

A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 10 January 2019 at 9.30 am in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley S75 2PY

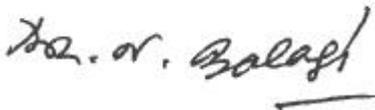
**AGENDA
(Public)**

Item	Session	GB Requested to	Enclosure Lead	Time
1	Apologies	Note		9.30 am
2	Quoracy	Note		
3	Patient Story	Note		9.35 am 10 mins
4	Declarations of Interest relevant to the agenda	Assurance	GB/Pu 19/01/04 Nick Balac	9.45 am 5 mins
5	Patient and Public Involvement Activity Report	Assurance	GB/Pu 19/01/05 Lesley Smith	9.50 am 5 mins
6	Minutes of the meeting held on 8 November 2018	Approval	GB/Pu 19/01/06 Nick Balac	9.55 am 5 mins
7	Matters Arising Report	Note	GB/Pu 19/01/07 Nick Balac	10.00 am 5 mins
	Strategy			
8	Report of the Chief Officer	Verbal	GB/Pu 19/01/08 Lesley Smith	10.05 am 10 mins
9	Barnsley Integrated Care Update	Information	GB/Pu 19/01/09 Jeremy Budd	10.15 am 10 mins
10	Urgent and Emergency Care Update	Information & Approval	GB/Pu 19/01/10 Jamie Wike	10.25 am 10 mins
11	Primary Care Update	Assurance & Information	GB/Pu 19/01/11 Jackie Holdich	10.35 am 10 mins
12	PDA	Assurance & Information	GB/Pu 19/01/12 Jackie Holdich	10.45 am 20 mins

13	Maternity Update		Information	GB/Pu 19/01/13 Patrick Otway	11.05 am 15 mins
14	Mental Health 5 Year Forward View Business Case		Approval & Information	GB/Pu 19/01/14 Patrick Otway	11.20 am 15 mins
15	Cancer Development Proposal		Decision & Approval	GB/Pu 19/01/15 Hussain Kadarsha	11.35 am 10 mins
16	'EU Exit Operational Readiness'		Information	GB/Pu 19/01/16 Lesley Smith	11.45 am 5 mins
Quality and Governance					
17	Quality Highlights Report		Assurance	GB/Pu 19/01/17 Martine Tune	11.50 pm 5 mins
18	Risk & Governance Exception Report		Approval & Assurance	GB/Pu 19/01/18 Richard Walker	11.55 pm 10 mins
19	Management of Serious Incidents Policy		Approval	GB/Pu 19/01/19 Martine Tune	12.05 pm 5 mins
Finance and Performance					
20	Integrated Performance Report		Assurance and Information	GB/Pu 19/01/20 Jamie Wike / Roxanna Naylor	12.10 pm 10 mins
21	QIPP Delivery Update		Assurance and Information	GB/Pu 19/01/21 Jamie Wike	12.20 pm 10 mins
Committee Reports and Minutes					
22	22.1	GB Assurance work plan Agenda Timetable	Assurance & Information	GB/Pu 19/01/22.1 Richard Walker	12.30 pm 10 mins
	22.2	Minutes of the Finance and Performance Committee Meeting held on: <ul style="list-style-type: none"> • 1 November 2018 • 6 December 2018 	Assurance	GB/Pu 19/01/22.2 Nick Balac	
	22.3	Minutes of the Quality and Patient Safety Committee held 11 October 2018	Assurance	GB/Pu 19/01/22.3 Martine Tune	
	22.4	Assurance Report Equality and Engagement Committee, 15 November 2018	Assurance	GB/Pu 19/01/22.4 Chris Millington	
	22.5	Minutes of the Membership Council held on 20 November 2018	Assurance	GB/Pu 19/01/22.5 Nick Balac	

	22.6	Minutes of the Health and Wellbeing Board held on 4 December 2018	Assurance	GB/Pu 19/01/22.6 Nick Balac	
	22.7	Minutes of the South Yorkshire and Bassetlaw Integrated Care System Collaborative Partnership Board held on 19 October 2018.	Assurance	GB/Pu 19/01/22.7 Lesley Smith	
23		Questions from the Public on Barnsley Clinical Commissioning Group business	Note	Nick Balac	12.40 pm 10 mins
24		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	12.50 pm 5 mins
General					
25		Date and Time of the Next Meeting: Thursday 14 March 2019 at 9.30 am in the Boardroom, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.			Close 12.55 pm

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

10 January 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 checked="" type="checkbox"/>										
			<i>Information</i>	<input type="checkbox"/>										
2.	REPORT OF													
		<i>Name</i>	<i>Designation</i>											
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance											
	<i>Author</i>	Alison Edwards	Governance Risk & Assurance Facilitator											
3.	EXECUTIVE SUMMARY													
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>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;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>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;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>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;</td> </tr> <tr> <td>Indirect interests</td> <td>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.</td> </tr> </tbody> </table>				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.
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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;													
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Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.													

	<p>Appendix 1 to this report details all Governing Body Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Additions / Removals The Managing Conflicts of Interest Guidance states that expired interests can be removed after 6 months. The Corporate Affairs Team will ask members for their approval to remove declarations from the register. All previous registers are retained in the CCG Register of Interest archive.</p> <p>There have been no removals since the last Governing Body meeting.</p> <p>Additions Jamie MacInnes has been added to the register in his new role as GP Governing Body Member.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
<p>4.</p>	<p>THE GOVERNING BODY IS ASKED TO:</p>
	<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.
<p>5.</p>	<p>APPENDICES</p>
	<ul style="list-style-type: none"> • Appendix 1 – <i>Governing Body Members Declaration of Interest Report</i>

<p>Agenda time allocation for report:</p>	<p>5 minutes</p>
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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:	n/a
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	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
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	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

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 • Member of the Royal College of General Practitioners • Member of the British Medical Association • Member of the Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
Nigel Bell	Lay Member - Governance	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP
Mehrban Ghani (on secondment)	Medical Director	<ul style="list-style-type: none"> • GP Partner at The Rose Tree Practice trading as the White Rose Medical Practice, Cudworth, Barnsley
		<ul style="list-style-type: none"> • GP Appraiser for NHS England

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Directorship at SAAG Ltd, 15 Newham Road, Rotherham
		<ul style="list-style-type: none"> • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala (on secondment)	GP Governing Body Member	<ul style="list-style-type: none"> • GP partner at The Grove Medical Practice
		<ul style="list-style-type: none"> • Husband is a partner at The Grove Medical Practice and Lakeside Surgery
		<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"> • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
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

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • 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"> • Director of FGGP which hold the PMS contract for Dodworth Medical Practice • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG • Member of the British Medical Association

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Director of YAAOZ Ltd, with wife
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
		<ul style="list-style-type: none"> • GP Appraiser for NHS England
		<ul style="list-style-type: none"> • Member of Barnsley LMC
		<ul style="list-style-type: none"> • Member of the Medical Defence Union
		<ul style="list-style-type: none"> • Director of SKSJ Medicals Ltd • Wife is also a Director
		<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"> • Undertakes sessions for IHeart Barnsley

Name	Current position (s) held in the CCG	Declared Interest
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
Chris Millington	Lay Member	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018)
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
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, equipment and supplies for private and public sector clients potentially including the NHS.
		<ul style="list-style-type: none"> • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England
		<ul style="list-style-type: none"> • Chair, South Yorkshire Cancer Alliance

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Deputy Lead SYB, Integrated Care System
		<ul style="list-style-type: none"> • Chief Executive Lead for Strategy, Planning and Transformation SYB, Integrated Care System
Martine Tune	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.
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> • Volunteer Governor / Board Member, Northern College
		<ul style="list-style-type: none"> • Voluntary trustee / Board Member for Steps (community care provider for early years / nursery)
		<ul style="list-style-type: none"> • Interim Health Improvement Specialist for Wakefield Council (ceased July 2018)
		<ul style="list-style-type: none"> • Quality For Health Manager, Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group

Governing Body

10 January 2019

Patient and Public Involvement Activity 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"/>		<input type="checkbox"/>
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Lesley Smith	Chief Officer
	<i>Author</i>	Kirsty Waknell	Head of Communications and Engagement
3.	EXECUTIVE SUMMARY		
	<p>This report gives an overview of current and planned patient and public engagement and involvement activity.</p> <p>Our plan to consult about our commissioning plans for 2019/20 was expected to start in December following the publication of the NHS long term plan. This has been moved into early 2019 to ensure the new national NHS plan can be incorporated into our proposals.</p> <p>The CCG patient and public engagement committee invited Healthwatch Barnsley to share their findings on health and care services available for people who are blind or who have a visual impairment.</p> <p>We are working with partners in the Dearne area to develop a community engagement model where local residents will be the ones who lead the conversations to shape the wider health and wellbeing plans for that area.</p> <p>The transport panel has met for the first time. The panel is made up of public from across South Yorkshire and Bassetlaw and will work on the hospital services review work as that develops.</p>		
4.	THE GOVERNING BODY IS ASKED TO:		
	<ul style="list-style-type: none"> Note the content of the report. 		

