a correct record of the proceedings.		
MC 19/09/05	MATTERS ARISING		
	The Membership Council considered the Matters Arising Report. It was noted that the action relating to minute reference MC 19/05/06 & 19/07/04, a review of the Tele Dermatology Pilot will be considered under agenda item 10 'Tele Dermatology Position Update and Implementation Issues'		

Agenda Item	Note	Action	Deadline
	<p>Dr Krishnasamy advised that an action from the Membership Council meeting held on 16 July 2019 had been omitted from the Matters Arising Report as follows:</p> <ul style="list-style-type: none"> MC19/07/02 DECLARATION OF INTERESTS INCLUDING SPONSORSHIP & HOSPITALITY <p>The Krishnasamy commented that declarations from the new Clinical Directors of PCNs should be included on the CCGs Register of Interests and where appropriate the next Declaration of Interests Report to the Membership Council.</p>	RW	19.11.19
MC 19/09/06	COMMISSIONING REFORM UPDATE		
	<p>The Chief Officer gave a presentation about System Commissioning Reform and indicated that this was part of a series of ongoing updates to the Membership Council. The Chief Officer reported that as per the Long Term Plan Integrated Care Systems (ICSs) will cover the whole country by April 2021 with each ICS having streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. Typically this will involve a single CCG per ICS area with an expectation that CCGs need to be leaner, more strategic organisations that support local partnerships. The legal framework, leadership models and the types of 'commissioning activities' in an ICS were noted.</p>		
	<p>The Chief Officer advised that whilst ICS's will not be established as legal entities, levers are in place to make the ICS's more 'weight bearing' within the system. NHSE and NHSI had also transferred some regulatory assurance functions to the ICSs. CCGs will retain statutory responsibilities for their financial allocation per population.</p> <p>The Chief Officer drew members' attention to Commissioning in the wider ICS context and features of an ICS end state 'a single CCG or where there are more than one CCG in an ICS having a single accountable officer'. She commented that Barnsley and Sheffield CCG already had in place a single Accountable Officer with responsibility for more than half of the Health £ in South Yorkshire and Bassetlaw. Given the shared Chief Officer</p>		

Agenda Item	Note	Action	Deadline
	<p>both CCGs will need to consider how to best utilise capacity and undertake their work. In response to a question raised with regard to a single CCG, the Chief Officer advised that this would probably be a South Yorkshire and Bassetlaw CCG.</p>		
	<p>Discussion took place. It was highlighted that clinical leadership should be preserved in the new world of commissioning reform. In response to questions raised it was clarified that:</p> <ul style="list-style-type: none"> • Where it is in the best interests of Barnsley people commissioning of services will be undertaken collectively with other CCGs across the SY&B ICS system. • The flow of patients to Sheffield for services not provided at place was in the domain of the Hospital Services Review. • The Long Term Plan focussed on preventing admission and upstreaming Primary Care. It was noted that the commissioning of hospital services was on a PBR (payment by results basis) and Barnsley Hospital was currently overtrading. A more allocative approach to investment in acute hospital services was required. At place, Barnsley was good at discharge but high on admissions. 		
	<p>The Chairman commented that Primary Care in Barnsley had been sustainably funded at significantly more than £6.00 per patient, which is what the 5 Year PCN Framework offered 1.47m per typical 50,000 population PCN. The additional funding to Primary care may be at risk should partner SY&B CCG's come together in a single CCG. The healthcare needs of Barnsley people and £ must be carefully managed to ensure best outcomes for our patients.</p> <p>It was important for the Governing Body and Membership Council to remain sighted on developments and plans to manage the Barnsley £ in the context of the SY&B Chest. Information about commissioning reform will be provided to Member Practices via briefings and BEST events.</p>		
	<p>The Lay Member for Patient and Public Engagement &</p>		

Agenda Item	Note	Action	Deadline
	<p>Primary Care Commissioning highlighted that Barnsley CCG was a highly performing successful CCG the SY&B ICS and other CCGs can learn from the Barnsley experience.</p>		
	<p>The Membership Council noted the Commissioning Reform Update</p> <p><i>Agreed actions:</i> To include an update on Commissioning Reform in the Membership Council Briefing.</p>	NB/JP/KM	
<p>MC 19/09/07</p>	<p>PRIMARY CARE NETWORKS AND INTEGRATED NEIGHBOURHOOD TEAM UPDATE</p>		
	<p>The Chief Operating Officer Barnsley Health Care Federation provided Membership Council with an update on Primary Care Networks (PCN) in Barnsley. The neighbourhood networks had started to meet, considering moving services forward within an integrated system. A clinical director had now been appointed to each Neighbourhood Team. The latest appointments being Dr Rhodes for the Penistone locality and Dr Porter for the North locality. The PCN accountable directors and clinical directors are to a South Yorkshire and Bassetlaw development session looking at the roles, responsibilities, structure and priorities for networks and to identify required support required from the SY&B ICS.</p> <p>The Chief Operating Officer Barnsley Health Care Federation reported that one PCN Business Development Manager had been recruited with the remaining two vacancies to be re-advertised. The reporting structures for the Business Development Managers were clarified.</p> <p>It was noted that the PCN Business Development Managers had a pivotal role to play in operationalising the Neighbourhood Team Specification, providing a communication bridge between the PCN and community services, working to avoid hospital admissions, ensuring safe discharges and reduced readmissions. It was highlighted that both the CCG and Healthcare Federation had a mutual interest in the progress made by Business Development Managers to deliver the Neighbourhood</p>		

Agenda Item	Note	Action	Deadline
	Team Specification.		
	The Chairman informed Membership Council that the Governing Body had approved the Neighbourhood Team Specification in public on 12 September 2019. The specification was now in implementation phase with emphasis on moving towards rapid mobilisation. The Network and localities will work together to provide the best outcomes for Barnsley patients.		
	The Membership Council noted the Update on Primary Care Networks and Integrated Neighbourhood Team.		
MC 19/09/08	CANCER PDA SUPPORT TEAM		
	Dr Hussain Kadarsha, Clinical Lead for Cancer gave a presentation to Membership Council the Cancer PDA and QoF Support Team. It was noted that the Team had capacity to support Practices with achieving the Cancer PDA and QoF indicators. Practices wishing to take up this opportunity were advised to contact Angela Musgrave angela.musgrave@nhs.net . In response to a question raised, it was clarified that the cancer care templates will be rolled out by the end of September 2019		
	<p>Membership Council were asked how the Cancer PDA Support Team could best work with Practices?</p> <p>Discussion took place regarding the Vague Cancer Symptoms Pilot and the following comments were received:</p> <ul style="list-style-type: none"> • In addition to the vague symptoms pilot for GI, a general vague symptoms pathway would also be useful. • The vague symptoms pilot could introduce delays in patient care; as there are a number of steps to take when a scan was actually required. However, on completion of all investigation the right pathway is determined for the patient. • The pathway is a helpful tool for trainees and locums. • The Medical Director advised that the pathway will be shared at 'BEST' • It was queried if the pilot was to be evaluated. 		

Agenda Item	Note	Action	Deadline
	<p>Membership Council determined that overall it was helpful for the Vague Symptoms Pathway to be available.</p>		
	<p>Membership Council noted the presentation.</p> <p><i>Agreed actions</i> To ascertain if the Vague Symptoms Pilot is to be evaluated.</p>	<p>HK</p>	<p>19.11.19</p>
<p>MC 19/09/09</p>	<p>TELEDERMATOLOGY POSITION UPDATE AND IMPLEMENTATION ISSUES</p>		
	<p>Dr Adebowale Adekunle presented an update on implementation of the Tele dermatology. Membership Council noted the relatively low numbers of referrals. Dr Adekunle advised that equipment was still being installed within Practices and subsequent staff training taking place.</p>		
	<p>Membership Council were asked for feedback regarding the roll out of tele dermatology and how Practices can increase the uptake of referrals?</p> <ul style="list-style-type: none"> • Dr Heather Smith commented that Tele Dermatology was useful but not all patients need to see a consultant. • The tele dermatology referral process was time quite time consuming, approximately 30 minute per referral. Although noted that referrals to the Musculo skeletal Service took longer. One Practice had trained their admin team to take photographs and upload clinical information to the Tele Dermatology system whilst in other Practices the Health Care Assistant undertook this role. • The Rose Tree PMS Practice was identified as the highest refer to the tele dermatology service. Learning could be derived from the Rose Tree Practice for sharing with other practices. <p>Dr Adekunle reported that service had received good feedback from patients. It was noted that the evaluation of the Tele Dermatology Pilot will be submitted to a future meeting of the Membership Council.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Membership Council noted the update on Tele Dermatology.</p> <p>Agree Action To submit the Tele Dermatology Evaluation Report to the Membership Council when available.</p>	AA	
MC 19/09/10	LOWER GI PATHWAY AND FIT TEST POSITION UPDATE AND IMPLEMENTATION ISSUES		
	Dr Hussain Kadarsha, Clinical Lead for Cancer provided a presentation to Membership Council about the Lower GI Pathway and FIT Test. Membership Council were asked for their views as to how the uptake of FIT Tests could be increased. .		
	With regard to the uptake of FIT Tests Dr Heather Smith commented on the availability of the kits. It was clarified that Practices could have as many test kits as required and this should be communicated to Practices. The Chairman queried the figures provided in relation to the FIT Test positivity rate of 19.9%, equating to 80 patients. In particular if the 80 patients with a positive test were subsequently diagnosed with bowel cancer. The Chair explained his understanding was that there was a high false positive rate.		
	<p>The Membership Council noted the presentation.</p> <p>Agreed Action: To clarify the figures provided for positive FIT Tests and correlation to a diagnosis of actual bowel cancer.</p>	HK	18.11.19
MC 19/09/11	PRIMARY CARE DIGITAL AND IT UPDATE		
	<p>The Primary Care Transformational Manager introduced her report regarding Digital Developments for Primary Care. The following local digital development projects were noted:</p> <ul style="list-style-type: none"> • TPP SystemOne and EMIS Interoperability • 111 Direct Booking • Doctorlink • Data Protection Officer (DPO) 		

Agenda Item	Note	Action	Deadline
	<p>The Chief Officer queried the extent of interoperability between Practice Systems (TPP SystemOne and EMIS). in particular with regard to read/write functions. The Primary Care Transformational Manager clarified that information between SystemOne and EMIS (including free text) will flow both ways. The Chairman advised that the CCG and Practices needed to know the true and full extent of interoperability.</p> <p>The Primary Care Transformational Manager agreed to recirculate the links to the EMIS and TPP support regarding interoperability to Practice Managers.</p>	LD	27.09.19
	<p>111 Direct Booking</p> <p>Membership Council were informed that a phased approach to 111 direct booking of GP appointments was being undertaken across South Yorkshire and Bassetlaw. It was expected that 1 appointment per 3,000 patients, will be available/released from individual practices each day.</p>		
	<p>Doctorlink</p> <p>The implementation of 'Doctorlink' into Practices is currently in progress. Doctorlink is a digital triage and advice tool with online consultation functionality.</p>		
	<p>Data Protection Officer (DPO)</p> <p>It was noted that a Data Protection Officer Service for practices has been commissioned by the CCG and will be available free of charge to Practices from 1 October 2019. Individual Practices are free to use an alternative provider of their choice but this will not be funded by the CCG.</p>		
	<p>The Membership Council noted the Primary Care Digital and It Update.</p> <p>Agreed Action <i>To circulate links to the EMIS and TPP support regarding system interoperability to Practice Managers via Membership Council briefing.</i></p>	LD	27.11.19