Agenda time allocation for report:	<i>5 minutes.</i>
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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:	1.2
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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?	N
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	<i>This paper is for assurance and there are no engagement requirements.</i>
	Is actual or proposed engagement activity set out in the report?	Yes.
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

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	
	How public and patient involvement is influencing the decisions we make.	
	Activity	Outcomes/findings
	<p>Rapid Access Clinic Service Review</p> <p>We have reviewed the way in which the Rapid Access Clinic is provided within the community. A key part of this work was to gain feedback from patients, staff and clinicians of their experiences of accessing, using and referring into the service, as well as views and comments on our proposals for the future of the service.</p>	<p>The engagement exercise, alongside the discussions with, and additional information received from, the provider has fed into the future of the service.</p> <p>Following the review, the Governing Body took the decision to decommission the Rapid Access Clinic, which was taken at their meeting held in public on 8 November 2018. It was identified that these were duplicating other services already available and being used in Barnsley.</p> <p>The final '<u>You said, Our response</u>' report (click on link) which explains how feedback from patients, carers and clinicians was used to inform this decision. It is available on our website and has been sent to those people who requested a copy.</p>
	<p>Additional home visiting services for GP practices: Recruitment of service user/carers representatives</p> <p>The way teams of healthcare professionals working in primary care changes over time to make the best use of the skills available and to meet the differing needs of their local communities.</p>	<p>Following a review of how GP practices across Barnsley carry out home visiting to housebound patients, informed by input from practice patient groups, the CCG will be going through a formal procurement process over the next couple of months to find a provider of home visiting service in Barnsley, which will enhance the service already offered by GPs.</p> <p>We have now recruited two local residents with experience of GP home visiting to be part of the team that evaluates the bids from potential providers of the home visiting service.</p>
	<p>Following up on changes to ordering repeat prescriptions</p>	<p>We have been working with our local GP practices over the past year to put in place a change to how patients order their repeat prescriptions and we are now in the process of inviting views and comments on this from patients, pharmacies and GP practices to help us to determine how effective this work has been.</p>

		<p>The brief feedback survey can be completed either online or via paper copy (available from the relevant GPs and pharmacies). The feedback will help inform the future roll out of this way of ordering repeat prescriptions.</p>
	<p>Travel and Transport Advisory Panel – South Yorkshire and Bassetlaw</p> <p>The travel and transport advisory group met at the end of November 2018. The group will gather member’s experiences of using public and private transport in South Yorkshire and Bassetlaw and North Derbyshire and will ask for their views on the travel implications of emerging proposals from the hospital services programme.</p>	<p>The members of the group are drawn from all the different areas of the regions and include both people who use public transport and who drive.</p> <p>The panel will be looking at the following:</p> <ul style="list-style-type: none"> • Considering how patient, carer and family journeys could be impacted by any changes to NHS services. • Bringing the voice of your community to discussion - considering how others in your region may be affected. • Feeding in ideas for how to improve transport and travel planning and infrastructure around NHS services. • Ensuring that information from the NHS is clear and easy to understand • Testing journey times, where possible, to provide realistic insight into the impact of any service changes
	<p>NHS long term plan and Barnsley CCG plan for 19/20</p>	<p>Now scheduled for late January, we’ll be talking patients, the public to staff and other stakeholders to help us determine what the soon-to-be-published NHS long term plan means for Barnsley, and how services can adapt and improve in the short and medium term.</p> <p>This will help shape our commissioning plans for 2019/20 and beyond. This will include conversations on joining up care, providing a seamless service and a wider focus on health promotion and wellbeing.</p>
	<p>Developing community engagement in the Dearne</p>	<p>As part of our partnership work on joining up care and working with local communities, we are involved in plans to support local residents to talk to their local community on their priorities and how they think we can collectively improve health and wellbeing in that area.</p>

<p>CCG patient and public involvement strategy The CCG's patient and public involvement strategy is due to for review and refresh. Developed alongside with patient groups representatives in 2016, the strategy is now open for comments.</p>	<p>The current strategy is available on the CCG website and all comments, ideas and feedback are welcome on the content and scope of the next version. Click here or visit http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm</p>
<p>Barnsley Mental Health Forum</p>	<p>We have continued to attend the meetings of the Barnsley Mental Health Forum. The forum is a service-user led group for influencing mental health services provided for people in Barnsley who need support to cope.</p> <p>The developing forum has indicated they are keen to work together on reviewing service specifications and a mental health and wellbeing strategy for Barnsley in 2019.</p>
<p>Barnsley Maternity Voices Partnership</p>	<p>We will continue working with the Barnsley maternity voices partnership in 2019. The group is run and chaired by local parents.</p>

Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 8 November 2018 at 9.30 am in the Boardroom, Hilder House, 49/51 Gawber Road, Barnsley, S75 2PY

MEMBERS PRESENT

Dr Nick Balac	Chairman
Nigel Bell	Lay Member for Governance
Dr John Harban	Member
Dr M Hussain Kadarsha	Member
Dr Sudhagar Krishnasamy	Member & Associate Medical Director
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
Martine Tune	Chief Nurse (Acting)
Sarah Tyler	Lay Member for Accountable Care

IN ATTENDANCE

Jeremy Budd	Director of Commissioning
Siobhan Lendzionowski	Lead Commissioning and Transformation Manager For minute reference GB 18/11/09 only
Kay Morgan	Governance & Assurance Manager
Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity) For minute reference GB 18/11/13 only
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance
Carol Williams	Project Co-ordinator For minute reference GB 18/11/13 only
Jamie Wike	Director of Strategic Planning and Performance

APOLOGIES

Dr Adebowale Adekunle	Member
Dr Mark Smith	Member

MEMBERS OF THE PUBLIC

Adrian Bailey	Head of Finance (Statutory Accounts/Financial Reporting) Barnsley CCG
Paige Dawson	Quality Administrator
Alan Higgins	Member of the Public

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

Agenda Item		Action	Deadline
GB 18/11/01	QUORACY		
	The meeting was declared quorate.		
GB 18/11/02	PATIENT STORY		
	<p>The Governing Body received a patient story reflecting the experiences of a patient with mental health issues and the support he received to manage his condition and live in the Community. The following comments were received in relation to the Patient Story.</p> <ul style="list-style-type: none"> • The Story highlighted that early interventions and partnerships were key to successful outcomes for patients. • The use of coping interventions help to empower patients and build resilience. • Provision of early support to families caring for relatives with Mental Health issues is beneficial for both the patient and family as a whole. • An Integrated Care system in Barnsley would provide holistic care and interventions for patients at the right time. 		
	The Governing Body noted the Patient Story.		
GB 18/11/03	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA		
	<p>The Governing Body considered the Declaration of Interests, Gifts, Hospitality and Sponsorship Report. The Lay Member for Accountable Care declared that she had accepted a new position, Quality for Health Manager for Voluntary Action Calderdale.</p> <p>Agreed action: To reflect the new declaration in the CCG's Register of Interests and report to the next meeting of the Governing Body on 10 January 2018.</p>	RW	
GB 18/11/04	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT		

Agenda Item		Action	Deadline
	<p>The Head of Communications and Engagement introduced the Patient and Public Involvement (PPI) Activity Report to the Governing Body.</p> <p>The Chief Officer referred to the delays with publication of the NHS Long Term Plan and Barnsley CCG plans for 2019/20 and commented that it was important to keep Barnsley Save Our NHS informed and involved with the CCGs consultation on Commissioning Intentions 2019/20 and plans for integrated care in Barnsley.</p>		
	<p>The Governing Body noted the current patient and public involvement activities.</p> <p><i>Agreed Action: To advise and update 'Barnsley Save Our NHS' with regard to the CCG's plans re consultation on Commissioning Intentions.</i></p>	KW	10.01.19
GB 18/11/05	<p>MINUTES OF THE PREVIOUS MEETINGS HELD ON 13 SEPTEMBER 2018</p>		
	<p>The minutes of the previous meeting held on 13 September 2018 were verified as a correct record of the proceedings subject to the following amendment:</p> <p>Opening remarks – To include the following text: 'The Chairman invited Members of the Public to provide information relating to the development of Carlton Pavilion and the community facilities available.'</p> <p>Minute reference GB 18/09/13 Risk and Governance Exception Report – Corporate Calendar and Frequency of Governing Body Meetings.</p> <p>Dr John Harban and Lay Member for Patient and Public Engagement & Primary Care Commissioning commented that the CCG may wish to reconsider its previous decision about the frequency of Governing Body Meetings. The CCG's decision to defer the ICO procurement arguably released capacity within the CCG to revert back to monthly meetings of the Governing Body.</p> <p>The Head of Governance and Assurance advised that as the new meeting frequency had just been introduced a</p>		

Agenda Item		Action	Deadline
	<p>longer trial period was required prior to evaluation. In addition, the agenda papers were not significantly more than the previous monthly meetings.</p> <p>Discussion took place. Some members felt that they would benefit from more time to read and digest information within the agenda papers to enable good decision making and governance. It was noted that the Integrated Performance Report in particular the Finance Report could not be issued until after it had been considered by the Finance and Performance Committee, on the Thursday, one week before the Governing Body meetings.</p> <p>The Head of Governance and Assurance advised Members that a Standard Operating Procedure (SOP) for the Governing Body and sub Committees had been developed defining the timescales for the production, sign off and quality assurance of all Governing Body Agendas and papers. The sharing of Governing Body papers two weeks in advance of the meeting could be included in the SOP.</p> <p>The Chairman commented that the quality of Governing Body Papers was important, with quality information and links to supporting information. It was agreed to keep the frequency of Governing Body meetings under review in 2019.</p> <p>Agreed Action:</p> <p><i>The Chairman and Head of Governance and Assurance to consider issuing most papers to Governing Body Members two weeks in advance of meetings.</i></p>	<p>NB/RW</p>	
<p>GB 18/11/06</p>	<p>MATTERS ARISING REPORT</p>		
	<p>The Governing Body considered the Matters Arising Report.</p> <p>Minute reference GB 18/09/19 Questions from the Public – Single Point of Access for people with Cancer The Governing Body was informed that a job description for a Macmillan GP had been developed and that this action was complete.</p> <p>Minute reference GB 17/09/17 Quality Highlights Report</p>		

Agenda Item		Action	Deadline
	<p>Cervical Screening The Governing Body requested a paper regarding cervical screening for people with disabilities with a view to closing this action.</p> <p>GB 18/05/06 & GB 18/04/10 Commissioning of Children's Health Services – Child and Adolescent Mental Health Services (CAMHS) Members were informed that referrals to the CAHMS service were being returned for a variety of reasons to GPs. It was recognised that it was not necessarily about quality of referrals but rather about children receiving the right support and treatment on a timely basis.</p> <p>It was noted that this item will be further considered later in the meeting at agenda item 14, 'Commissioning of Children's Services Monitoring report'.</p>	<p>MT</p>	<p>10.01.19</p>
<p>STRATEGY</p>			
<p>GB 18/11/07</p>	<p>CHIEF OFFICER'S REPORT</p>		
	<p>The Chief Officer introduced the Final Memorandum of (MOU) Understanding for the South Yorkshire and Bassetlaw Integrated Care System 2018/19. Governing Body noted that the MOU included:</p> <ul style="list-style-type: none"> • The national NHS priorities and deliverables (the NHS Constitution standards) • The financial framework (all Governing Bodies and Boards had previously agreed framework) • The ICS priority areas (also previously agreed) <p>The Chief Officer highlighted the CCG's excellent progress and achievements against the national NHS Priorities and Deliverables. Additionally the ICS five Year Strategy and plan due to be finalised in July 2019 will take forward the national NHS priorities and deliverables.</p> <p>Discussion took place. It was noted that any Provider or CCG deficits across South Yorkshire and Bassetlaw were being reviewed with place based discussions being actioned to develop mitigating action plans where necessary.</p>		

Agenda Item		Action	Deadline
	The Secondary Care Clinician commented that Bowel Cancer prevention and screening appeared to have been disregarded at NHSE level and is not mentioned within the MOU.		
	The Governing Body noted that the CCG was considering the concept of population segmentation and how this would work locally towards service integration across health and social care and outcomes based commissioning.		
	<p>The Governing Body noted the final Memorandum of understanding and the direction of travel.</p> <p><i>Agreed Action:</i></p> <p><i>The Chief Officer and Secondary Care Clinician to discuss Bowel Cancer Prevention and Screening nationally and at Integrated Care System level outside of the meeting.</i></p>	LS/MS	31.12.18 complete
GB 18/11/08	BARNSLEY INTEGRATED CARE UPDATE		
	The Director for Accountable Care provided an update on the development of Integrated Care in Barnsley. It was noted that a workshop for the Dearne Neighbourhood Development Task and Finish Group and the Neighbourhoods Work Stream Group will be held on 30 November 2018. The workshop will have a focus to coordinate activity, prioritise and identify gaps in resource. The learning from the workshop will be shared and transferred to other networks.		
	The Lay Member for Accountable Care commented that although the potential procurement of an integrated care organisation for Barnsley had paused all other associated work to deliver integrated care was continuing and Partnership working with providers accelerating. Communications, positive messages and branding for integrated care are being developed. Integrated care remained at the heart of the CCGs commissioning intentions and partnership working.		
	The Governing Body noted the report.		

Agenda Item		Action	Deadline
GB 18/11/09	CANCER UPDATE		
	<p>Dr H Kadarsha, Clinical Lead for Cancer presented the Cancer update to the Governing Body providing assurance that the CCG's cancer programme is delivering best outcomes for the people of Barnsley.</p>		
	<p>The following comments were received in respect of the Cancer Update:</p> <ul style="list-style-type: none"> • Dr J Harban suggested: <ul style="list-style-type: none"> ○ Re-establishment of the Cancer Website ○ That RightCare Barnsley, could navigate and coordinate cancer services on behalf of patients ○ Running quarterly campaigns for early detection of different cancers, including contributions from patients being successfully treated and recovering from cancer ○ Revisiting the provision of Hospice services in the Dearne and 'Hospice at Home.' • It was noted that the provision of mobile scanners in Barnsley localities was not the core business of the Cancer Alliance, but could be mobilised by the CCG. The replacement of the MRI Scanner at the Barnsley Hospital NHS Foundation Trust will be included in the Trusts Capital Plan. • The Patient Council had received a presentation about the excellent work of the 1,000 volunteer Cancer Champions in Barnsley. • The Lay Member for Accountable Care commented that patients should be invited for cervical screening in a positive and encouraging way. It was suggested that education and awareness of screening programmes including peer support for the public could be undertaken on a community locality basis. • The Chairman commented that there was the potential of increasing cancer screening opportunities via the Integrated Care Networks. 		
	<p>The Chief Officer commented that it was important for the Governing Body to be sighted on the detail of cancer screening activities and uptake across Barnsley, to identify any gaps and determine actions to address.</p> <p>The Governing Body noted that the Cancer Steering Group</p>		

Agenda Item		Action	Deadline
	meets on a monthly basis to monitor the Cancer Programme Action Plan.		
	<p>The Governing Body</p> <ul style="list-style-type: none"> • Approved the Cancer Programme Action plan 2018-2020 (Appendix A) and the key deliverables outlined in the paper • Noted the risks and opportunities that are identified in the paper. • Supported the delivery of the CCG's Cancer Programme and noted that the CCG is currently exploring how the PDA might be used to achieve this. <p>Agreed Action</p> <ul style="list-style-type: none"> • <i>To consider quarterly campaigns for early detection of and screening for different cancers.</i> • <i>To include the detail of cancer screening uptake in the next Cancer Update report to the Governing Body.</i> • <i>To provide data re cancer screening uptake and share with Localities.</i> 	<p>HK/SL HK/SL HK/SL</p>	
GB 18/11/10	RAPID ACCESS CLINIC – OUTCOME OF REVIEW		
	<p>The Director of Commissioning introduced a report detailing the outcome of the service review of the South West Yorkshire Partnership Foundation Trust (SWYPFT) Rapid Access Clinic. The Governing Body considered the review including service offer, duplication, utilisation and cost together with the engagement report and feedback received. It was noted that the existing contract for the Rapid Access Clinic will expire on 31 March 2019. The Governing Body determined that the review and consultation had further informed the previous consideration to decommission the Rapid Access Clinic Service.</p>		
	<p>The Governing Body ratified the decision to serve notice on (decommission) the SWYPFT Rapid Access Clinic Service.</p>		

Agenda Item		Action	Deadline
GB 18/11/11	TRANSFORMING CARE UPDATE		
	The Chief Nurse (Acting) presented the Transforming Care Programme Update to the Governing Body. It was noted that the current NHSE Transforming Care Programme was due to end on 31 March 2019 and plans are in progress for a successor programme.		
	<p>In response to a question raised about care costs and value for money, the Governing Body were advised that the cost of care for a complex patient is significant and this can be in excess of £5,000 per patient per week. An average length of stay for a patient with complex care needs can be between 5 and 10 years. In these cases, value for money is not always a straight forward issue for consideration given the level of complexity of these patients and the limited availability of placements.</p> <p>Value for money over the longer term can be gained by reducing residential care placements and supporting patients in the community rather than a care setting.</p> <p>NHSE had identified that the Transforming Care partnership was struggling in terms of progress to discharge patients from care placements. The Chief Nurse (Acting) advised that it was more important for patients to have safe and appropriate care plans in place, before discharge from care placements into community settings.</p>		
	<p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The progress that has been made to deliver the Transforming Care Plan. • The areas of work highlighted and how the system is currently performing. 		
QUALITY AND GOVERNANCE			
GB 18/11/12	QUALITY HIGHLIGHTS REPORT		
	The Chief Nurse (Acting) introduced the Quality Highlights Report to the Governing Body and the following main points were noted.		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> • Yorkshire Ambulance Service (YAS) x2 serious incidents relating to ambulance delays. – The Chief Nurse clarified that the serious incidents were around ambulance delays but not related to Barnsley residents. The Quality and Patient Safety Committee were however concerned around the systems and processes in place and requested assurances from YAS. • Approval Process Tonsillectomies – It was noted that the CCGs approval process for Tonsillectomies requests reflected national guidance and direction of travel. Education about new commissioning policies and how and why clinicians make decisions would be helpful for the public. It was noted that clinicians can make a case for exceptions to commissioning policies when appropriate to do so. 		
	The Governing Body noted the Quality Highlights Report.		
GB 18/11/13	COMMISSIONING OF CHILDREN'S SERVICES MONITORING REPORT		
	The Head of Commissioning (Mental Health, Children's and Maternity) updated the Governing Body on the work that has been undertaken since July 2018 in relation to the Commissioning of Children's Services including a short film demonstrating the impact of the 'Thrive Model' used in 40% of Barnsley Primary Schools, supporting development of children's wellbeing.		
	Discussion took place and the following main points were noted: <ul style="list-style-type: none"> • Trailblazer Bid to NHS England to support the introduction of Mental Health Support Teams in schools and to deliver a four week waiting time pilot on the CAMHS Mood and Emotion Pathway. - The Governing Body recognised the need to provide timely support to children and should the bid be unsuccessful, the CCG could consider how best to resource these initiatives. • It was also noted that Thrive did not provide pre-school support. 		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> • Complex Care Pathway - The recruitment of specialist staff remained a challenge. • Referrals – It was noted that a third of all GP referrals to the service were deemed as having insufficient information, referrals by school nurses and self-referrals were low and this was learning for the system as a whole. Also referrals from community Paediatricians and hospital Paediatricians were rejected by the service which the GPs found noteworthy. <p>The Governing Body identified a service gap and need to scope a potential additional service offer, to work in collaboration with GPs in support of referrals and provision of early support and interventions for vulnerable children and parents. It was noted that parents and children can be ‘signposted’ to other available services, support and information but in some cases urgent ‘face to face’ services are required. A triage service for referrals was also suggested.</p> <ul style="list-style-type: none"> • NHSE Intensive Support Team - On 21 November 2018 the NHSE Support Team and CAMHS will consider the scope for a potential review of the Service. 		
	<p>Therapy Services The Governing Body noted that increased referrals to Therapy Services had impacted on waiting times. Additional funding from the CCG was requested to eliminate the backlog of referrals. The Head of Commissioning (Mental Health, Children’s and Maternity) advised the Governing Body that the total finance requirements had not yet been verified.</p>		
	<p>The Governing Body determined that they would like to receive further information around the value for money aspects of service provision and consideration of a model to support to Practices with referrals before committing to approval of additional funding.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the progress made and the risks highlighted • Did not approve additional resources to increase 		