Agenda Item	Note	Action	Deadline
MC 19/09/12	ANY OTHER BUSINESS		
	12.1 Learning Disability Health Checks		
	<p>The Chairman reported that the overall percentage of Learning Disability Physical Health Checks undertaken in Barnsley was low and requested the views of Membership Council.</p> <p>It was noted that some Practices had dedicated GPs, Nurse Practitioners and time to undertake the Health Checks. There were also issues with correlation of Practice Learning Disability Registers to the Local Authority Registers. It was suggested that comparative data relating to the Learning Disability Health Checks may help to identify areas of good practice and the Federation could support work to align Practice and Local Authority Learning Disability Registers.</p> <p>Agreed Action</p> <p><i>To ascertain current situation with reconciliation of Practice Learning Disability Registers to the Local Authority Registers.</i></p> <p><i>To request feedback from Practices about Learning Disability Physical Health Checks with a view to increasing the numbers of checks undertaken. (via the Membership Council Briefing)</i></p>	<p>JB/MG</p> <p>NB/KM</p>	<p>19.11.19</p> <p>27.09.19</p>
	12.2 Flu Vaccinations - District Nurses.		
	<p>Dr Krishnasamy informed Membership Council that although the District Nursing Specification included the administration of flu vaccinations to housebound patients, due to conflicting guidance from NHSE, the District Nursing service was currently not provide this service.</p> <p>Agreed Action</p> <p><i>To assess the issue with the Deputy Chief Nurse and Senior Primary Care Commissioning</i></p>	SK	20.09.19

Agenda Item	Note	Action	Deadline
	Manager and provide guidance to Practices		
	12.3 Rightcare Barnsley		
	<p>Dr Krishnasamy advised Membership Council of an issue raised at the Local Medical Committee, whereby Rightcare Barnsley were undertaking routine reviews of all care home patients via SKYPE and telephone giving default advice to contact GPs. It was highlighted that Care home staff should check that patients are well and Practices did not need any additional demand at peak periods.</p> <p>Dr Saxena reported that on more than one occasion Rightcare had advised her to send patients to A&E, rather than Rightcare arranging admission or provision of alternative services.</p> <p>Agreed actions To raise this issue with the Deputy Chief Nurse.</p>	SK	20.09.19
MC 19/09/13	MEMBERSHIP COUNCIL BRIEFING		
	<p>It was agreed that the following items would be included in the Membership Council Briefing:</p> <ul style="list-style-type: none"> • Commissioning Reform • Primary Care Network update – (Clinical Directors and PCN Business Development Managers) • Learning Disability Physical Health Checks • IT Update 		
MC 19/09/14	REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED		
	The business of the meeting had been well conducted.		
MC 19/09/15	DATE AND TIME OF NEXT MEETING		
	The next meeting of the Membership Council will be held on Tuesday 19 November 2019 at 7.00 pm in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

GOVERNING BODY

14 November 2019

PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHTS 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											
	The purpose of this report is to provide Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 26 September 2019.											
3.	REPORT OF											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Chris Millington</td> <td>Chair PCCC</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Senior Primary Care Commissioning Manager</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Chris Millington	Chair PCCC	Author	Julie Frampton	Senior Primary Care Commissioning Manager
	Name	Designation										
Executive / Clinical Lead	Chris Millington	Chair PCCC										
Author	Julie Frampton	Senior Primary Care Commissioning 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>PCCC</td> <td>29.09.2019</td> <td>Highlights agreed</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	PCCC	29.09.2019	Highlights agreed			
Group / Committee	Date	Outcome										
PCCC	29.09.2019	Highlights agreed										
5.	EXECUTIVE SUMMARY											
	<p>This report provides the November Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 26 September 2019.</p> <p>It was agreed at the meeting that the following would be highlighted:</p> <p>1) CQC reports:</p> <p>The following practices have been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> • BHF Practices - <ul style="list-style-type: none"> ○ BHF Highgate Surgery inspection completed 3 July 2019, report 											

	<p>published 15 August 2019</p> <ul style="list-style-type: none"> o BHF Lundwood Practice inspection completed 4 July 2019, report published 15 August 2019 o BHF Brierley Medical Centre inspection completed 4 July 2019, report published 15 August 2019 <p>All 3 BHF practices have now been re-inspected and have an overall rating of Good including for all domains.</p> <ul style="list-style-type: none"> • Hoyland First PMS Practice <p>Hoyland First PMS Practice was inspected on the 6 August 2019. In the report published on the 28 August 2019 the practice received a rating of Good overall.</p> <p>2) GP practice opening hours review 2019: In line with the national ambition to improve and extend access to primary care for patients, the Primary Care Team worked closely with practices to review current service provision and any subcontracting arrangements.</p> <p>Guidance from NHS England was shared with practices which, whilst not explicit in the contract, were deemed to represent in broad terms, the types of services that patients would ordinarily expect to see from an 'open' practice.</p> <p>The CCG are assured that the practices utilising the subcontracting arrangements are transferring cover to the i-Heart Barnsley Healthcare Federation services for the periods when they are not open within the core hour period.</p> <p>There are 11 practices closing for half a day per month for training purposes and 8 practices closing on various days of the week earlier than the 18:30 requirement, for example half an hour early at 18:00.</p> <p>The outcome of the review was that all practices are deemed to be meeting core opening hour requirements.</p> <p>3) PCCC Terms of reference.</p> <p>The annual update for the PCCC Terms of reference was discussed and now includes NHSE as a non-voting representative. It was noted that a vacancy has arisen following the resignation of the Lay Member for Accountable Care and, therefore, a gap for the post of Vice Chair.</p> <p>It was agreed that the Lay Member for Secondary Care would act as the Vice Chair whilst a replacement is secured for the vacant post and whilst checks were made to see if there would be a conflict for the Lay Member for Governance to take on the role of Vice Chair for PCCC.</p>
6.	<p>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</p>
	<ul style="list-style-type: none"> • Note the above which is provided for information and assurance.
7.	<p>APPENDICES / LINKS TO FURTHER INFORMATION</p>
	<p>N/A</p>

Agenda time allocation for report:	<i>5 mins</i>
---	---------------

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:		<i>Provide ref(s) or state N/A</i>
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?		Y
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

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
 held on Thursday, 25 July 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
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician
Richard Walker	Head of Assurance & Governance

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
Angela Musgrave	Executive Personal Assistant
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager
Karen Sadler	Health & Wellbeing Board Programme Manager, BMBC

APOLOGIES:

Lee Eddell	Commissioning Manager, NHSE
Lesley Smith	Chief Officer
Sarah Tyler	Lay Member for Accountable Care
Dr Nick Balac	CCG Chairman
Julia Burrows	Director of Public Health, BMBC

MEMBERS OF THE PUBLIC:

Katie Newsome

Agenda Item	Note	Action	Deadline
PCCC 19/07/01	HOUSEKEEPING The Chair carried out the health & safety housekeeping for members of the meeting.		
PCCC 19/07/02	APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 19/07/03	QUORACY		
	The meeting was declared quorate.		

PCCC 19/07/04	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	<p>The following updates to the Declarations of Interest were noted:-</p> <p><u>Dr Sudhagar Krishnasamy</u> From 1 July 2019 Dr Krishnasamy's position in the CCG was 'Medical Director'.</p> <p><u>Victoria Lindon</u> Victoria Lindon informed the meeting that going forward she would be the NHSE representative at future PCCG meetings.</p> <p>Dr Krishnasamy and Victoria Lindon advised they had no matters of interest to declare relating to agenda items for the meeting.</p> <p>Action: Declarations of Interest report to be updated to reflect the above.</p>	RW	Complete
PCCC 19/07/05	MINUTES OF THE LAST MEETING		
	<p>The minutes of the meeting held on 30 May 2019 were verified as a correct record of proceedings with the following amendment.</p> <p><u>Lakeside Surgery Contract Variation</u> It was noted that the minutes referred to Lakeside Surgery as holding a PMS contract when this should read APMS contract.</p> <p>Action: Minutes to be amended to reflect APMS contract.</p>	AM	Complete
PCCC 19/07/06	MATTERS ARISING REPORT		
	<p>The Committee noted the matters arising report.</p> <p>Members requested an update on the following outstanding action:-</p> <ul style="list-style-type: none"> • Liaise with MSK colleagues to set KPIs around Working Win referrals. 	JF	Email to JS sent 5.8.19
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 19/07/07	PRIMARY CARE NETWORKS UPDATE		
	The Senior Primary Care Commissioning Manager presented the Primary Care Networks Update report.		

	<p>Members were informed that following the publication of the Network Contract DES specification all Barnsley GP practices had completed and submitted the required documentation to the CCG. The CCG had also received a 'Pledge of Support' from the ICS and NHS England was in receipt of all relevant documentation.</p> <p>Having received all the documentation and secured agreement from all practices had enabled the PCN to commence from 1 July 2019.</p> <p>The PCN was currently working on proposals to utilise the £1.50 funding allocation per patient (based on actual list size) which would be reported at a future PCCC meeting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the information within the report. 		
<p>QUALITY AND FINANCE</p>			
<p>PCCC 19/07/07</p>	<p>CQC UPDATE</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>Dodworth Medical Practice (Apollo Court)</u> Following an inspection on 10 July 2018 Dodworth Medical Practice (Apollo Court) had received an overall rating of 'inadequate'. An action plan had subsequently been put in place and the CCG had been supporting the practice. Assurance was received from the practice that appropriate steps had been taken in line with the action plan.</p> <p>On 30 April 2019 the practice had been re-inspected and in the report published on 17 June 2019 the practice received a rating of 'Good' within the Safe and Well Led domains, and 'Not Sufficient Evidence to Rate' in respect of Effective and Caring and Responsive. The overall rating is therefore currently 'Not Sufficient Evidence to Rate'.</p> <p>The CQC panel had confirmed that the practice was no longer subject to special measures and the unrated domains and population groups would be followed up during an inspection at a later date.</p>		

	<p>Members noted that the CCG continue to support the practice.</p> <p><u>Hill Brow Surgery</u> Hill Brow Surgery was inspected on 10 June 2019. In the report, published on 5 July the practice received a rating of 'Good' overall and for all domains.</p> <p>The CCG had written to both practices to congratulate all staff and thank them for their continued efforts to provide high quality services.</p> <p><u>CQC Inspections completed/Planned</u> The CQC completed inspections at the practices listed below. Details of the outcome and the report would be shared when available.</p> <ul style="list-style-type: none"> • BHF Highgate – inspected 1 July 2019 • BHF Lundwood – inspected 3 July 2019 • BHF Brierley – inspected 4 July 2019 <p><u>CQC Annual Regulatory Reviews</u> The Committee were reminded of the CQCs introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with good and outstanding services, introduced in April 2019.</p> <p>The following practices had received an Annual Regulatory Review completed as shown:-</p> <ul style="list-style-type: none"> • Dearne Valley Group Practice – 13 June 2019 • Kakoty Practice – 17 June 2019 • Lundwood Medical Centre – 19 June 2019 • Dr Mellor & Partners – 19 June 2019 • Woodland Drive Medical Centre – 17 June 2019 • Monk Bretton Health Centre – 5 July 2019 <p>An Annual Regulatory Review was planned at the practices shown below:-</p> <ul style="list-style-type: none"> • Penistone Group Practice – 23.07.19 • Royston Group Practice – 23.07.19 • St George's Medical Centre – 23.07.19 • Victoria Medical Centre – 12.08.19 • Hollygreen Practice – 12.08.19 • Wombwell Medical Centre Practice – 12.08.19 • Ashville Medical Practice – 24.01.20 • Kingswell Surgery – 24.01.20 		
--	---	--	--

	<p>Members noted that although Victoria Medical Centre had recently been inspected they would still be required to have an annual regulatory review that would take place on 12 August 2019. Prior to the annual review the CQC would most likely check against the domain the practice 'required improvement' in following the earlier inspection.</p> <p><u>Feedback from the CQC regarding Barnsley Practices</u> It was reported that following a meeting between the CQC and the CCG to discuss themes from inspections and Annual Regulatory Reviews, the CQC representative offered the opinion that there was a high calibre of General Practices within Barnsley providing an excellent service to patients.</p> <p>The CQC representative also observed that during recent inspections and reviews, potential areas of outstanding practice had been identified in some practices. An offer had therefore been extended to attend a Practice Managers' meeting to provide guidance on how to evidence these to assist practices in possibly achieving 'outstanding' ratings at future inspections.</p> <p>Following a query from the Chair regarding the name of the registered manager at Hill Brow Surgery, the CCG had contacted the CQC for confirmation. Once confirmation was received a letter would be sent to the Hill Brow Practice to congratulate all staff and thank them for their continued efforts to provide high quality services.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the 'Good' rating from the CQC inspections of Dodworth Medical Practice (Apollo Court) and Hill Brow Surgery. • Noted the awaited CQC reports for the following planned inspections: <ul style="list-style-type: none"> ○ BHF Highgate ○ BHF Lundwood ○ BHF Brierley • Noted the Annual Regulatory Reviews completed and booked to take place. • Noted the feedback received from the CQC 		
--	--	--	--