Agenda Item		Action	Deadline
	<p>capacity within the children's therapy services thereby reducing the increasing waiting times to access these services</p> <ul style="list-style-type: none"> Approved additional resources in relation to radio amplifiers and improved outcomes for this vulnerable group of children and young people. <p>Agreed Actions:</p> <ul style="list-style-type: none"> <i>To provide the Governing Body with a report regarding the 'value for money' aspects of the Therapy services and a proposed model of Support for Practices around referrals.</i> <i>To provide the Governing Body with a detailed breakdown of referral data, in particular urgent referrals from GPs. The referrer, numbers and type of referrals and reasons for return to referrer.</i> <i>To share the Future in Mind Barnsley, Local Transformation Plan with Governing Body once the annual refresh was complete.</i> 	<p>PO</p> <p>PO</p> <p>PO</p>	<p>Feb 2019</p> <p>Feb 2019</p> <p>Feb 2019</p>
GB 18/11/14	YORKSHIRE AND HUMBER ACCESS TO INFERTILITY TREATMENT POLICY		
	<p>The Chief Nurse introduced the Yorkshire and the Humber Access to Infertility Treatment Policy. The policy had been updated to remove the obligation on same sex couples to self-fund Intrauterine Insemination (IUI) to demonstrate infertility, recognising that the previous policy had unintended negative consequences. The policy has also been updated to reflect clinical advice requiring both partners to be abstinent from smoking for three months at referral from primary care.</p>		
	<p>The Governing Body;</p> <ul style="list-style-type: none"> Noted the context of the Policy change Agreed the number of cycles to be funded, as two cycles Approved the Policy Did not approve the Criteria for Commissioning Cryopreservation for patients due to commence medical or surgical treatment likely to permanently affect their fertility pending the outcome of a current 		

Agenda Item		Action	Deadline
	<p>legal challenge against NHS England.</p>		
GB 18/11/15	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 GBAF full report for 2018/19, and determined that the risks are appropriately described and scored, and there is sufficient assurance that they are being effectively managed as at 8 November 2018 • Did not identify any additional positive assurances relevant to the risks on the GBAF • Reviewed the extract of the Corporate Risk Register and confirmed all risks are appropriately scored and described, and did not identify any potential new risks • Noted the update regarding Registers of Interests, Sponsorship, Gifts & Hospitality • Ratified the urgent decision regarding Excess Treatment Costs. 		
<p>FINANCE AND PERFORMANCE</p>			
GB 18/11/16	INTEGRATED PERFORMANCE REPORT		
	<p>Finance The Chief Finance Officer presented the key messages from the Financial Report. As at 30 September 2018 The CCG is forecasting to achieve all financial duties and planning guidance requirements with an in-year balanced budget position.</p> <p>This position is predicated on the delivery of the CCG's £11.5m efficiency programme and mitigations being identified against any in-year pressures. The forecast position on planned schemes shows a £349k shortfall against the target. A review of the CCGs investments and in year underspends had mitigated this under delivery and it</p>		

Agenda Item		Action	Deadline
	<p>is not anticipated at this stage that further mitigation will be required and this was currently being explored.</p> <p>The Chief Finance Officer highlighted that some inaccuracies in the recording of CHC data had created fluctuations in finance forecasting. Actions to address these issues had been put in place.</p> <p>The Governing Body noted that the month 5 acute contract activity data showed an overtrade position of £1.1m with the main forecast overtrade of £3.5m being with the Barnsley Hospital NHS Foundation Trust which in the main related to coding changes within non elective activity. It was noted that an audit of coding could be enforced via the contract monitoring route if required.</p>		
	<p>Performance</p> <p>The Director of Strategic Planning and Performance introduced the Performance Report to September 2018. The Governing Body noted the key performance indicators by exception.</p> <ul style="list-style-type: none"> • A&E Performance – The Governing Body were pleased to note in September 2018 the BHNFT achieved number 1 out of 131 Trusts. The A&E August performance had been mis-reported and had now been resolved but will not show in national figures until December 2018. • Referral to Treatment – Performance across all specialities at Barnsley Hospital was now meeting the national standard. 		
	<p>The Governing Body noted the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • Projected delivery of all financial duties predicated on the assumptions outlined in the report • The current forecast position on the CCG's efficient programme and in year mitigations identified to ensure the target of £11.5m is achieved. 		
GB 18/11/17	QIPP DELIVERY REPORT		

Agenda Item		Action	Deadline
	The Director of Planning and Performance introduced the Quality, Innovation, Productivity and Prevention (QIPP) Programme Report. The Governing Body noted that the Demand Management Scheme was rated as 'amber' due mainly to changes to the original implementation timescales as a result of Doncaster CCG agreeing a later implementation timescale with providers.		
	The Governing Body noted: <ul style="list-style-type: none"> • The content of the dashboard and identify any specific actions that the Governing Body agree in relation to the QIPP/Efficiency Programme • The current position against the £11.5m target. 		
COMMITTEE REPORTS AND MINUTES			
GB 18/11/18	COMMITTEE REPORTS AND MINUTES		
	The Governing Body received and noted the following Committee minutes & assurance reports: <ul style="list-style-type: none"> • Finance and Performance Committee Meeting held on 6 September 2018 and 4 October 2018 • Audit Committee Meeting held on 11 October 2018 • Quality and Patient Safety Committee held on 30 August 2018 • Minutes of the Membership Council held on 18 September 2018 • Primary Care Commissioning Assurance Report 27 September 2018 • Minutes of the Health and Wellbeing Board on 2 October 2018 • Minutes of the Joint Committee of Clinical Commissioning Groups (public session) held on 22 August 2018. • Minutes of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership Collaborative Partnership Board held on 10 August 2018 and 14 September 2018. 		
GB	QUESTIONS FROM THE PUBLIC ON BARNSELY		

Agenda Item		Action	Deadline
18/11/19	CLINICAL COMMISSIONING GROUP BUSINESS		
	<p>The Chairman requested questions from members of the public. The following comments, questions and responses were noted:</p> <p>Social Prescribing, Focussed Care A member of the public commented that he had watched a TV Programme featuring a pilot of an extended social prescribing scheme providing focussed care and early interventions for patients in Oldham Greater Manchester It was queried if the CCG had plans to extend the My Best Life' Scheme or for any such similar initiative.</p> <p>Response & Action - <i>The Lay Member for Patient and Public Engagement & Primary Care Commissioning, Lay Member for Accountable Care and Director of Commissioning to review the Oldham pilot.</i></p> <p>Telecare A member of the public queried if there were any results available from the trial of telemedicine in the Dearne where there is a trial for telecare in some care homes. Do we have any results from that yet?</p> <p>Response Results were not yet available.</p>		
GB 18/11/20	REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED		
	The Governing Body agreed that the business of the meeting had been conducted appropriately and agreed to proceed to the private part of the agenda.		
GB 18/11/21	DATE AND TIME OF THE NEXT MEETING		
	Thursday 10 January 2019, 9.30 am in the Boardroom, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

**GOVERNING BODY
(Public session)**

10 January 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 8 November 2018.

Table 1

Minute ref	Issue	Action	Outcome/Action
GB 18/11/03	DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA To reflect a new declaration in the CCG's Register of Interests received from the Lay Member for Accountable Care. The Lay Member had accepted a new position, Quality for Health Manager for Voluntary Action Calderdale.	RW	COMPLETE
GB 18/11/04	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT To update 'Barnsley Save Our NHS' with the CCG's plans Re consultation on Commissioning Intentions.	KW	COMPLETE
GB 18/11/05	MINUTES OF THE PREVIOUS MEETINGS HELD ON 13 SEPTEMBER 2018 - Corporate Calendar and Frequency of Governing Body Meetings To consider issuing papers to Governing Body Members two weeks in advance of meetings.	NB/RW	COMPLETE

GB 18/11/07	CHIEF OFFICER'S REPORT The Chief Officer and Secondary Care Clinician to discuss Bowel Cancer Prevention and Screening nationally and at Integrated Care System level outside of the meeting.	LS/MS	meeting held to clarify the issues. LS to escalate to ISC.
GB 18/11/09	CANCER UPDATE To consider quarterly campaigns for early detection of and screening for different cancers. To include the detail of cancer screening uptake in the next Cancer Update report to the Governing Body. To provide data re cancer screening uptake and share with Localities.	HK/SL HK/SL HK/SL	COMPLETE - Action addressed within Governing Body paper - Improving Cancer Early Diagnosis/ Screening Delivery Proposal Noted and will ensure information in Update – COMPLETED . Information will be shared with localities by 16 January 2019
GB 18/11/13	COMMISSIONING OF CHILDREN'S SERVICES MONITORING REPORT To provide the Governing Body with a report regarding the 'value for money' aspects of the Therapy services and a proposed model of Support for Practices around referrals. To provide the Governing Body with a detailed breakdown of referral data, in particular urgent referrals from GPs. The referrer, numbers and type of referrals and reasons for return to referrer. To share the Future in Mind Barnsley, Local Transformation Plan with Governing Body once the annual refresh was complete.	PO PO PO	ONGOING - A meeting has been planned with SWYPFT on 31 January 2019 to discuss the demand / capacity modelling. COMPLETED - Urgent referrals come from the Liaison Mental Health Service based in A&E. A paper covering details of referrals will be provided for the March GB. COMPLETED

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute Ref	Issue	Action	Outcome/Actions
GB 17/04/12	YORKSHIRE AND HUMBER FERTILITY POLICY 2017 Chief Nurse (Acting) to update the Equality Impact Assessment	MT	COMPLETE
GB 17/09/17 & GB 18/11/06	QUALITY HIGHLIGHTS REPORT Chief Nurse (Acting) to give consideration to one specialised service for Cervical Screening for people with Learning Disabilities. 8 November 2018 – Governing Body requested a paper regarding cervical screening for people with disabilities with a view to closing this action.	MT	COMPLETE
GB 18/05/06 & GB 18/04/10	MATTERS ARISING REPORT Commissioning of Children’s Health Services Quarterly Update – Child and Adolescent Mental Health Services (CAMHS) <u>Update</u> To review the referral pathway and report back to the next meeting of the Governing Body on 14 June 2018.	LS/PO	COMPLETE
GB 18/06/10	ARMED FORCES VETERAN FRIENDLY ACCREDITATION SCHEME		