CONTRACT MANAGEMENT			
PCCC 19/07/09	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>Ashville Medical Practice PMS Contract Variation</u> An application had been received to add one GP partner, Dr Sarah Messenger, to the Ashville Medical Practice contract from 1 September 2019. • <u>Hoyland First Practice (Walderslade) PMS Contract Variation</u> Application received to remove one GP partner as Dr Andrea Susan Ward was resigning from the contract from 1 August 2019. Dr Ward would continue to work at the practice as a salaried GP for 3 sessions per week. • <u>Hill Brow Surgery PMS Contract Variation</u> Application received to remove Dr Kumar Aggarwal from the contract due to retirement on 30 September 2019. <p>The PMS contracts for all three practices detailed above would continue to meet the regulation in respect to variations to contracts.</p> <p>Practice Delivery Agreement</p> <ul style="list-style-type: none"> • <u>2018-19 PDA Achievements</u> Following a request made at the PCCC meeting held on 31 May 2019 for the Committee to receive a report detailing the actual spend against budget, by scheme, for the 2018-19 PDA, a financial breakdown was provided. <p>All practices had been notified regarding which indicators in each of the schemes had been achieved and of the resultant remuneration.</p> <p>Targeted support for those practices whose PDA achievement had been low during 2018/19 would be provided by the CCG's Health Improvement Nurse.</p>		

	<ul style="list-style-type: none"> • <u>2019-20 PDA</u> All practices had signed and returned the 2019-20 PDA contract. Practices had been informed they were now eligible to submit an invoice for the first PDA payment of 30%. <p>Members noted that the report included a detailed financial breakdown of the 2018/19 PDA costings that included the annual budget, total spend and variance.</p> <p>In response to a query from the Medical Director, the Chief Finance Officer advised that where a PDA scheme had not been fully achieved the financial underspend contributed to the CCG baseline in line with financial duties.</p> <p>The Lay Member for Governance queried whether the level of underspend with regard to two schemes including Medicines Management was comparable with previous years.</p> <p>The Chief Finance Officer explained that with regard to Medicines Management (anti-coagulation), it became apparent that the budget would not fully achieve as not all practices had signed up for that particular scheme.</p> <p>The Committee approved:- <u>In Year Contract Variations</u></p> <ul style="list-style-type: none"> i) The Ashville Medical Practice Contract Variation to add Dr Sarah Messenger ii) The Hoyland First practice PMS Contract Variation to remove Dr Andrea Susan Ward iii) The Hill Brow PMS Contract Variation to remove Dr Kumar Aggarwel <p>The Committee noted:- The PDA achievement for 2018-19 and 2019-20 PDA sign up.</p>		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 19/07/10	RISK AND GOVERNANCE REPORT		
	The Head of Governance and 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		

	<p>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>The Medical Director queried whether new risks were added to the Risk Register following the outcome of CQC results on GP practices.</p> <p>The Head of Governance explained that once CQC reports had been published the risks were usually added to the Quality & Patient Safety Risk Register as the risks often related to quality and service rather than contractual matters.</p> <p>Following a query from the Chair regarding the appropriateness of the current risks and scores on the Risk Register, members unanimously felt that the Risk Register reflected the current position and agreed the risks were being appropriately managed and scored, however it was hoped that with the formation of the Primary Care Networks the scores may improve in the near future.</p> <p>The Committee:-</p> <ul style="list-style-type: none"> • Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible; • Reviewed the Risk Register attached and: <ol style="list-style-type: none"> i. Confirmed all risks identified were appropriately described and scored ii. Confirmed there were no other risks which needed to be included on the Risk Register 		
--	--	--	--

<p>PCCC 19/07/11</p>	<p>PUBLIC PCCC WORK PLAN UPDATE The Head of Governance & Assurance introduced the Public PCCC Work Plan Timetable update for 2019/20 to ensure business was carried out in a planned, structured way and to provide assurance that its functions would be discharged as per the terms of reference.</p> <p>Members reviewed the Public PCCC Work Plan Update and following a brief discussion it was agreed to include sign off of the 1920/21 PDA finance schedule in March 2020.</p> <p>Consideration was also given to including the Strategic Estates Strategy, 6 Facet Survey to the Public PCCC Work Plan in September 2020.</p> <p>Members noted that whilst the Estates & Technology Transformation Fund update was scheduled to be received in July 2019 the report had actually been received at the PCCC meeting in May 2019.</p> <p>The Committee: Reviewed the Public PCCC Work Plan Timetable update for 2019/20 with the following amendments.</p> <ul style="list-style-type: none"> • PDA Finance Schedule Sign Off 1920/21 • Strategic Estates Strategy, 6 Facet Survey <p>Action: Work Plan/agenda to be amended to reflect the points above.</p>	<p>AM</p>	<p>Complete</p>
<p>OTHER</p>			
<p>PCCC 19/07/12</p>	<p>REFLECTION OF CONDUCT OF THE MEETING The Committee agreed that the meeting had been conducted appropriately.</p>		
<p>PCCC 19/07/13</p>	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA There were no questions from the member of the public present at the meeting.</p>		
<p>PCCC 19/07/14</p>	<p>ANY OTHER BUSINESS No other items of business were discussed.</p>		

<p>PCCC 19/07/15</p>	<p>ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT</p> <p>The 'good' rating from the CQC inspections for:</p> <ul style="list-style-type: none"> • Dodworth Medical Practice (Apollo Court) • Hill Brow Surgery • CQC comments that there was a high calibre of General Practices within Barnsley providing an excellent service to patients. 	<p>JF</p>	<p>Complete</p>
<p>PCCC 19/07/16</p>	<p>DATE AND TIME OF THE NEXT SCHEDULED MEETING</p>		
	<p>Thursday, 26 September 2019 at 2.30pm to 3.30pm in the Boardroom, Hilder House, Barnsley</p>		

ADOPTED

Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 8 August 2019 at 1pm in the Boardroom, Hilder House, Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (Chair)	Lay Member for Patient & Public Engagement
Kirsty Waknell	Head of Communications & Engagement
Julie Frampton	Senior Primary Care Commissioning Manager
Susan Womack	Manager, Healthwatch Barnsley
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead
Dr Adebowale Adekunle	Elected Governing Body Member
Richard Walker	Head of Governance & Assurance
Dr Indra Saxena	Membership Council Representative

IN ATTENDANCE:

Emma Bradshaw	Engagement Manager
Esther Short	HR Manager

APOLOGIES

Carol Williams	Project Coordinator/Committee Secretary
Julie Frampton	Senior Primary Care Commissioning Manager
Jayne Sivakumar	Deputy Chief Nurse

Agenda Item	Note	Action	Deadline
EEC 19/08/01	HOUSEKEEPING		
	There is no fire alarm test expected today, if the fire alarm sounds please leave by the nearest exit. Follow the illuminated GREEN fire exit signs to nearest fire exit door. The nearest exits to this meeting room are in this room and the main building entrance		
EEC 19/08/02	APOLOGIES		
	Apologies were received as above.		
EEC 19/08/03	QUORACY		
	The Chair of the Committee declared that the meeting		

Agenda Item	Note	Action	Deadline
	was quorate.		
EEC 19/08/04	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	<p>The Committee considered the declarations of interest report.</p> <p>The Healthwatch Barnsley Manager advised that Voluntary Action Barnsley would need to be changed on the document to the new name of Barnsley CVS.</p>		
	<p>Agreed Action:</p> <ul style="list-style-type: none"> • The document is to be changed to reflect the above name change. 	CW	21.11.19
EEC 19/08/05	MINUTES OF THE PREVIOUS MEETING HELD ON 16 MAY 2019		
	The minutes of the meeting were adopted and verified as a correct record of the proceedings.		
EEC 19/08/06	MATTERS ARISING REPORT		
	<p>The Committee noted the actions from the February meeting were closed. The following updates were given:</p> <p>EEC 18/11/11 Equality Impact Assessments (EIA's) The Engagement Manager, the Equality, Diversity & Inclusion Lead, the Head of Governance & Assurance to meet to coordinate EIA, PIA and QIA quarterly reporting process to this committee. In Progress – RW advised that Jayne Osborne and Janine Quate have been working together to create a database for all the main project work within the CCG. Once this has been created a process will be developed in order to follow up with Project Leads in relation to the above documents. It was agreed that a further update would be provided at the next meeting.</p> <p>EEC 18/11/14 Develop ToR for the Patient & Public Involvement Operational Group. The Head of Communications & Engagement to develop ToR for the Patient & Public Engagement Operational Group to bring back to this committee. In Progress.</p> <p>EEC 19/05/07 S75 Agreement All committee members to reflect on the S75 Agreement presentations and feedback to the Head of Communications and Engagement.</p>		

Agenda Item	Note	Action	Deadline
	<p>Completed.</p> <p>EEC 19/05/08 EIA/14Z2 Training The Head of Governance & Assurance and the Head of Communications and Engagement to highlight EIA/14Z2 training at the Senior Management Team meeting to encourage nominations from all teams.</p> <p>Completed.</p>		
PATIENT AND PUBLIC INVOLVEMENT			
EEC 19/08/07	MINUTES OF THE PATIENT COUNCIL MEETINGS		
	<p>The Committee received minutes of the Patient Council meetings as follows:</p> <p>1 May – Really informative session delivered by Patrick Otway, Head of Commissioning (Mental Health, Children’s and Maternity and Specialised Services) who attended the meeting in order to provide a detailed overview of commissioning children’s services across Barnsley. This was followed by questions from the group.</p> <p>26 June – This meeting was dedicated to the NHS Long Term Plan and what this means for our local plans in Barnsley. Jeremy Budd, Director of Commissioning and Jamie Wike, Director of Strategic Planning and Performance attended and provided an in depth presentation for members which was followed by an interactive question and answer session.</p> <p>The Head of Communications and Engagement highlighted that both meetings had contained lots of information and questions raised from members and feedback provided which will be used to help shape our forward thinking especially in relation to mental health.</p> <p>The Healthwatch Manager highlighted that the notes from the Patient Council meetings had proved to be highly informative but that within these the lack of set timescales involved in some of the areas covered at both a regional and local level had been apparent. It was suggested that perhaps this is an area that we can look to address going forwards.</p> <p>The Head of Communications and Engagement agreed that it would be beneficial for the team to reinforce this message to presenters when briefing them in advance of the Patient Council meetings and ask for timescales to</p>		

Agenda Item	Note	Action	Deadline
	be indicated as part of their presentations.		
	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Head of Communications and Engagement to follow up with the wider team and include request for timescales to be included as part of presenter briefings for future Patient Council meetings. 	KW	21.11.19
EEC 19/08/08	PATIENT AND PUBLIC INVOLVEMENT REPORT		
	<p>The Head of Communications and Engagement highlighted that the results had been received from NHS England and NHS Improvement in relation to our submission to the CCG Improvement and Assessment Framework for the Patient and Community Engagement Indicator.</p> <p>Following a rating of Good and a score of 10/15 for the first year of 2017/18, as a CCG we have improved by 4 points this year and for 2018/19 have achieved a rating of Outstanding with a score of 14/15 which is excellent news.</p> <p>The results for all the South Yorkshire and Bassetlaw CCGs were overwhelmingly positive with some minor areas for development flagged.</p> <p>All SYB CCGs had achieved a good or outstanding rating and had improved on their 2017/18 ratings.</p> <p>We are currently awaiting more detailed feedback from NHS England and Improvement and further information relating to process for 2019/20.</p> <p>On behalf of this Committee, the Chair recognised the work of the Head of Communications and Engagement and the Engagement Manager in pulling the submission together and the effort that went into compiling this. This, in addition to the overall rating of Outstanding being achieved for the second year in a row by the CCG, was recognised by the Committee as being extremely positive and testament to the wider team working across the CCG.</p> <p>The Head of Communications and Engagement agreed to share further feedback with the Committee as and when it is received and stated that this will be used to help us to maintain and develop the standards attained.</p>		
EEC	HEALTHWATCH BARNSELEY ANNUAL REPORT		

Agenda Item	Note	Action	Deadline
19/08/09	<p>The Healthwatch Manager presented the Healthwatch Barnsley Annual Report for 2018 – 19 and provided an overview for the Committee.</p> <p>The headlines from the report are as follows (taken from page 8 of the report);</p> <ul style="list-style-type: none"> • 15 volunteers are involved in helping to carry out the work of Healthwatch Barnsley • Healthwatch Barnsley have engaged with 1846 people during 2018/19 • 225 people have accessed Healthwatch advice and information online or contacted the team with questions about local support. • Healthwatch Barnsley has visited 64 services and community events to understand people’s experiences of health and social care. • 59 reviews have been received via the Healthwatch Barnsley Feedback Centre • 180 new followers on Twitter and 186 new followers on Facebook have been achieved in 2018/19. <p>The Healthwatch Manager highlighted that there had been a small drop in the number of people engaged with from the previous year and this could be attributed to the office move from the Core to Priory Campus and the Tender Process that they needed to undertake for the contract.</p> <p>The number of people who had contacted the team and been signposted has gone up significantly from the previous year whilst the number of Feedback Centre posts to rate local services has dropped.</p> <p>The following specific pieces of impact work were highlighted and updates provided;</p> <ul style="list-style-type: none"> • Services for Blind and Partially Sighted People living in Barnsley – Lots of development work is taking place as a result of this work and report which is a really positive step forwards for local people. • Child and Adolescent Mental Health Services (CAMHS) – The work and resulting report for the above had produced a series of recommendations and these have resulted in positive steps being taken going forwards. This work was now linked to 		

Agenda Item	Note	Action	Deadline
	<p>an Overview and Scrutiny Task and Finish Group and also into work taking place in view of Mental Health Crisis Care.</p> <ul style="list-style-type: none"> Engaging on the NHS Long Term Plan (working across South Yorkshire and Bassetlaw) – The regional report has now been published to help to shape the regional response to the challenges set out within the nation plan. The Barnsley specific report is to follow. <p>The focus for 2019/20 is to attract and recruit more volunteers to improve and build upon the reach of Healthwatch Barnsley into our local communities.</p> <p>The Head of Communications and Engagement congratulated the Healthwatch Barnsley Manager on a really clear and attractively presented report. This was echoed by the rest of the Committee.</p> <p>A key element of the recent joint event that the CCG had hosted with Barnsley CVS as part of the NHS Long Term Plan engagement had focused on advice and information and how we build upon what is available locally (including the development work being undertaken by Barnsley Council in relation to the Live Well Barnsley website).</p> <p>The Head of Communications and Engagement suggested that it would be really positive for Healthwatch Barnsley to be a key partner in this work going forwards to help shape and develop this.</p> <p>In terms of volunteering, the offer was made for the CCG to be involved as part of the development package/ induction for volunteers if this would be helpful going forwards.</p> <p>The Chair passed on his thanks to the Healthwatch Barnsley Manager for providing the Committee with an overview today.</p>		
	<p>Agreed Action:</p> <ul style="list-style-type: none"> The Head of Communications and Engagement and Healthwatch Barnsley Manager to arrange to meet to pursue joint partnership working in relation to advice and information sharing and volunteer development. 	KW/SW	21.11.19
EEC	PARTNERSHIP WORKING WITH BMBC UPDATE		

Agenda Item	Note	Action	Deadline
19/08/10	<p>The Engagement Manager shared a report which gave a brief update in relation to our partnership working arrangements relating to equality and engagement with Barnsley Council.</p> <p>Engagement - A joint engagement planner has been developed to try to ensure that both organisations are sighted on upcoming priorities and accompanying consultation and / or engagement activities to avoid duplication and maximise capacity and opportunities to work together where it is possible and appropriate to do so.</p> <p>Procurement - A grant, funded from the Section 75 Agreement, to a voluntary/community sector organisation to offer support and funding advice to community organisations and groups was first approved in 2017 and the current service period ended on 30 June 2019.</p> <p>This project, run by South Yorkshire Funding Advice Bureau, has brought in almost £300,000 in external grant funding to organisations and groups in the second year alone; almost a tenfold increase on the £35,000 per year originally invested.</p> <p>The CCG agreed for the Section 75 Agreement money for 2019/20 to be used again to fund the same service; and a decision was taken to go out to competitive tender for this service. The contract length is for 3 years (as a 1 year + 1 year + 1 year contract dependent on the continued availability of funding from the CCG, as well as satisfactory provider performance).</p> <p>The CCG was part of the evaluation panel for the procurement process relating to the above. The successful bidder for this work was the incumbent provider – SYFAB (South Yorkshire Funding Advice Bureau). The CCG have been invited to be part of the independent steering group for the project going forwards.</p> <p>Barnsley Reach - Barnsley Reach is a partnership concerned with overseeing the investment in the network of coordinated Service User & Equality Forums under the 'Your Voice' branding to ensure we collectively maximise the impact and undertake meaningful patient, public, service user and carer engagement. The Forums exist to give members of various</p>		

Agenda Item	Note	Action	Deadline
	<p>communities of interest and identity a collective voice and the ability to organise and develop stronger communities. In order to achieve its objectives the Partnership has agreed to establish a Steering Group to oversee and direct the activities and performance of the agreed objectives.</p> <p>The CCG Equality Lead is an existing member of the steering group and the CCG Engagement Lead has also been invited to join going forwards as the partnership and forums undergo a phase of restructuring.</p> <p>Barnsley Council has also now recruited a new Equality Lead and further updates will be provided at future committee meetings.</p> <p>Following further discussion, the Healthwatch Barnsley Manager asked if it would be possible to receive a copy of the proposed structure of the forums under the Your Voice Barnsley banner for information.</p> <p>The Committee felt it would be appropriate to invite colleagues from Barnsley Council including the new Equality Lead to attend a future meeting of this committee once the structure had been signed off and agreed by all of the forums in order to provide a progress update.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Head of Communication and Engagement is to invite the Engagement and Equality Leads from Barnsley Council to attend the February 2020 meeting in order to provide an update • The Engagement Manager is to share a copy of the proposed structure with the Healthwatch Barnsley Manager 	<p>KW</p> <p>EB</p>	<p>21.11.19</p> <p>21.11.19</p>
EQUALITY			
EEC 19/08/11	EQUALITY, DIVERSITY & INCLUSION WORKING GROUP ACTION LOG		
	<p>The Equality, Diversity & Inclusion Lead presented the Equality, Diversity & Inclusion Working Group Action Log from the meeting held on 19 June 2019, progress re the following items were highlighted:</p> <p>Accessible Information Standard (AIS) – The Senior Primary Care Commissioning Manager had informed Practice Managers that the ED&I Lead would work with</p>		

Agenda Item	Note	Action	Deadline
	<p>them to ensure AIS was embedded within practices. As no practices had volunteered to work with us the Equality, Diversity & Inclusion Lead attended the BEST meeting on 17.07.19 and asked for practices to engage with him re this.</p> <p>The Equality, Diversity & Inclusion Lead is to attend Walderslade Practice in relation to AIS and had also attended a Care Quality Commission (CQC) workshop in relation to this and compliance.</p> <p>It was highlighted that some practices may feel that they are compliant with AIS but they need to take into consideration people's changing circumstances and the regular monitoring and review of this.</p> <p>The Equality, Diversity & Inclusion Lead has linked in previously with the Primary Care Team on this and will continue to do so in order to try to encourage more practices to get involved.</p> <p>The Senior Primary Care Commissioning Manager is to work with the Equality, Diversity & Inclusion Lead to progress this and collaborate on a Closer article (GP Practice Newsletter) to focus on AIS as part of the CQC process for practices as this is a new development.</p> <p>The Equality, Diversity & Inclusion Lead highlighted that he was aware of the position of the CCG and Barnsley Hospital in relation to AIS but not that of South Yorkshire Partnership NHS Foundation Trust (SWYPFT).</p> <p>The Chair requested if the Equality, Diversity & Inclusion Lead could follow this up with SWYPFT and feedback at the next meeting.</p> <p>EIA Toolkit – On 17 June 2019 training took place for staff from each functional team on how to complete the EIA and 14Z3 Engagement Forms. This had evaluated well with attendees and is due to be replicated at a later date.</p> <p>Rainbow Badge Training – The Equality, Diversity & Inclusion Lead attended a BEST meeting on 17.07.19. Promotion Materials were sent to the Head of Communications and & Engagement for text to be changed for BCCG. This to be circulated to all staff for them to undertake the training if they are interested in doing so in September.</p> <p>Diversity Champions Training - The Equality, Diversity</p>		

Agenda Item	Note	Action	Deadline
	<p>& inclusion Lead stated that anyone interested could undertake this training at no cost to the CCG. It was agreed that the Head of Governance and Assurance would discuss the idea of diversity champions at the senior management team.</p> <p>ED&I Priorities – An equalities objectives action plan for 2019/20 was drafted based on the outcome of the EDS2 self-assessment undertaken at the end of 2018 and the NHS Long Term Plan to then consider priorities, ensuring that the CCG meets its obligations in a proportionate way. The Head of Communications & Engagement to share this with senior management team.</p> <p>Interpreting Services – There has been an issue with poor service from the BSL interpreting service which has affected a number of events and there are also issues being experienced within GP practices. An SYB service is being considered. Video interpreting at BHNFT also part of this and will be discussed in more detail at the Equality, Diversity & Inclusion Working Group in September.</p> <p>EDS3 Pilot – BHNFT and BCCG have been chosen as pilot sites for EDS3 which has fewer outcomes with details of what qualifies as evidence to meet requirements in each area. External validation/assessment is required for Governing Body members which would be an interview with an Equality, Diversity and Inclusion Lead from another CCG. No further update currently but the Equality, Diversity & Inclusion Lead will keep the Committee updated.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Senior Primary Care Commissioning Manager is to work with the Equality, Diversity & Inclusion Lead and collaborate on a Closer article (GP Practice Newsletter) to focus on AIS as part of the CQC process for practices as this is a new development. • Equality, Diversity & Inclusion Lead to follow up with SWYPFT in relation to their AIS compliance update and feedback at the next meeting. • Head of Governance and Assurance to discuss the idea of diversity champions at the senior management team. • The Head of Communications & Engagement to share ED&I objectives action plan with 	<p>JF/CBB</p> <p>CBB</p> <p>RW</p> <p>KW</p>	<p>21.11.19</p> <p>21.11.19</p> <p>21.11.19</p> <p>21.11.19</p>