	To raise awareness of the Armed Forces Covenant and Veteran Friendly Accreditation Scheme with Practices and also at a BEST event.	PO	COMPLETE
GB 18/09/04	PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT To provide updates about reducing the routine prescribing of 'over the counter' medications to BMBC public health colleagues and Councillors.	KW	COMPLETE.
GB 18/09/18	COMMITTEE REPORTS AND MINUTES - FPC 18/151 – Sexual Health To ascertain the funding envelope for the Sexual Health Procurement	RN	BMBC have confirmed funding envelope not yet determined for the procurement

PUBLIC GOVERNING BODY

10 January 2019

Integrated Care

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
2.	REPORT OF									
	<table border="1"> <thead> <tr> <th></th> <th><i>Name</i></th> <th><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>Jeremy Budd</td> <td>Director of Commissioning</td> </tr> <tr> <td><i>Author(s)</i></td> <td>Joe Minton</td> <td>Professional Manager</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Jeremy Budd	Director of Commissioning	<i>Author(s)</i>	Joe Minton	Professional Manager
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Jeremy Budd	Director of Commissioning								
<i>Author(s)</i>	Joe Minton	Professional Manager								
3.	EXECUTIVE SUMMARY									
	<p>The CCG continues to work with local partners to deliver the place-based vision for integrated care set out in the <i>Strategic Outline Case: Joined Up Health and Care in Barnsley July 2018</i>.</p> <p>In early December 2018 there was a workshop with senior representatives from Barnsley Hospital, South West Yorkshire Partnership Foundation Trust, Barnsley Healthcare Federation, Barnsley Council and the CCG to work through a future operating model including priorities, governance and programme resources.</p> <p>The CCG has been supporting the three transformation workstreams of cardiovascular disease, frailty and neighbourhoods.</p> <p>The place-based vision for integrated care will be the underlying theme of the CCGs Commissioning Intentions for 2019/20.</p>									
4.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:									
	Governing Body is asked to note the contents of this report.									
5.	APPENDICES									
	None.									

Agenda time allocation for report:	10 mins
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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
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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?	<i>N</i>
	Are any financial implications detailed in the report?	<i>Yes – to be developed</i>
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	<i>No</i>
	Is actual or proposed engagement activity set out in the report?	<i>Yes – initial proposals to be developed</i>
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	<i>No</i>
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	<i>NA</i>
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	<i>NA</i>
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	<i>No</i>
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	<i>No</i>

PART 2 – DETAILED REPORT

Background

- The CCG continues to work with local partners to deliver the place-based vision for integrated care set out in the *Strategic Outline Case: Joined Up Health and Care in Barnsley July 2018*.
- In early December 2018 there was a workshop with senior representatives from Barnsley Hospital, South West Yorkshire Partnership Foundation Trust, Barnsley Healthcare Federation, Barnsley Council and the CCG to work through a future operating model including priorities, governance and programme resources.
- The CCG has been supporting the three transformation workstreams of cardiovascular disease, frailty and neighbourhoods.

Commissioning Intentions

- The place-based vision for integrated care will be the underlying theme of the CCGs Commissioning Intentions for 2019/20. The NHS Planning Guidance for 2019/20 and the NHS Long Term Plan, which will be published in January 2019, is expected to support the move up health services at locality, place and system level.
- The CCG will be consulting members of the public on its Commissioning Intentions between January and March 2019 and plans are currently being developed by the communications and engagement workstream.

Integrated Care Networks

- At the workshop in December, all partners were galvanised around proposals to focus on the development of Integrated Care Networks (ICN). ICN's will bring together a range of health, care and wellbeing services. By being more joined-up services can be more responsive, ensuring people have the help and support they need to keep themselves as healthy and well as possible. Crucially ICNs will be formed around general practice populations.
- At the primary care BEST event in December local GPs began to explore the benefits for ICNs and discuss what they will look like and how they can be formed. For the last two years GP practices in Barnsley have been coming together at locality meetings, these have brought GP practices together to enable conversations to start around how practices could work together for the benefit of patients and the practices. The development of ICNs builds on these foundations to create a system which arranges services around the individual and provides people with the support they need to stay or get well – whether physical, emotional or social.

Alignment of CCG staff and resources

- Recognising that ICNs is a strategic priority for the CCG, SYB ICS and the national NHS but that it is unlikely that there will be significant additional resources made available from the centre, the CCG has begun work to identify what capacity could be aligned to the development of ICNs from the existing primary care support team, commissioning and transformation team and communications and engagement team.
- Provider partners and Barnsley Council are similarly looking at resource that may be aligned to this programme of work.

Transformation workstreams

Frailty

- A meeting took place on 28 November 2018 between the Frailty SRO's and the Head of Alliance Working to revisit the Logic Model and the Outcomes Framework to ensure the Frailty Programme is on track to deliver the set outcomes. It was acknowledged that there is some excellent work being undertaken within the programme. Key organisational leads will meet in January 2019 to review progress and any issues of the programme.
- The second frailty workshop took place on the 6 December 2018. The focus of the workshop was on 'Advance Planning' with interactive sessions for participants. There was a market place on arrival showcasing services and organisations that support older people/frailty from across Barnsley and the agenda included updates from the five workstream areas.

Cardiovascular disease

- An integrated heart failure pathway is being developed and will be shared at GP locality meetings for further input.
- Cardiac rehabilitation is now being offered in three areas across Barnsley (Penistone, Cudworth and Dearne) which will improve access. Education sessions are being provided for practice nurses to provide support for more complex heart failure patients.
- BMBC is leading work focussed on raising awareness of community defibrillators and working with the hospital around support for potential bystander first aiders.

Neighbourhoods

- There was a workshop for the neighbourhood workstream group and Dearne stakeholders on 30 November to determine the priorities for the next phase of the Dearne pilot and identify learning that can be shared with other neighbourhoods. The workshop identified positive progress made so far –
 - All partners coming together, and solution focussed - Dearne Task and Finish Group
 - Getting to know who is part of Team Dearne
 - Promoting and improving Live Well Barnsley
 - Coordination across different programmes and strategies including alignment with the CVD and Frailty workstreams

- IAPT seeing people in Goldthorpe
- Greater awareness of the local service offer
- Initiated community engagement using community researchers
- Developing a carer's support group for Dearne
- The following priorities were determined –
 - Support for parents and parental education
 - Working with schools and pre-schools on ways to improve emotional wellbeing and resilience for children and young people
 - Community engagement
 - Development of multi-disciplinary team working that is flexible to meet the pattern of local need

Population health management

- Population Health Management (PHM) is a design principle of our integration work locally and is a priority for the South Yorkshire and Bassetlaw Integrated Care System (ICS).
- Population health is an approach aimed at improving the health of an entire population. PHM improves health by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support.
- In Barnsley we have been progressing PHM through –
 - Development of a Population Health Management Unit (PHMU) with members from across the partnership
 - Systems dynamic modelling
 - Population segmentation analysis

GOVERNING BODY

10 January 2019

Urgent and Emergency Care Update

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 type="checkbox"/>
			<i>Information</i>
			<input checked="" type="checkbox"/>
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Clinical Lead</i>	Dr Sudhager Krishnasamy	Associate Medical Director
	<i>Author & Exec Lead</i>	Jamie Wike	Director of Strategic Planning and Performance
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
	Governing Body	8/3/18	Approved procurement approach for new Integrated Urgent Care Clinical Advice Service.
	Governing Body	12/4/18	Noted the work of the A&E Delivery Board to deliver improvements to UEC services in Barnsley
4.	EXECUTIVE SUMMARY		
	The purpose of this paper is to provide the Governing Body with an update on the progress being made in delivering the 'Next Steps on the NHS Five Year Forward View' Urgent Care deliverables along with details of other Urgent and Emergency Care developments being delivered locally and across South Yorkshire and Bassetlaw as part of the Integrated Care System transformation programme.		

	<p>Locally, oversight of Urgent and Emergency Care performance and improvement activity is provided by the Barnsley Urgent and Emergency Care Delivery Board however it should be noted that the responsibility for commissioning services to meet the national NHS Constitution Standards, including delivery of the 4 hour waiting time standard for A&E, remains with the CCG.</p>
5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • <i>Note the current position and progress in delivering the Urgent Care Key Deliverables of the Next Steps on the NHS Forward View.</i> • <i>Note and ratify the urgent decision taken in relation to the procurement of a new Integrated Urgent Care Service to begin in April 2019.</i>
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 – Update against the 2018-2019 Deliverables of the Next Steps on the NHS Five Year Forward View. • Appendix 2 – South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