Agenda Item	Note	Action	Deadline
	senior management team for information.		
QUALITY GOVERNANCE			
EEC 19/08/12	CCG RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Committee received the Risk Register and Assurance Framework on behalf of the Head of Governance & Assurance.</p> <p>The Head of Governance & Assurance provided an overview of the risk register and assurance framework and the associated processes for the benefit of the Committee members prior to providing the following update.</p> <p>Governing Body Assurance Framework (GBAF) There are no risks on the Assurance Framework where the Equality and Engagement Committee provides assurance.</p> <p>Risk Register There are currently 2 risks rated amber on the Corporate Risk Register for which the Equality and Engagement Committee are responsible for managing :</p> <ul style="list-style-type: none"> • Risk Reference 13/13b (rated 12, amber high) – Potential failure of the CCG to engage with patients and the public in the commissioning of services. • Risk Reference CCG 14/16 (rated 12, amber high) – If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission. <p>Wording in the mitigation section of the risk register had been updated by the Lead Risk Owners. Since this was last updated for the Committee papers, we have received the IAF rating from NHS England and NHS Improvement and Barnsley Reach has been rebadged as Your Voice Barnsley so the Head of Communications and Engagement is to update the relevant sections on the risk register to reflect these changes. The committee agreed that the risks are being appropriately managed and scored as at 8 August 2019.</p>		
	Agreed Action:		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> The Head of Communications and Engagement is to update the relevant sections on the risk register to reflect the above changes. 	KW	21.11.19
EEC 19/08/13	COMMITTEE TERMS OF REFERENCE		
	<p>The Terms of Reference for the Equality & Engagement Committee are reviewed on an annual basis. The last review took place in November 2018 and since then there has been an internal audit review and change of membership.</p> <p>The Governance & Assurance team has reviewed the Terms of Reference in conjunction with the Committee Chair and executive leads, and there are some minor changes proposed to the Membership and other minor updates throughout the TOR.</p> <p>The Chief Nurse is now on secondment at Rotherham Hospital and therefore it is proposed that the Deputy Chief Nurse be added to the membership and role of Vice-Chair.</p> <p>In addition to the above, the TOR are to be updated to under section 4.2 to add in EDS2/3 to reflect the upcoming changes.</p> <p>Committee members approved the proposed changes to Committee Membership and minor updates throughout the TOR following sign off by the CCG Governing Body.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Head of Governance & Assurance to make the proposed changes to the TOR. 	RW	21.11.19
EEC 19/08/14	HR POLICIES		
	<p>The HR Manager provided an update on the following policies:</p> <p>Managing Sickness Absence</p> <ul style="list-style-type: none"> The policy was reviewed following discussion at Equality Diversity & Inclusion Working Group to include a guidance note for managers working with staff with a disability, now Appendix 2 to the policy. Section 4.1 was amended, and 4.5 was added to the policy by the Counter Fraud Specialist, in line with best practice. 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> Section 1.4 was amended to include guidance for managers in recording half day sickness for clarity to ensure consistency across the organisation. <p>Probationary Period policies</p> <ul style="list-style-type: none"> Section 1.4 has been amended in conjunction with the Counter Fraud Specialist, in line with best practice. Section 2.3 of the policy has been amended following manager and employee feedback to ensure absolute clarity around the arrangements for notice periods during the probationary period. <p>The committee approved the proposed changes to the Managing Sickness Absence and Probationary Period policies and the Chair commended both of these documents and the work carried out behind the scenes to develop them.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The HR Manager to accept the proposed changes to the Managing Sickness Absence and Probationary Period policies which will replace the existing policies. 	ES	21.11.19
GENERAL			
EEC 19/08/15	ANY OTHER BUSINESS		
	None		
EEC 19/08/16	ITEMS TO HIGHLIGHT IN THE GOVERNING BODY ASSURANCE REPORT		
	<p>Committee members agreed to highlight the following areas;</p> <ul style="list-style-type: none"> IAF rating of Outstanding achieved by the CCG for the Patient and Community Engagement Indicator. Approval of the Managing Sickness Absence and Probationary Period Policies Reminder in relation to the EIA/QIA/Patient Participation Form process and the need and importance to undertake these where and when required at the start of the planning process. 		
EEC 19/08/17	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED		
	The Chair thanked members for their input, good quality and content of papers and a good meeting.		

Agenda Item	Note	Action	Deadline
	Committee members feel assured by the ongoing activities in relation to equality and engagement.		
EEC 19/08/18	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Equality and Engagement Committee will be held on 21 November 2019 at 1pm in Meeting Room 1, Hilder House.		

UNADOPTED

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 8 October 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Jim Andrews BEM, Deputy Leader
 Councillor Margaret Bruff, Cabinet Spokesperson - Childrens
 Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities
 Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
 Wendy Lowder, Executive Director Communities
 Julia Burrows, Director Public Health
 Karen Sadler, Health and Wellbeing Board Programme Manager
 Rebecca Clarke, Public Health Principal
 Craig Tyler, Head of Governance
 Robert Dyson, Independent Chair
 Jill Bills, Performance Improvement Officer
 Melanie John-Ross, Service Director Children's Social Care and Safeguarding
 Sarah Sinclair, Lead Commissioner (Children's)
 Julie Tolhurst, Public Health Principal - Place
 Adrian England, HealthWatch Barnsley
 Salma Yasmeen, Director of Strategy, South West Yorkshire Partnership NHS
 Foundation Trust
 Amanda Garrard, Chief Executive, Berneslai Homes
 Jeremy Budd, Director of Commissioning
 Bob Kirton, BHNFT
 Jamie Wike, Barnsley CCG
 Joe Minton, Barnsley CCG

10 Declarations of Pecuniary and Non-Pecuniary Interests

There were no declarations of pecuniary or non-pecuniary interest.

CHAIR'S COMMENTS

The Chair congratulated Healthwatch for their NHS Long Term Plan Outstanding Achievement award and requested the thanks of the Board to Adrian England and his colleagues be noted.

11 Minutes of the Board Meeting held on 4th June, 2019 (HWB.08.10.2019/2)

The meeting considered the minutes of the previous meeting held on 4th June, 2019.

RESOLVED that the minutes be approved as a true and correct record

12 Minutes from the Children and Young People's Trust Executive Group held on 28th March, and 13th June, 2019 (HWB.08.10.2019/3)

The meeting considered the minutes from the Children and Young People's Trust Executive Group meetings held on 28th March and 13th June.

RESOLVED that the minutes be received

13 Minutes from the Safer Barnsley Partnership Board held on 21st May, and 12th August, 2019 (HWB.08.10.2019/4)

The meeting considered the minutes from the Safer Barnsley Partnership meetings held on 21st May and 12th August.

RESOLVED that the minutes be received

14 Minutes from the Stronger Communities Partnership held on 22nd May and 21st August, 2019 (HWB.08.10.2019/5)

The meeting considered the minutes from the Stronger Communities Partnership meetings held on 22nd May and 21st August.

RESOLVED that the minutes be received

15 Public Questions (HWB.08.10.2019/6)

The meeting noted that no public questions had been received.

16 Barnsley Children & Young Peoples Plan 2019 -2022 (HWBB.08.10.2019/7)

A report was received to present the newly written Children and Young People's Plan for Barnsley 2019-2022 and to provide an overview of the plan's content and key priorities.

It was reported the plan, which was co-produced with the children and young people themselves, has been submitted and is now available via the BMBC website.

The HWB welcomed the content of the plan. A focussed discussion followed recognising our children and young people have high aspirations and inspiration, and it is the role of strategic boards such as HWB to consider ways to increase the opportunities for young people to realise their potential.

Action: Sarah to speak to Tom Smith regarding tying together the ambition of the Barnsley Children and Young People's Plan with existing systems.

Members also discussed what more can be done to help children and young people attain the skills required to fill local NHS vacancies. It was agreed this theme would be relayed for further consideration by the Integrated Care Workforce Group.

Action: Joe Minton to discuss with the Integrated Care Working Group.

The meeting noted good work undertaken by colleagues in Doncaster to engage schools in similar joined up initiatives and opportunities to build on this joined-up approach in Barnsley.

It was noted Barnsley MBC runs an annual 'Take Over Day' for young people interested in working in local government and suggested this should be run with other partners and organisations such as the NHS and the police to plant the seeds of option and opportunity in the minds of young people interested in careers in those sectors.

ACTION: ALL to enquire who in their respective organisations might be best placed to consider what jobs could be shared with young people as part of an expanded Take Over Day initiative.

RESOLVED that the Health and Wellbeing Board:-

- (i) Agrees to receive the new Children and Young People's Plan.
- (ii) Notes the key priorities and the need for partnership working to help the Children and Young People's Trust to provide significant improvements in outcomes for children, young people and families throughout the Borough.

17 Barnsley Safeguarding Children Board Annual Report (HWB.08.10.2019/8)

The Board was presented with what it was noted would be the last iteration of the Barnsley Safeguarding Children Board Annual Report, as a consequence of changes to national guidance on such bodies and the development of the new Barnsley Safeguarding Children Partnership.

Members were provided with a summary of the report's key highlights.

RESOLVED that the report be received

18 Barnsley Safeguarding Adults Board Annual Report (HWB.08.10.2019/9)

The Board was presented with the Barnsley Safeguarding Adults Board Annual Report,

It was reported that contrary to the position taken by the government on Children's Boards, the requirement to have an Adults Safeguarding Board is now a statutory duty.

Members' attention was drawn to the comparator data for Barnsley, and advised on how this contrasts favourably with the wider region and nationally. It was noted a higher proportion of people feel safe in Barnsley compared with those larger geographies.

The meeting discussed connectivity between the work of the children's and adults' boards and what can be done to ensure individuals experience a positive period of transition between the two.

Members considered the increasing complexities associated with safeguarding and asserted they were 'up for the challenge'.

Consideration was given to why it is harder to publicise the help and resources available for safeguarding adults compared to initiatives in place for safeguarding children.

RESOLVED that the report be received

19 Health and Wellbeing Board Review (HWB.08.10.2019/10)

A report was received to provide the final annual review of the progress made to deliver the Barnsley Health & Wellbeing Board Strategy (HWBS) 2016/20.

This report provided a summary of the updated HWB Action Plan, performance against the key HWB indicators, the HWB work programme, lessons learnt and recommendations for the future and planning proposals for 2020 and beyond.

Proposed changes to the meeting arrangements for the forthcoming year, including the change of meeting days from Tuesdays to Thursdays, were noted.

Consideration was given to what might be the 1 or 2 things the Board really wants to achieve over the forthcoming year to help keep attention focussed on matters of key importance. In particular, mental health remains a key priority and moving forward requires a whole system approach.

RESOLVED that the Health and Wellbeing Board:-

- (i) Notes the progress made to deliver the current strategy
- (ii) Notes the change in approach to performance and the adoption of the Barnsley Integrated Care Outcomes Framework (ICOF)
- (iii) Reflects on the lessons learnt from the last 3 years and recognises the need to use this to strengthen the approach for 2020 and beyond.

20 Joint Strategic Needs Assessment (HWB.08.10.2019/11)

The meeting received a presentation on the Joint Strategic Needs Assessment (JSNA) which is due to go live on the BMBC website tomorrow.

It was noted the JSNA is a statutory undertaking of the council and the CCG and is structured around our Integrated Care Outcomes Framework (ICOF) which provides a clear view of our success as an Integrated Care System in improving the health and wellbeing of our local population and transforming the way the health and care system operates.

It was noted the JSNA is 'live', and will be subject to continual updates, the latest IMD data being cited as an example of how recently published data will be featured on the site.

It was noted the JSNA website is a '1 stop shop' for all health and wellbeing assessment related information and helps tell the story from 'what the problems are' to 'what is being done about them', whilst explaining the resources and help available.

It was suggested that in the future it would be helpful to imbed people's stories as these are often more effective than pie charts in communicating messages about how well the system is working.

ACTION: Rebecca and Joe to consider and build people's stories into the JSNA framework.

The Board commented on how useful it will be to use this information to also counter health related misconceptions and provide information that elected Members might use to engage in debates specific to their wards

It was suggested the JSNA also provides the opportunity to take deep dives in specific matters of note, linked to monitoring integrated care outcomes

The meeting was also provided with an insight into how the JSNA will feature on the BMBC website in the future as part of the new iBarnsley initiative. It was confirmed the BMBC communications team have developed a press release to support the launch of the web portal.

Members thanked Rebecca and Joe for all their work in bringing the JSNA to life.

Compliments on the clarity, navigability and accessibility of the website's design were received.

21 Better Care Fund 2019/20 Submission (HWB.08.10.2019/12)

A report was received to provide the Board with an update on the contents of the Integration and Better Care Fund Plan 2019/20 along with a copy of the plan as submitted on 27 September 2019 for assurance.

RESOLVED that the Health & Wellbeing Board:

- (i) Notes the content of the report along with the Integration and Better Care Fund planning submission template,
- (ii) Ratifies the draft plan and agrees that any amendments to the plan as a result of the assurance process be agreed and signed off by the joint Chairs of the Board and Accountable Officer of Barnsley Clinical Commissioning Group

22 Advancing our health: prevention in the 2020s – consultation document (HWB.08.10.2019/13)

A report and presentation were received to provide an opportunity for the Board to understand the content of the Government's Prevention Green paper in order to contribute to the Barnsley response to the national consultation.

The Board was advised of what key actions the government is keen to promote as part of this process, including greater usage of technology.

It was noted Board members were to be provided with a number of key questions for which comments are required and will inform the final response to the consultation.

ACTION: Julie to circulate the consultation questions for everyone to respond as soon as possible.