Agenda time allocation for report:	<i>10 minutes.</i>
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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:	1.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	N
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	N
	8 - Maternity	N
	9 - Compliance with Statutory and Regulatory Requirements	N
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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>Improvements in Urgent and Emergency Care have been a priority in Barnsley since the inception of the CCG in April 2013 and during this period has also continued to be a national priorities with Sir Bruce Keogh highlighting key areas for improvement in his review of Urgent and Emergency Care in England in 2013 and the inclusion in the NHS Five Year Forward View. The 'Next Steps on the NHS Five Year Forward View' published in March 2017 set out the overall goals and expected deliverables and these formed a key strand of the NHS Planning Guidance. This paper provides an update to Governing Body on the 2018/19 deliverables along with details of other Urgent and Emergency Care developments being delivered locally and across South Yorkshire and Bassetlaw as part of the Integrated Care System transformation programme.</p>
2.	DISCUSSION/ISSUES
2.1	<p>The overall goal for Urgent and Emergency Care for 2017-19 was to redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place at the right time.</p>
2.2	<p>The key deliverables for 2018/19 were:</p> <ul style="list-style-type: none"> • Ensure performance against the four-hour A&E standard is at or above 90% in September 2018 and achieving the 95% standard in the month of March 2019 • Provision of access to enhanced NHS111 services, with increased access to clinical advice – Delivered through and Integrated Urgent Care Clinical Assessment Service (IUC CAS) • Managing Transfers of Care • Improving patient flow inside hospitals and reducing inappropriate length of stay for admissions. • Make progress towards the 2020/21 deliverable to have in place mental health crisis liaison services which meet the needs of people of all ages. • Ensuring that less than 15% of NHS continuing healthcare full assessments take place in an acute setting. <p>Appendix 1 provides a progress update against each of these key deliverables.</p>
2.3	<p>In March 2018 the Governing Body considered (in public) and approved proposals for the procurement of a new Integrated Urgent Care Clinical Advice Service to commence in April 2019, replacing the current NHS111 service.</p> <p>In line with the lead commissioner arrangements for NHS111, Greater Huddersfield (GH) CCG have led this procurement process, supported by colleagues from across Yorkshire and Humber, including representation from South Yorkshire and Bassetlaw.</p> <p>In order to conclude the procurement process and for GH CCG to approve the recommendation to award the contract to the preferred provider, each CCG was requested on 14 November 2018 to consider the procurement evaluation report and approve the procurement steering groups recommendation to</p>

	<p>appoint the preferred bidder.</p> <p>GHCCG as the lead commissioner and contract holder required this approval by 4 December to enable the GH CCG to present the recommendation to its Governing Body at their meeting on 12th December 2018 to approve the award of the contract.</p> <p>To meet the deadline a decision was taken to approve the recommendations in accordance with the CCG's urgent decision making process following circulation of the papers to all Governing Body Members.</p> <p>The GH CCG Governing Body approved the recommendations on the 12 December 2018 and the preferred provider was notified on 13 November 2018. Work is now ongoing to formalise the contract and mobilise the service.</p>
2.4	<p>The CCG have also continued through 2018/19 to contribute to the work of the Urgent Care Steering Board as a partner in the Integrated Care System. The December programme highlight report is attached at appendix 2 to provide an update on work areas and progress.</p>
3.	APPENDICES TO THE REPORT
	<ul style="list-style-type: none"> • Appendix 1 – Update against the 2018-2019 Deliverables of the Next Steps on the NHS Five Year Forward View. • Appendix 2 – South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

Progress against the 2017-2019 Deliverables of the Next Steps on the NHS Five Year Forward View

Key Deliverables	Current Position																																						
<p>Ensure performance against the four-hour A&E standard is at or above 90% in September 2018 and achieving the 95% standard in the month of March 2019</p>	<p>Whilst attendances at Barnsley Hospital Emergency Department are over 10% above the number in 2017/18, performance has been strong for the last 5 months, and is currently above plans and the national expectation.</p> <p>As at the 19 December, performance remains strong and the year to date position had exceeded 95%.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2"></th> <th>Apr-18</th> <th>May-18</th> <th>Jun-18</th> <th>Jul-18</th> <th>Aug-18</th> <th>Sep-18</th> <th>Oct-18</th> <th>Nov-18</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: left;">A&E 4 Hour Wait</td> <td style="text-align: left;">Number over 4 hours</td> <td>745</td> <td>585</td> <td>362</td> <td>642</td> <td>214</td> <td>102</td> <td>377</td> <td>204</td> </tr> <tr> <td style="text-align: left;">Total Attendances</td> <td>7,656</td> <td>8,390</td> <td>7,901</td> <td>8,136</td> <td>7,630</td> <td>7,554</td> <td>8,156</td> <td>7,969</td> </tr> <tr> <td style="text-align: left;">Performance</td> <td>90.3%</td> <td>93.0%</td> <td>95.4%</td> <td>92.1%</td> <td>97.2%</td> <td>98.6%</td> <td>95.4%</td> <td>97.4%</td> </tr> </tbody> </table>			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	A&E 4 Hour Wait	Number over 4 hours	745	585	362	642	214	102	377	204	Total Attendances	7,656	8,390	7,901	8,136	7,630	7,554	8,156	7,969	Performance	90.3%	93.0%	95.4%	92.1%	97.2%	98.6%	95.4%	97.4%
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<p>Provision of access to enhanced NHS111 services, with increased access to clinical advice – Delivered through and Integrated Urgent Care Clinical Assessment Service (IUC CAS)</p>	<p>We have worked across SYB to contribute to the development of an enhanced specification for delivery of the national integrated care specification through an IUC CAS which includes NHS 111 telephony, Call Handling and a Core Clinical Advice Service.</p> <p>Greater Huddersfield CCG as the lead commissioners have led the procurement process for a new service and this concluded with the recommendations of the procurement panel being approved in December 2018.</p> <p>The new service will be in place from April 2019 and will enable the delivery of increased access to clinical advice and increased direct booking into primary care services.</p>																																						
<p>Managing Transfers of Care</p>	<p>Barnsley performance in managing transfers of care has consistently been good with very low levels of Delayed Transfers of Care. A sub group of the Urgent and Emergency Care Delivery Board has undertaken a self-assessment using the 'High Impact Change Model – Managing transfers of care between hospital and home whilst many of the interventions are already in place, this has been used to inform the work on patient flow set out below.</p> <p>In 2018/19 the required performance for Barnsley in relation to delayed transfers of care was to maintain or reduce the average number of delayed days from the baseline period of Q3 2017/18. The current position as at October 2018 is included in the table below.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Target (Based on Q3 2017/18)</th> <th>Current DTOC (to October 2018)</th> </tr> </thead> <tbody> <tr> <td>Total delayed days</td> <td>8.7</td> <td>3.0</td> </tr> <tr> <td>NHS attributable</td> <td>7.6</td> <td>2.04</td> </tr> <tr> <td>Social Care attributable</td> <td>0.7</td> <td>0.62</td> </tr> <tr> <td>Jointly attributable</td> <td>0.4</td> <td>0.35</td> </tr> </tbody> </table>		Target (Based on Q3 2017/18)	Current DTOC (to October 2018)	Total delayed days	8.7	3.0	NHS attributable	7.6	2.04	Social Care attributable	0.7	0.62	Jointly attributable	0.4	0.35																							
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<p>Improving patient flow inside hospitals and reducing inappropriate length of stay for admissions.</p>	<p>Improving flow through and out of hospital has been a key focus during 2018/19 and has been the subject of work by the UEC Delivery Board as part of a regional Action on A&E programme supported by NHS Improvement and NHS England.</p> <p>Ensuring sufficient in hospital capacity and effective processes for flow through and out of the hospital has been a key area of work during 2018 with patient flow being the focus of the Urgent and Emergency Care Delivery Boards project as part of the 'Action on A&E' programme.</p> <p>The project is made up of 8 work-streams and is being led by Barnsley Hospital.</p> <ol style="list-style-type: none"> 1. AMU/AMAC/Short Stay Unit – To improve assessment and streaming processes and pathways, patient transfers to inpatient wards, frailty pathways, urgent care therapy and developing criteria led discharge processes to increase nurse led discharges. 2. Emergency Department – To improve ambulatory pathways, development and education of a 'Medic in Charge' role, Children's Assessment and Paediatric Pathways, development of in-reach services and YAS /Rightcare signposting. As part of this work an 'escort criteria' has been developed for handover from ED to the receiving wards which is allowing for porter only transfer of patients and ensuring ED staff time in the department is maximised. 3. Emergency Department Surgical Pathways – To improve orthopaedic pathways, use of surgical admissions and increase the use of nurse led clinics. 4. Ward Patient Flow and Discharge – Developing and enhancing the use of expected discharge date and discharge planning, standardisation of ward to board round, introduction of electronic patient flow data, embedding Red2Green and SAFER Care bundles across all wards. To support this area of work the trust have developed 'ProWard', an electronic solution to collate, communicate and display all the relevant information to support Red2Green . 5. Community and Partnership Working – Improving discharge processes to enable more same day discharges, expanding the discharge to assess programme, reducing readmissions from other services and managing long lengths of stay with a particular focus on 14+day length of stay. 6. Bed Capacity and Configuration – Utilising capacity and demand analysis to map activity to capacity, reconfiguring the bed layout and ward floor plans, establishing a flexible summer/winter model to provide for increased demand, reviewing staffing ratios and recruitment to meet requirements and managing escalation within the trust. The work has seen the creation of a flexible bed base model which will be in place from October 2018, providing up to approximately 80 escalation beds when required without the requirement to open up specific escalation wards. 7. Management and Staffing Structures – Strengthening on-call arrangements, restructuring of the site management/patient flow teams, discharge team and Rightcare Barnsley team. This work is complete and has enabled the Trust to re-align resources and introduce a patient flow matron to provide leadership capacity for patient flow, supporting ward teams along with patient flow coordinators to support the ward teams with patient flow decisions.
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	<p>8. Hearts and Minds – Engaging with employees to ensure understanding and buy-in to the changes and to enable staff to input to the proposed changes.</p> <p>This work will ensure that the current low numbers of patients with length of stay above 21 days is maintained in line with the national expectation. Nationally this is to reduce by 25% the number of patients in hospital over 21 days however Barnsley Hospital has the lowest number in country and therefore the target is to maintain the level at the baseline.</p>
Ensuring mental health crisis liaison services are in place to meet the needs of people of all ages	There is a 24/7 Mental Health Crisis Liaison Service in place which meet appropriate standards and provides high quality access to mental health service. The current service is for adults with CAMHS currently providing support for children and young people. Work has however been undertaken during 2018/19 to develop proposals and a business case to expand the current service into an all age model. Detail of the proposals and a copy of the business case are included within the agenda papers for the January Governing Body Meeting.
Ensuring that less than 15% of NHS continuing healthcare full assessments take place in an acute setting.	<p>CHC assessment arrangements are strong and utilising a trusted assessor model enables patients to be discharged from hospital with care and support whilst the assessment process is completed. No CHC assessments currently take place in an acute setting.</p> <p>There are some challenges in meeting the 28 day assessment target due to capacity issues within the CHC however plans are in place to address this during the remainder of 2018/19</p>