RESOLVED that the Health & Wellbeing Board members will provide feedback on the content of the Green paper and any specific responses to the questions raised in the consultation document, noting the deadline for submitting responses is Monday 14th October 2019

23 South Yorkshire and Bassetlaw Integrated Care System 5 year Plan (HWB.08.10.2019/14)

A report was received to provide an update on the cross-system and bottom up approach to developing the South Yorkshire and Bassetlaw (SYB) Integrated Care system (ICS) Strategic long term plan narrative response and provide an update on progress made in developing the Plan.

It was note the Plan includes key drivers for the strategic narrative, including the need to reduce health inequalities and unwarranted variation, improve population health and outcomes, access, quality of care and patient experience and how strategically we flex our resources across the balance of health and care to best meet the needs of all of our local populations.

Key milestones for the development of the plan, ahead of the intended sign off of the plan on 15th November, were noted.

ACTION: All to provide feedback to Jeremy Budd on the draft plan by 23rd October.

RESOLVED that the Health and Wellbeing Board:-

- (i) Notes the national requirements for NHS planning and SYB progress to date
- (ii) Receives the draft plan
- (iii) Notes initial sharing of the draft plan on 27 September

Chair

Joint Committee of Clinical Commissioning Groups

Meeting held IN PUBLIC

24 July 2019, 3.30pm - 5:00pm, at the Boardroom, NHS Sheffield CCG

Action Summary

C134/19	Minutes of the Joint Commissioning Sub Group That the ratified minutes of the Joint Commissioning Sub Group be moved to the end of future agendas as an item for information.	MM	Complete
C135/19	2019/20 Joint Committee Governance arrangements, Governing Body (GB) feedback That the existing bullet point within the terms of reference regarding the no worse off principle would be reiterated in the manual agreement	LK	Complete
C136/19	Renaming Joint Committee of Clinical Commissioning Groups (JCCCG) That as the TOR were to be reviewed in December and with work taking place over the coming months on system commissioning, the naming of the JCCCG would be considered again at a later date Live streaming would be used as and when the committee felt was appropriate to do so.	KD LK	Complete Complete
C137/19	Gluten Free Products That an engagement exercise to gather patient/ public feedback on proposals to bring the commissioning of gluten free products across South Yorkshire and Bassetlaw in line with each other should commence.	IG/KD	ongoing
C138/19	Mental Health perinatal pathway programme That a discussion about having a regular 'spotlight on services' slot on future agendas would be had at the next meeting for future direction.	ALL	On agenda
C139/19	Associate members and decision making Derby and Derbyshire CCG requested clarification when the CCG would be required to be part of decision making in the JCCCG on priorities in the work plan.	LK/ CC	Ongoing

**Minutes of the Meeting of
The Joint Committee of Clinical Commissioning Groups
Public Session**

**Meeting held 24 July 2019, 3.30pm - 5.00pm
at Boardroom, NHS Sheffield CCG DRAFT**

Present:

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)
Ian Atkinson, Deputy Chief Executive, NHS Rotherham CCG
Katy Davison, Head of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group
Andrew Goodall, Healthwatch Representative
Philip Moss, Lay Member
Priscilla McGuire, Lay Member
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System
Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group
Dr Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group
Jamie Wike, Director of Strategic Planning and Performance, NHS Barnsley Clinical Commissioning Group

Apologies:

Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group
Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim Accountable Officer, NHS Barnsley Clinical Commissioning Group
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System

In attendance

Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System
Rachel Gillott, Programme Director – Urgent and Emergency Care and the Mental Health and Learning Disabilities Workstream, South Yorkshire and Bassetlaw Integrated Care System
Jason Rowlands, Director of Strategy and Planning, Sheffield Health and Social Care NHS Foundation Trust

Public in attendance

Nora Everitt, SYBNAG
Doug Wright, KONHSP

Steve Merriamn, SYBNAG
Peter Deakin BSONHS

Ken Dolan, BSONHS

Minute reference	Item	ACTION
C129/19	<p>Welcome and introductions</p> <p>The Chair welcomed members and attendees to the meeting, thanking public members present for the questions submitted in advance of the meeting.</p>	
C130/19	<p>Apologies</p> <p>Apologies were received and noted.</p>	
C131/19	<p>Declarations of Interest</p> <p>The Group was reminded to submit any outstanding register of interest 2019/20 forms to the Committee Clerk.</p> <p>There were no declarations of interest.</p>	
C132/19	<p>Questions from the public</p> <p>Questions were submitted prior to the meeting. The JCCCG provided a response:</p> <p>Questions from SYBNAG members to the JCCCG July'19 meeting:</p> <p>1. What exactly is the JCCCG responsible for?</p> <p>Paper C from the June JCCCG meeting includes the JCCCG Terms of Reference, Manual Agreement and Workplan, setting out the role and responsibilities of the JCCCG. The papers can be found here: https://www.healthandcaretogethersyb.co.uk/application/files/5915/6096/1736/JCCCG - 26 June 2019 Agenda and Papers.pdf</p> <p>This would be picked up as part of the agenda also.</p> <p>2. What powers have members of the JCCCG applied for to NHSE/I to enable the Long Term Plan approach for system wide commissioning?</p> <p>The JCCCG is established as a decision making committee of the CCGs. The JCCCG does not have its own list of duties set out in statute like a CCG or NHS England does, it only exercises those functions a CCG member specifically delegates to it. Therefore the legal duties are for CCGs, they do not apply to the role of the JCCCG. As such, system wide commissioning takes place within existing legal frameworks.</p> <p>In response to a comment it was noted that the JCCCG met with collective responsibilities as delegated by each members' own statutory organisations. Once a quarter a report would go from the committee to Governing Bodies.</p> <p>3. What we see from the JCCCG Sub Group minutes are reports being</p>	

	<p>discussed that are concealed from public and we want to know why are you deliberately keeping information from the public?</p> <p>JCCCG sub group meetings are business meetings, they are not public meetings. Papers upon which decisions need to be made are heard in public meetings either by the JCCCG if it is a matter for which they have delegated authority, or at partner CCG Governing Body meetings.</p> <p>4. How much will it cost to rebrand this statutory body (the JCCCG)?</p> <p>The JCCCG is not a statutory body. The JCCCG is established as a decision making committee of the CCGs. The JCCCG does not have its own list of duties set out in statute like a CCG or NHS England does, it only exercises those functions a CCG member specifically delegates to it. There will be no cost to rename the JCCCG.</p> <p>5. What mechanism is there to report back to the people of the Footprint by those self-selected to sit on the ICS transport group?</p> <p>The Transport and Travel Panel was set up by agreement of the Working Together on Hospital Services Steering Board to provide an independent view on issues which relate to travel and access in relation to the five services provided in our trusts, identified in the Hospital Services Review. The group has been set up to ensure that the voice of the local population is heard and influences any developments. The purpose of the group is to advocate for the general public in informing travel times modelling specifications and in raising any other transport issues that should be taken into consideration as options are developed. The Terms of Reference for the group does not include the requirement for members to report back.</p> <p>6. What is the cost so far of the required restructuring of South Yorkshire and Bassetlaw (SYB) health and care service commissioning and delivery since January 2016?</p> <p>There has been no cost.</p> <p>Statements were read from members of the public and it was agreed that all questions would be submitted in writing following the meeting.</p>	
C133/19	<p>Ratification of previous meetings</p> <p>The minutes of the public meeting held on 26 June 2019 were accepted as a true and accurate record.</p>	
C134/19	<p>Minutes of the Joint Commissioning Sub Group</p> <p>The group noted the minutes of the Joint Commissioning Sub Group meeting held on 7 May 2019.</p> <p>After discussion it was agreed that the ratified minutes of the Joint Commissioning Sub Group would be included for information and therefore be moved down to the end of future agendas for noting.</p>	MM
C135/19	Matters arising	

	<p><u>2019/20 Joint Committee Governance arrangements, Governing Body (GB) feedback</u></p> <p>All were asked to feed back on the discussions at GB meetings:</p> <p>Barnsley</p> <p>JW confirmed Barnsley governing body approved the work programme and principles for delegation. Principles around no worse off and ensuring no community was impacted in terms of inequality were discussed and the Barnsley GB requested that this be made explicit in the manual agreement as well as the terms of reference.</p> <p>Bassetlaw</p> <p>EK confirmed that Bassetlaw governing body signed off the work plan and manual agreement. A debate was had around system commissioning. Bassetlaw governing body felt the JCCCG work plan could be more ambitious but recognised the work will develop in coming months.</p> <p>Doncaster</p> <p>JP confirmed that Doncaster governing body approved the manual agreement, TOR and work plan. Discussions were held on the approach to system commissioning and the governing body was keen on developing new care models across SYB.</p> <p>Rotherham</p> <p>RC confirmed that Rotherham governing body agreed the documents noting some discussion around a greater focus on Place as well as system.</p> <p>Sheffield</p> <p>BH confirmed that Sheffield governing body supported the principles particularly around engagement and the explicitness of the impact of health inequalities on the population.</p> <p>Derby and Derbyshire</p> <p>CC confirmed that Derby and Derbyshire governing body as associate partners agreed the revisions to the MA / TOR and requested clarification when the CCG would be required to be part of decision making on any items in the work plan.</p> <p>The JCCCG noted the approval of the terms of reference and manual from each respective organisations. All were thanked for input into this.</p>	<p>LK</p> <p>LK</p>
<p>C136/19</p>	<p>Renaming JCCCG</p> <p>JP reported on discussions within the JC sub group around the naming of the</p>	

	<p>Joint Committee. Some research had been carried out on this for the JCCCG to consider and the JCCCG discussed. It was agreed that as the TOR were to be reviewed in December and that work would take place over the coming months on system commissioning this will be considered again in the future</p> <p>JCCCG live streaming options</p> <p>LK reported that live streaming had been utilised when important decisions were being made. This would be used as and when the committee felt was appropriate to do so. This was agreed by the JC CCG.</p>	<p>KD</p> <p>LK</p>
<p>C137/19</p>	<p>Gluten free products</p> <p>JP presented the summary on behalf of IG noting key points for the JCCCG to consider:</p> <ul style="list-style-type: none"> • There is difference across SYB between the CCGs in the prescribing of Gluten Free Products to coeliac patients. • Gluten Free products are now widely available in supermarkets • It is not necessary to buy specific gluten free products in order to maintain a gluten free diet as many foods are naturally gluten free. • A National consultation on gluten free products has been undertaken • Sheffield CCG, following local consultation, already has a policy on prescribing • SYB Citizens Panel consider that the consideration should be one of equity rather than cost saving. • It is recommended that the CCGs for Barnsley, Bassetlaw, Doncaster, Sheffield & Rotherham undertake a public engagement process around the prescribing of gluten free products in SYB to inform the approach <p>JCCCG were asked to consider the recommendation of an engagement exercise to gather patient/ public feedback on proposals to bring the commissioning of gluten free products across South Yorkshire and Bassetlaw in line with each other.</p> <p>In response to a query it was confirmed that the proposed engagement exercise would be led by the ICS working with its partners.</p> <p>A discussion took place around the paper and recommendations noting consultation work already carried out to date in some areas and nationally.</p> <p>A comment was made around the need to ensure this work included supporting individuals to have a healthier diet particularly supporting shopping habits and education on preparation of food.</p> <p>A discussion took place around patient flow on the borders of SYB and which patients would be affected by a consistent approach as other CCGs have their own policies.</p> <p>It was highlighted that Derbyshire were in a similar position to Sheffield in that the CCG had already undertaken a consultation previously as well as a re-</p>	

	<p>review following the national consultation and upheld the local position. The intention was to continue to monitor every 6-12 months, but unlikely to change noting national guidance was already set out to allow local determinacy.</p> <p>The JCCCG supported the view of an engagement exercise to gather patient/public feedback on proposals on a SYB policy for the commissioning of gluten free products across South Yorkshire and Bassetlaw.</p>	IG / KD
C138/19	<p>JCCCG priorities work plan – progress dashboard Q1</p> <p>A performance dashboard has been developed for the JC CCGs work programme to monitor implementation progress of the agreed priorities and will be managed by the joint committee sub group (JCSG). This dashboard will be refined with more detail to ensure it reflects the progress and risks. A discussion took place regarding outcomes and a process to measure these should also be included in the document.</p> <p>The Directors of Commissioning agreed to refine the dashboard and take the next version to JCSG in August</p>	LK / DoCs
C139/19	<p>Mental Health perinatal pathway programme</p> <p>The JC CCG received a presentation from Jason Rowlands on the ICS Mental Health and Perinatal pathway transformation programme noting progress on this work and a request for support to move forward on the next stage of the programme to consider a more consistent service approach.</p> <p>JP reiterated this was work programme was a pilot that the CCGs involved had committed to working together on. As this was within the JC CCG work plan, the JC CCGs would take joint decisions on it as required.</p> <p>In response to a query regarding only three of the five CCGs being part of the programme and not all five, it was confirmed that equivalent services were already in place in Barnsley, supported by South West Yorkshire Partnership Foundation Trust, and in Bassetlaw work was being taken forward through Nottinghamshire Healthcare Foundation Trust. JR confirmed that work was taking place to ensure families straddling geographical boundaries across SYB borders were being aligned.</p> <p>In response to a query it was confirmed that the voices of users of the services would be heard as part of the information being collated.</p> <p>A discussion took place around different types of services in different populations to meet local need. A query was raised around investing more where there might be a greater need for the service to improve outcomes and experience for service users and families. The JCCCG supported the work being taken forward by the programme and thanked Jason for his presentation. It was agreed that the traditional model of mum and dad need rephrasing as part of this work and this was agreed.</p> <p>The JCCCG supported the proposal on how to move forward and to support the workstream in aligning and strengthening system contracting processes.</p>	JR

	<p>Spotlight on Priorities in the JCCCG work plan</p> <p>It was agreed that this was helpful but a discussion on this would be had at the next meeting for future direction.</p>	All
140/19	<p>Any other business</p> <p>There was no further business noted.</p>	
	<p>Date and Time of Next Meeting</p> <p>The Chair informed the meeting that the next meeting will take place Wednesday 28 August 2019, at NHS Doncaster CCG</p>	

Joint Committee of Clinical Commissioning Groups

Meeting held IN PUBLIC

25 September 2019, 3.30pm - 5:00pm, at the Boardroom, NHS Sheffield CCG

Action Summary DRAFT

147/19	<p>Reflections of the JCCCG, JCCCG business and future JCCCG meetings</p> <p>The venues for future JCCCG meetings would be reflected in the revised Terms of Reference.</p> <p>NB asked a question in relation to clinical engagement and LK agreed to check with the Outpatients workstream and advise.</p> <p>The JCCCG and JCSG to discuss the future of JCCCG meetings in wider detail at a future meeting.</p>	LK LK LK / AOs	
148/19	<p>2019/20 Joint Committee Governance – Progress update for Governing Bodies Quarter 1</p> <p>That the report is also circulated to CCG Committee Secretaries and Chief Officer Personal Assistants. CCGs to circulate through Governing Bodies.</p>	MM/AOs	
149/19	<p>Yorkshire and Humber Memorandum of Understanding (MOU) for the Collaborative Commissioning of Integrated Urgent Emergency Care Services</p> <p>BH to share the Y&H YAS MOU with CCG Governing Bodies for sign off and will co-ordinate any feedback from Governing Bodies and report to JCCCG</p> <p>Local YAS Lead Contractor MOU</p> <p>Brian Hughes to provide to JCCCG in November the SYB Yorkshire Ambulance Service lead contractor Memorandum of Understanding (MOU) on behalf of SYB CCGs.</p> <p>YAS performance data is not available at CCG level</p> <p>BH to investigate if YAS ambulance performance information at CCG level could be shared and report back.</p>	BH BH BH	
150/19	<p>Update on Hospital Services Programme</p> <p>To discuss with Barnsley CCG to ensure that the wording meets their concerns, and to bring a revised version to the next meeting of the JCCCG.</p>	AN	

**Minutes of the Meeting of
The Joint Committee of Clinical Commissioning Groups
Public Session**

**Meeting held 25 September 2019, 3.30pm - 5.00pm
at Boardroom, NHS Sheffield CCG DRAFT**

Present:

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)
Andrew Goodall, Healthwatch Representative
Philip Moss, Lay Member
Priscilla McGuire, Lay Member
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System
Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group
Hayley Tingle, Chief Finance Officer, NHS Doncaster Clinical Commissioning Group

Apologies:

Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group
Dr Terry Hudson, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England
Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group
Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System

In attendance

Alexandra Norrish, Programme Director Hospital Services Review, South Yorkshire and Bassetlaw Integrated Care System
Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System
Mags McDadd, Corporate Committee Clerk, South Yorkshire and Bassetlaw Integrated Care System
Rachel Gillott, Programme Director, Urgent and Emergency Care, and Mental Health and Learning Disabilities, South Yorkshire and Bassetlaw Integrated Care System (agenda item 8)

Public in attendance

Nora Everitt, SYBNAG

Steve Merriman SYBNAG

Peter Deakin BSONHS

Minute reference	Item	ACTION
C141/19	<p>Welcome and introductions</p> <p>The Chair welcomed members and attendees to the meeting, thanking public members present for the questions submitted in advance of the meeting.</p> <p>The Chair stated that the August JCCCG meetings were cancelled due to very low attendance during the holiday season.</p>	
C142/19	<p>Apologies</p> <p>Apologies were received and noted.</p>	
C143/19	<p>Declarations of Interest</p> <p>The Committee was reminded to submit any outstanding register of interest 2019/20 forms to the Committee Clerk.</p> <p>There were no declarations of interest.</p>	
C144/19	<p>Questions from the public</p> <p>Questions were submitted prior to the meeting. The JCCCG provided a response:</p> <p>Questions from SYBNAG members to the JCCCG September 2019 meeting:</p> <ol style="list-style-type: none"> Hospital Services Programme Enclosure D Page 2 Third bullet point - Reconfiguration <p>There is a pattern with some hospitals nationally of reducing and/or withdrawing paediatrics services, then maternity services followed by closing Accident and Emergency Services because of hospital service changes and subsequent staff shortages. Do you foresee either maternity services and/or the Accident and Emergency Services at Bassetlaw following this pattern and being closed in the next ten years?</p> <p><u>Response:</u></p> <p>In the early stages, the hospital services work looked at Accident and Emergency and determined that at this current time no change is necessary, other than the Hosted Network arrangements which are being put in place. (More information on the Hosted Networks can be found on the SYB ICS website, and in previous question and answers to the JCCCG).</p> <p>The review also looked at maternity and paediatrics in Bassetlaw and identified that there are ongoing issues, particularly around staffing, however, the review has found that there is no system-wide reconfiguration solution to this and has invited Bassetlaw commissioners and providers to work together to develop plans to address these current and forecast challenges.</p> <p>Ten years is too far in the future to be able to say whether we can foresee any changes that would close these services at Bassetlaw.</p> <ol style="list-style-type: none"> Enclosure D Page 2 Fourth bullet point - Public engagement <p>This states 'the CCG MAY consider formal consultation with patients and the public'</p>	

on any proposed permanent changes to services. Why can't the CCG AUTOMATICALLY have formal consultation with patients and the public on any permanent changes to services?

Response:

Bassetlaw CCG would engage with patients and the public on any proposed permanent changes to services. The level of the proposed change would determine whether the engagement would require formal public consultation.

Guidance on when formal public consultation is required can be found in the NHS England Planning, Assuring, Delivery Service Change for Patients document <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

The section on P10 describes 'What is service change and when is consultation with the local authority and public consultation required?' (detailed below):

The National Health Service Act 2006 sets out the legislative framework for public involvement (Sections 13Q (NHS England), 14Z2 (CCGs) and 242 (NHS Trusts and FTs)). Consultation with local authorities is provided for in the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the s.244 Regulations") made under section 244 (2)(c) of the NHS Act 2006.

Broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

There is no legal definition of 'substantial development or variation' and for any particular proposed service change, commissioners and providers should work with the local authority or local authorities Overview and Scrutiny Committee (OSC) to determine whether the change proposed is substantial. If the change is substantial it will trigger the duty to consult with the local authority under the s.244 Regulations. It is this that can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.

Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 Regulations because the proposal under consideration would involve a substantial change to NHS services.

Change of site from which services are delivered, with its consequent impact on patient, relative and visitor travel times, even with no changes to the services provided, would normally be a substantial change and would therefore trigger the duty to consult the local authority and would be likely to require public consultation. Decommissioning a service could also be a substantial change. Tendering a service by itself is unlikely to be a significant change unless the new service specification will provide a substantial change in service.

When proposals are first considered, discussion with the local authority will help assess whether the change is considered substantial. Public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The decision around this should be made alongside the local authority.

3. (a) Can the members of the CCG tell us which section of which act describes the legal duty The HSP Final Report (to CCGs) on P82 where it states that, and repeats in item 9 Enc. D on this meeting's agenda: "Individual Health Overview and Scrutiny Committees (HOSCs) are legally responsible for identifying whether a CCG needs to go to public consultation on a reconfiguration change" ?Response:Item 9 Enc D of this

meeting's agenda states:
Public engagement: Any proposed permanent change to services will need to go through public engagement, and (following discussion with the relevant Overview and Scrutiny Committee) the CCG may consider formal consultation with patients and the public. The timing of such a consultation and other issues that may also be included in a consultation process are matters for the CCG to consider.

This statement is correct and in line with the NHS England process.

The wording in the full report is a typo and should read: Discussions with Individual Health Overview and Scrutiny Committees (HOSCs) take place for identifying whether a CCG needs to formally consult the local authority on a change. If any CCGs wish to proceed with reconfiguration, or (in the case of Bassetlaw, consultation to confirm a temporary change), the process would be discussed with its own HOSC.

Response:

Thank you for drawing this typo to our attention, we will ensure the document is updated on our website.

(b) Do the SYBICS officers and the CCG members of the JCCCG know that the legal duty is actually the CCG's – to directly consult with the HOSC itself on the significant change to services they propose – as clearly set out in Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013?

Response:

As has been illustrated with previous answers, SYBICS officers and CCG members of the JCCCG are aware of their legal duties to consult with individual HOSCs or the JHOSC.

(c) SYBNAG yet again have a need to remind the CCG members of the JC CCG of their legal duties for public involvement, which is as the H&SC Act 2012 still says: "26,14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

4. As you have not addressed the duty (S.26 14Z2 (2)(a) or (b) for the SYB people about your proposed changes to the commissioning arrangements for your delegated authority priorities (such as the collaborative commissioning for 999 & 111 contracts) – do the members of the JC CCG recognise that you are proving our point for us – which is that you are not doing what you should?

Response:

From a patient perspective there is no patient impact of the joint approach for commissioning YAS ambulance services, it is a model of NHS lead contracting well

established nationally in CCGs and in SYB.

It is for each CCG to fulfil their obligations to involve the public in accordance with s.14Z2 of the NHS Act with regard to determining commissioning intentions this question is not relevant to the JCCCG and should be asked of each individual CCG at their Governing Body meetings.

ADDITIONAL QUESTIONS FROM PETER DEAKIN SUBMITTED AT THE MEETING TO BE ANSWERED OUTSIDE THE MEETING

1. Previously the HSR review proposed that up to one, two or three consultants led maternity units and paediatric units should be considered for closure and then that the closure of one or two should be modelled.

My interpretation of the HSR programme report is apart from Bassetlaw overnight paediatrics with possible implications for maternity services, no other closures are being proposed in the short term – is this your understanding of this report as well?

Response:

The Report recommends transformation as the approach for all services considered as part of the Review and for the Hosted Networks to take this forward. With Bassetlaw, the Report recommends a more advanced (Level 3) Hosted Network approach in the first instance for paediatric and maternity services and for Bassetlaw CCG to consider the best way forward as the commissioner of all local hospital services. This might lead to consultation on options for the provision of paediatric and maternity services.

2. The report says that Transformation may not resolve all challenges and “if transformation fails to address the workforce issues in the medium to long term, reconfiguration may have to be reconsidered” – What is your understanding of “medium to long term” as measured in years?

Response:

We consider medium to long term to be two to five years.

3. In the earlier HSR review, reference was made to the introduction of personal budgets for maternity services which I interpreted as a proposal for privatisation of some maternity services. I found no reference to this proposal in the HSR Programme. Does this mean that this proposal is no longer being made, or that it is part of the changes that will be introduced under the heading of “Transformation”? If the latter is the case, do you not think that this report is being dishonest in not spelling this out knowing that it will be a controversial issue?