South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

Programme: Urgent and Emergency Care Network		Provider CEO sponsor: Louise Barnett	
Date of report: December 2018		Report completed by: Rachel Gillott	
Progress Assessment Current Period (RAG)		Progress Assessment Previous Period (RAG)	
Amber		Green	
Plan for 2017-2019	<p>Plan for 2017-19:</p> <ol style="list-style-type: none"> NHS 111 Online: By March 2019 30% of the population should have access to NHS online NHS 111 Calls: Clinical advice to be offered to 50% of callers to 111 by March 2018. 1st December 2018 – direct booking enabled in OOHs and UTCs. 31st March 2019 – direct booking enabled in practices >20,000 and extended access GP Access: Coverage of enhanced access to reach 50% by March 2018 and 100% by March 2019 Urgent Treatment Centres: All services designated as UTCs to meet the guidelines and be in place by December 2019 Ambulance: Roll out of the Ambulance Response Programme by Autumn 2017, Implementation of enhanced Hear and Treat and See and Treat by March 2018 Hospitals: 95% achievement of the 4hr A&E standard by March 2019. 100% of patients arriving to ED by ambulance handed over within 15 minutes. Co-located GP streaming in place by October 2017. 100% provision of ambulatory urgent care, frailty pathways and wards with SAFER bundles by September 2017. 13%+ of acute hospitals to meet CORE 24 by March 2018. Hospitals to Home: High impact interventions to be in place by September 2017 – continue to embed in 2018/19. Delayed Transfers of Care to be reduced to 3.5% by September 2017. CHC full assessments in acute settings to be less than 15% by March 2018. <p>8-12 are local deliverables, metrics as yet unspecified.</p> <p>Additional South Yorkshire and Bassetlaw priorities;</p> <p>Improving System Intelligence – Implementation of EMS – to have all relevant services included on the system by May 2018. All services reporting on the system by July 2018. All ‘places’ to have reviewed current resilience and demand management processed by end of June 2018. Embed throughout July – September 2018. Review options for mutual support and joint working across shadow ICS by September 2018. Implement new mutual support process as part of the winter October – Dec 2018/19.</p>		
MOU commitments	<p>Good progress is being made against the MOU commitments albeit there are some risks on specific requirements. Delivery of the A&E 4 hour target continues to be a challenge, with only Sheffield Children’s Hospital having a cumulative position (as at 30 November) of >95%. Barnsley has, however, made significant progress with a quarter 3 position of 96.39% (94.9% YTD). The ICS has a YTD cumulative position of 91.25% (as at 30 November)</p>		
Engagement	<p>Ongoing engagement for HSR.</p> <p>South Yorkshire and Bassetlaw are leading on Communications and engagement for the IUC procurement process with input from other STPs.</p>		
Progress	<p>1. NHS 111 Online Implemented 24/7 from 12/3/18 with no issues reported. National publicity campaign anticipated in January 2019.</p> <p>2. Integrated Urgent Care Direct Booking: Primary care and digital colleagues engaged and supporting delivery, SDIP exists for 18/19 contract and a workshop scheduled for January 2019. Progress in the following services as follows;</p>		

South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

UTCs: enabled for direct booking from 111 in Doncaster. There are no other UTCs in South Yorkshire and Bassetlaw.

OOHs: enabled in all health economies with the exception of Barnsley. Barnsley had plans to commence direct booking in December, however, there are technical difficulties associated with the extended access service and OOHs being set up as a single unit on SystmOne. This will therefore result in a delay in implementation.

Extended access: Sheffield - enabled in four of Sheffield's six extended access hubs. Barnsley - enabled in three extended access hubs during November. Bassetlaw - plans to go live by December with further clarity being sought on the model. Rotherham – dependent upon the resolution of technical issues. Doncaster – agreed in principle with the SDHC, however, dependent upon the resolution of technical issues.

Practices >20,000: Includes Newgate and Larwood (Bassetlaw), Dinnington Group (Rotherham) and Porterbrook and University Practices (Sheffield). There are currently interoperability issues relating to branch sites. All of the above have branch sites with the exception of Newgate. Plans in place to scope the practices that could be technically enabled – although SYB commissioners are committed to this, it is not favourable to an approach that creates variation across general practice and prefers to develop plans that will include all practices not just the ones >20,000 population.

Clinical Advice:

Exceeding the national standard at sub-regional (SYB) level.

Procurement 19/20:

Evaluation complete with a recommendation to award the contract to the preferred bidder. Decision currently being endorsed by CCG Governing Bodies across Y&H – completion of this stage will be 6th December. No issues with decision process identified.

3. GP Access - Work ongoing at place. Primary Care Workstream are leading on this work (See Primary Care highlight report)

4. Urgent Treatment Centres

Doncaster (tranche 1) has an approved exception in place for Direct Booking. Work is continuing around x-ray and EPS. Sheffield TBC in line with the CCGs 'Making Urgent Care Work Better in Sheffield' (see Reshaping Hospital Services)

5. Ambulance

Non-Conveyance/Diversions Pathways Task and Finish Group established with three key priorities identified, namely;

1. Respiratory
2. Care Homes
3. Mental Health

A baseline of place based programmes has been completed and further consideration is being given to data requirements. Respiratory has been identified as an AHSN exemplar project and will consider non-conveyance opportunities.

6. Hospitals

Patient flow identified as a top priority for 2018/19. Workshop on 'front door emergency services' held on the 11 October 2018 with positive attendance and feedback. Co-producing with Hospital Service Review the next steps for addressing the recommendations from the report.

7. Hospitals to Home

Care Home (Capacity Tracker)

SYB Care Home Group leading and overseeing this work. System is able to link to EMSPlus. (See links to 5. Ambulance)

Priorities 8 to 11 - Work ongoing at Place.

12. Reshaping Hospital Services

South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

	<p>Sheffield's consultation 'Making Urgent Care Work Better in Sheffield'</p> <p>SYB Hospital Service Review – UEC Workstream ensuring this is linked in where appropriate (e.g. 5. Ambulance and 6. Hospitals) and is considering workforce profiling and monitoring.</p> <p>HASU stroke reconfiguration progressing (See separate Highlight Report)</p> <p>Additional Priority:</p> <p>13. Improving System Intelligence</p> <p>System intelligence presented monthly by NHS England at the UEC Steering Board.</p> <p>a) EMSPlus</p> <p>CSU have verbally agreed to extend the pilot (free of charge) until the 31 March 2019 to allow full implementation and evaluation over winter. All CCG places are now ready to put the system to use over the winter period including contributing to the development of mutual support, a checklist and scenarios being finalised and EMSPlus teleconferencing facilities considered. Daily sit-rep reporting via EMSplus to key stakeholders now implemented.</p> <p>14. Respiratory</p> <p>Scoping exercise in progress. Workshop facilitated by Deloitte held in September to explore areas of opportunity. (See links also to 5. Ambulance)</p>			
Next steps – over next month	<p>Further development and agreement of mutual support checklist and scenarios.</p> <p>NHS England winter exceptions to be reported through EMSPlus.</p> <p>Agreement and mobilisation of spending plan for non-recurrent funding.</p> <p>Progression of AHSN exemplar project.</p>			
Benefits	<p>Expansion of capacity and services to provide better support and experiences for patients.</p> <p>Increased consistency in accessing urgent and emergency care services.</p>			
Risks	Pre-mitigation RAG	Post-mitigation RAG	Mitigating Action	Due date
Insufficient programme capacity to progress priorities	Red	Amber	Programme capacity requirements identified and shared with ICS SMT colleagues. Small amount of non-recurrent additional resource from NHSE North PMO has been received. Agreement and mobilisation of spending plan.	December 18
Not all providers & partners engage fully with the implementation of EMSPlus and unable to develop/test out collaborative working and potential for mutual support.	Red	Amber	Regular project implementation calls. Letter shared with A&E Delivery Board chairs to expedite process. Mutual support working group established with discussions progressing.	Ongoing
Non-achievement of the A&E standard	Red	Amber	Programme of shared learning established as part of UEC SB agenda. Sharing of winter plans across SYB.	Ongoing
Lack of commitment to the protocol of mutual support	Red	Amber	UEC Steering Board endorsement and Local A&E Delivery Board	Ongoing

South Yorkshire & Bassetlaw Shadow ICS – Programme Highlight Report

			support. Mutual support working group established with discussions progressing.	
Lead CCG unable to produce and provide level of BI support required to fully cost finance and activity implications of 111 service procurement	Red	Green	Financial schedule received and recommendation Finance	September 18
Unable to obtain information on local performance of NHS 111 service and national targets	Red	Green	Lead CCG requested to provide level of information required. NHS 111 online dashboard available	September 18
CCGs unable to commit sufficient resource to contribute to the procurement process arrangements.	Amber	Green	Additional resource for procurement support in place across Y&H. SCCG and other subject matter experts identified to participate in the procurement process. SYB procurement group with reps from across CCGs established.	Ongoing - November 2018
Unable to progress direct booking due to technical inoperability	Red	Amber	Direct booking workshop with NHS England Regional colleagues scheduled for January 2019. Plan to commit non-recurrent funding to progress this area of work.	March 19

GOVERNING BODY

10 January 2019

Primary Care Update

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR				
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input checked="" type="checkbox"/>	<i>Information</i> <input checked="" type="checkbox"/>
2. REPORT OF				
		Name	Designation	
	Clinical Lead	Dr Krishnasamy	Associate Medical Director Urgent Care, Primary Care & Workforce	
	Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	
	Author	Julie Frampton	Senior Primary Care Commissioning Manager	
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	
4. EXECUTIVE SUMMARY				
	<p>This paper will provide Governing Body with an update on the key areas of implementation of the GP Forward View (GPFV). This update follows on from a report to Governing Body on 12 July 2018 and outlines the continued progress made in delivery of the GPFV.</p> <p>This paper will provide Governing Body with an outline of the 3 priority areas for Primary Care and a brief description of the work plan for each area as we progress towards the further development of Integrated Care Networks/localities.</p>			
5. THE GOVERNING BODY / COMMITTEE IS ASKED TO:				