Response:

Earlier Hospital Services Review Reports mention personalised care, not personal budgets. Personalised care for maternity services is outlined in the NHS Long Term Plan and refers to the commitments to delivering choice and personalisation in maternity services, complementing the recommendations in the national maternity review, Better Births. You can read more about it here:

<https://www.england.nhs.uk/mat-transformation/mat-pioneers/>

4. Has the planning process for the Integrated Urgency and Emergency Care changes in the Yorkshire and Humber considered, or asked for, evidence of outcomes for patients after using the 111 services or from relevant coroner’s reports as there are growing concerns nationally about the safety of their processes?

Response below at item 6:

	<p>5. Why is there such inadequate information for people to say how they can be involved in the system commissioning planning meetings, or work-streams, and no information at all about what issues are considered in these meetings, given people should be involved in commissioning arrangements and plans?</p> <p><u>Response below at item 6:</u></p> <p>6. I received the Y&H MOU for Collaborative Commissioning of the Integrated Urgent and Emergency Care Services – can we see a copy of the Public Involvement Report for this commission.</p> <p><u>Response :</u> The Y&H MOU is not a commission, it is simply a set of expectations and responsibilities that supports collaborative working for how the 21 CCG commissioners across the Y&H region will work together on the commissioning of UEC services and support the lead contractors on the management of the YAS contract. MOUs for lead commissioning and lead contracting in the NHS are well established and this is the second updated version of the MOU, the first version was agreed a number of years ago by Governing Bodies and covers the services YAS provides to all 21 CCGs. It has been updated to reflect the emerging ICS / STP footprints</p> <p>a. Is there a survey of the service so far that has led to this conclusion, for public view?</p> <p><u>Response:</u></p> <p>N/A see above</p> <p>b. How will public and patients be involved in the revision of commissioning?</p> <p><u>Response:</u></p> <p>See above. There are no changes to commissioning the YAS UEC MOU is an already established way of working for a complex contract across 21 commissioners</p> <p>c. Is the revision of commissioning about saving money?</p> <p><u>Response:</u></p> <p>N/A see above</p> <p>The time allocated for questions before the start of the meeting and navigation to the ICS website would be discussed at the meeting with the JCCCG colleagues and public members on 9th October 2019.</p>	
145/19	<p>Ratification of previous meetings The minutes of the public meeting held on 24 July 2019 were accepted as a true and accurate record.</p>	
146/19	<p>Matters Arising LK informed the Committee that the JCCCG Peer to Peer meeting with West Yorkshire and Harrogate Health and Care Partnership is now on hold and will be reviewed later in the Autumn.</p>	
147/19	<p>Reflections of the JCCCG, JCCCG business and future JCCCG meetings</p>	

	<p>LK updated the Committee on the core purpose of the JCCCG, joint decision making delegated via the Governing Bodies.</p> <p>As not all business requires a delegated discussion the Committee was asked to consider a different approach going forward, the role of the Joint Committee Sub Group, the integration with providers and the frequency of future JCCCG meetings ensuring full and purposeful meetings with the appropriate agenda items.</p> <p>A comment was made around the venues of the JCCCG meetings. Mostly the meetings are held at NHS Sheffield CCG due to availability and room size at the other CCG locations and it is more accessible for public transport.</p> <p>Action: It was agreed to consider the comments in the revised Terms of Reference.</p> <p>A discussion took place around clinical involvement and leadership in service change on the JCCCG work plan .LK advised that each CCG leading a priority is engaging locally with clinicians and with other CCGs. A SYB virtual Clinical Reference Group would be set up if the was a clinical dissent to any potential changes as set out in the Manual Agreement.</p> <p>Action: NB asked a question in relation to actual clinical contributions and LK agreed to check with the Outpatients workstream led by Doncaster CCG and advise.</p> <p>NB commented that it is imperative to have the right clinicians supporting the clinical pathway change with the relevant experience and knowledge for the specialty and in each place.</p> <p>Action: LK to feedback from the outpatients programme.</p>	<p>LK</p> <p>LK</p>
<p>148/19</p>	<p>2019/20 Joint Committee Governance – Progress update for Governing Bodies Quarter 1</p> <p>LK presented the report, noting the progress made by the Joint Committee during quarter one of 2019/20 on:</p> <ol style="list-style-type: none"> 1. Implementing the delegated authority for specific decisions in the South Yorkshire and Bassetlaw Integrated Care System which were devolved by the JCCCG by the five Governing Bodies during the Summer 2. The delivery of the agreed JCCCG’s joint priorities and work plan. 3. The implementation of the revised Manual Agreement and Terms of Reference from July 2019. <p>The report will be shared with the Governing Bodies to update members of the current work of the JCCCG and delivery against the agreed work plan. A report will be produced for each quarter of this financial year.</p> <p>LK added that the Terms of Reference and Manual Agreement will be revised again in December to incorporate any other changes as appropriate.</p> <p>The Committee noted that the introduction of the Joint Committee Sub Group has provided operational support to the working of the JCCCG, ensuring the right pace behind the workplan.</p> <p>The Chair commented the report is very useful for Governing Bodies to have sight of the delivery progress for each of the JCCCG priorities and key achievement.</p>	

	<p>Action: LK asked the Committee to ensure the report is circulated to Governing Bodies.</p> <p>Circulate the report to CCG Committee Secretaries and Personal Assistants.</p>	<p>AOs</p> <p>MM</p>
149/19	<p>Yorkshire and Humber Memorandum of Understanding (MOU) for the Collaborative Commissioning of Integrated Urgent Emergency Care Services RG presented the report on behalf of Brian Hughes, NHS Sheffield CCG noting the key points for the JCCCG.</p> <p>The report described the rationale for updating the MOU for Yorkshire Ambulance Service 999 ambulance and/or IUC - 111 services. The MOU sets out the transactional commissioning and contracting arrangements for Yorkshire and Humber CCGs. The MOU will be presented to each Y&H CCG Governing Body to gain approval on lead contracting and commissioning arrangements with YAS. for</p> <p>The updated arrangements included a revised partnership framework setting out the commissioning intentions and a collaborative commissioning agreement between the Clinical Commissioning Groups involved across Yorkshire and Humber through the lead contracting and commissioning CCGs Wakefield and Greater Huddersfield It was noted that the Joint Committee of CCGs has previously agreed that Sheffield CCG would be the nominated lead on behalf of the SYB CCGs for both these contracts and that the next step was for Sheffield CCG to set out the arrangements for this.</p> <p>Action Brian Hughes to send the memorandum of understanding to SYB Clinical Commissioning Groups Governing Bodies for sign off.</p> <p>DC raised a concern around the lack of CCG level performance information that had once been available.</p> <p>It was noted that this was due to the contract being managed at a Yorkshire and Humber level and it was not possible to apply contractual levers at individual level.</p> <p>Action RG agreed to investigate if the information at CCG level could be shared and report back.</p> <p>The Committee was asked to co-ordinate feedback from Governing Bodies and report to a future JCCCG meeting.</p> <p>DC added that the report is not for ratifying but for JCCCG members to note.</p>	<p>BH</p> <p>RG</p>
150/19	<p>Update on Hospital Services Programme The JCCCG received the final report on the Hospital Services Programme noting that the report was published on 13th August 2019, ahead of going to the first of the South Yorkshire and Bassetlaw Clinical Commissioning Groups (CCGs) for discussion. It was being discussed by all of the CCGs in public sessions.</p> <p>The key recommendations of the report were noted as follow:</p> <ul style="list-style-type: none"> • Proceed with transformation across the Trusts, in particular building the five level 1 Hosted Networks which will introduce new ways of collaborating and developing partnerships across the Trusts. Sheffield Childrens Hospital (SCH) and Doncaster and Bassetlaw Teaching Hospitals (DBTH) are looking to work together on establishing a level 3 network for paediatrics. 	

- On reconfiguration, there had been discussion on whether the potential benefits of reconfiguration would be outweighed by the short term impact on staff and patients. The preference of CEOs and AOs at a session in April was
 1. To focus on transformation wherever possible, and only to look at reconfiguration if it was thought that transformation would not be able to meet the scale of the challenge
 2. The only place where this was currently thought to be the case was Bassetlaw paediatrics, and potentially maternity. The evidence suggests that concerns in Bassetlaw paediatrics will not be addressed just through shared working so the CCG should look at consulting on making the current changes to the inpatient paediatric unit permanent. It may also be necessary to look at whether Bassetlaw can continue to provide obstetrics or whether it should move to midwife led care.

AN added that feedback on the recommendations had been gathered from focus groups in parallel with the discussions in CCGs. These groups had focused on mothers and other family members with babies and young children, as the most affected groups:

1. Five focus groups, with a total of 31 participants, across Barnsley, Rotherham and Sheffield
2. Four focus groups, with a total of 23 participants, in Bassetlaw
3. Doncaster were not able to identify any participants

The feedback, which is intended as a snapshot of views, was:

- There was general agreement to developing closer working between hospitals and focusing on transformation
- Participants from across South Yorkshire and Bassetlaw agreed that staffing shortages were a major challenge for the NHS
- Rotherham and Barnsley participants wanted the same level of service as SCH or DBTH and Sheffield participants were worried about impacting on care at Sheffield
- Bassetlaw participants supported better and safer services but raised concerns about services being provided elsewhere.

AN added that concerns had been raised by Barnsley CCG; the other CCGs and the Boards of acute Trusts had been content with the recommendations.

In discussion the following points were made:

NB commented that because the transformation work has not yet taken place, it is not yet possible to see whether transformation will be better than the potential benefits of reconfiguration versus transformation. He added there was a need to understand what the comparative benefits of the two processes of transformation and reconfiguration would be.

IG added that Bassetlaw CCG has endorsed the report and agreed that transformation will need to be reviewed regularly to test how far it is addressing the challenges across the system.

AN responded that the proposals around transformation were currently being shaped by the Hosted Networks. She suggested that a way forward might be to hold a further gateway in a few months' time, to look at the proposed work programmes for the Hosted Networks. At this point CCGs would be able to take a further view on whether transformation could go far enough, or whether there is a remaining gap, and if so whether reconfiguration might be a way to close that gap.

PMC commented that participation of engagement had been low and targeted an all

	<p>female cohort. HS responded that timings had been limited and that this had not been intended to be a comprehensive public engagement; it had been intended to 'take the temperature' of some public reactions, and therefore a group who would be very strongly affected had been targeted to get some initial feedback. This had therefore been focused on mothers and mothers-to-be. The cohort would be reviewed if any recommendations around reconfiguration were to be taken forward, there would be full public engagement and consultation in line with statutory requirements.</p> <p>PM said that the level of ambition in the final report was less than the level of ambition that had been laid out in the original Hospital Services Review. He said that there were strong arguments for consolidating specialist activity onto a smaller number of sites, improving the quality of care for patients. He suggested that the long term benefits would outweigh the short term challenges of reconfiguration.</p> <p>Summing up, the Chair said that the JCCCG could not sign off the report on this occasion as there were some changes to make to the draft:</p> <ul style="list-style-type: none"> • Para 1.6: make it clear that reconfiguration is not a quick response to immediate safety concerns. Services can become unsustainable at any point, at which point service change can sometimes be a quick response to an emerging problem, but planned reconfiguration takes a number of years. • Make it clearer in the report that some services in South Yorkshire and Bassetlaw are fragile and we are aware of the risk that a relatively small change, e.g. in staffing, could have a serious impact • Make it clear that transformation will be reviewed on an ongoing basis to test whether it is going far enough, and that reconfiguration remains an option if it is not. • Make it clear that the feedback from the public on the recommendations is a report on public feedback not patient feedback <p>The Chair invited AN to discuss the wording with Barnsley CCG to ensure that the wording meets their concerns, and to bring a revised version to the next meeting of the JCCCG.</p> <p>The Chair asked that future reports must clearly demonstrate the ask of the JCCCG.</p>	AN
151/19	<p>Any other business</p> <p>There was no further business noted.</p>	
152/19	<p>Date and Time of Next Meeting</p> <p>The Chair informed the meeting that the next meeting will take place Wednesday 23 October 2019 at NHS Sheffield CCG.</p>	