	<ul style="list-style-type: none">• Note the contents of this paper which are provided for information and assurance regarding progress in Primary Care from June 2018 to December 2018.
6.	APPENDICES / LINKS TO FURTHER INFORMATION

Agenda time allocation for report:	<i>10 mins</i>
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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:	2.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	Y
	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	
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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>The GPFV has provided a clear direction for the future of primary care in which general practice is the foundation of a strong, vibrant, joined up health and care system. This is a five year programme of work, and it remains important that we all continue to learn and respond to the changing circumstances.</p> <p>The Barnsley CCG Governing Body Assurance Framework (GBAF) provides assurance for the Governing Body in the delivery of the CCG’s annual strategic objectives. The Primary Care Commissioning Committee is accountable for providing that assurance for the 2018/19 amber risk regarding the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • The under development of opportunities of primary care at scale, including new models of care • Inadequate investment in primary care <p>GP Locality working has provided an opportunity for practices to work collaboratively together for the benefit of their populations and to maintain their unique identity and relationship with their own patients. As these Localities continue to mature they can look to increase their flexibility to shape and build additional services, working from a more effective platform with other local health and care providers, including community health services, social care and voluntary organisations. The Practice Delivery Agreement (PDA) provides further investment into general practice to focus support by ensuring that:</p> <ul style="list-style-type: none"> • Commissioning intentions are met • Variation is reduced • Specific health improvement areas are targeted • Work towards collaborative working and integration progresses.
2.	DISCUSSION/ISSUES
	<p>1) GP Forward View – Progress with Implementation</p> <ul style="list-style-type: none"> • Access activity (including extended access arrangements) – the Barnsley Healthcare Federation (BHF) delivers this for the population of Barnsley. We have confirmed to NHSE that we have 100% coverage and that we commission 30 mins/1000 population appointments. The CCG has helped to facilitate partial direct booking of appointments for Barnsley people via NHS111 to one of the extended access hubs • Practices eDeclaration (eDEC) – every practice in Barnsley met the 5 December deadline to submit their annual declaration that they are compliant against their core contracts. The Primary Care Team will be reviewing the e-declarations to address any areas of non-compliance. • Care Navigation – across Barnsley we have 110 Care Navigators. Barnsley Healthcare Federation will continue to deliver care navigation training throughout 2019 therefore this figure will increase.

- **Clinical Correspondence training** – Barnsley CCG have commissioned this training which is due to roll out in January 2019. Using this system, 80-90 per cent of letters sent to General Practice can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well. All practices will be encouraged to take part in this training.
- **The development of Primary Care Networks/Localities** – we have declared that all of our practices are members of one of the six Localities and that work continues against the NHSE Maturity Matrix, currently at step one.
- **eConsultation** – Barnsley CCG is part of the South Yorkshire and Bassetlaw (SYB) procurement process to secure a platform to deliver eConsultation in general practice. It is expected that a system will be procured and available by the end of March 2019.
- **Public access GPWIFI** – this is not yet available for practices to use across Barnsley. The programme has had a number of issues which now seem to be resolved and work is now underway to ensure all of the background work is completed prior to the engineers activating the system.
- **Apex Tool (capacity and demand in Primary Care)** – We will be rolling out the Apex Tool across all Barnsley GP practices during 2019. To date we have 1 practice with this installed and another 5 waiting for installation. All practices will have the tool installed prior to April 2019. NHSE have funded licences for all GP practices for 12 months once installed.
- **Releasing time for Care** – This is a national programme aligning quality improvements in general practice. Barnsley has 8 GP practices signed up to start this programme which will run from February and into March 2019.
- **Social Prescribing (My Best Life)** – The My Best Life service has now been in operation for 18 months which enables all GPs and other health professionals across Barnsley to have a mechanism to link patients with non-medical needs to community and self-care solutions.

The MBL advisor will find out what help or support people need to reconnect to their community and form strong, positive and enduring relationships to improve their health and wellbeing. The type of support varies widely depending on the individual's needs to support improvements in health, wellbeing and quality of life with a reduction in social isolation, exclusion and loneliness. MBL releases GP time to support patients who require more complex medical intervention.
- **Frailty Programme** – Aims to provide better, quicker and consistent care across the whole system and offer joined up support for frail patients in their own homes and in the local community.
Specific areas of work include:
 - Recording frailty using the Electronic Frailty index

- Advanced care planning
- Training and education
- Enhanced caseload management

- **Cancer Programme** – There are proposals to include a number of cancer related objectives within the 2019/20 PDA including:
 - Screening DNAs for primary care follow up
 - Improving Screening uptake by people with Learning Disabilities

The CCG is also working closely with Macmillan Cancer Support to assist GPs with their cancer workload. A GP has been appointed to work across Barnsley to support specific cancer targets.

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

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

- **CQC/Quality Support** – The Primary Care Team provide support to local primary care providers for their CQC visits and offer support where the subsequent ratings are poor. We offer support in:
 - Developing action plans
 - Providing guidance
 - Providing evidence of best practice to support improvement.

Going forward the team will be developing a more proactive process whereby practices receive support and guidance prior to CQC visits.

The Primary Care team are planning a celebration event in early 2019 to formally acknowledge the collective successes and achievements with GPFV, the 10 high impact area and the successes from 18/19 PDA.

2) Primary Care Priority Areas

Key Priority Area 1 – Sustainability and Coordinated Recruitment

The GPFV and the Next Steps on the NHS Five Year Forward View describe and suggest options to address the growing pressures within the primary care workforce. These documents support the need for greater integration across health and care settings to maintain and improve access and to improve outcomes for patients.

Increasingly care is being delivered by a wider multidisciplinary team which includes clinical pharmacists. The new model of General Practice services, in conjunction with integrated community and social care teams, aims to support more patients being cared for at home or in another “out of a hospital” setting. Utilising a broader range of health and social care professionals will enable patients to be streamed according to need and support GPs to manage their most complex patients.

Barnsley has a number of unique selling points that can be harnessed to encourage people to come and work here. A coordinated recruitment campaign across primary care could enhance that offer and support the new models of care delivered in networks with opportunities to work across organisational boundaries. This would help to create very attractive career opportunities for people and therefore result in more success when recruiting.

Some of the topics that underpin the emerging work in this area and which will require further development are:

- **Clinical Pharmacists**

The Clinical Pharmacist programme continues to provide valuable support to General Practice and work is underway, in collaboration with the Medicines Management team, to recruit a second cohort of Clinical pharmacists.

The successful delivery of Integrated Care Networks (ICN) is the requirement to recruit leadership roles within the networks. The Lead Pharmacist could play a part in analysing population health data and supporting the development of an ICN plan. A key role for the lead pharmacists would be to develop relationships with the integrated care network including primary, secondary and social care to support the formation of integrated teams.

The extended role of Clinical Pharmacists will provide a more targeted support offer to individual practices to help reduce unwarranted variation and be an additional asset to the developing multidisciplinary team in general practice to alleviate the general practice workforce vacancies.

- **International Recruitment**

The GP Forward View committed to strengthening the primary care workforce.

The SYB Integrated Care System (ICS) have submitted a joint bid in which Barnsley confirmed that it would like to strengthen the GP workforce.

Progress with this has been very slow with little movement in the provision of oversea GPs coming into the workforce. The Primary Care Team at NHSE have confirmed that there is a candidate who has shown an interest in Barnsley, as a preferred option, and any progress is to be confirmed.

- **Practice Manager Leadership Development**

An external coach continues to deliver the programme with Barnsley Practice Managers. The programme commenced in August 2017 has evaluated well with firm attendance by a cohort of Practice Managers.

- **LMC – General Practice Development Programme – Practice Manager Funding**

The General Practice Development Programme has been delivered as commissioned and agreed with the LMC. NHSE requested an evaluation of the programme which the Primary Care team facilitated

on behalf of the LMC.

- **NAPC – Diploma in Advanced Primary Care Management**

Barnsley CCG is encouraging Practice Managers to enrol on the NAPC course, the CCG will fund a third contribution. 1 Practice Manager has already started the course.

- **Apprenticeship Scheme**

The CCG is in the final year of a successful apprenticeship scheme in partnership with Barnsley College. 16 Apprentices have completed the apprenticeship scheme and are now forming part of the Primary Care workforce in Barnsley.

- **Physicians Associates**

A number of practices have explored the benefits that Physicians Associates (PA) can offer to the primary care workforce and there are now a small number employed in Barnsley practices. BHF had developed an offering for work experience and placements which covered both primary and secondary care.

This is a preceptorship position that will rotate through different specialities in the hospital and through Primary Care, with the hope that it will create better links and understanding between the hospital and Practices.

BHF are looking to support 4 Qualified PAs into primary care.

- **Nursing Associates**

A nursing associate is a new member of the nursing team who will provide care and support for patients and service users. This role is intended to address the skills gap between health care assistants and registered nurses.

- **Primary Care Support**

Support is provided to practices by the CCG primary care team in a number of areas:

- Quality - support is provided remotely and on site with quality issues and concerns e.g. CQC Inspection, quality dashboard management, new providers and issues raised by other providers.
- IT and technical support - technical IT queries which fall outside of the eMBED contract.
- Cardiovascular disease – support is provided to practices remotely and on-site with clinical and operational issues related to the management of people with cardiovascular disease.

The CCG is supporting the South Locality to develop and commence an innovative project using AliveCor mobile technology to improve the diagnostic pathway for people presenting with intermittent palpitation symptoms. Practices in the Dearne and Penistone areas are engaged with the cardiac rehabilitation programmes that have recently been added to these areas.

- **The BEST website**

This website is accessed by people across the country and is be a good platform to showcase our collective services and encourage interest in available posts within our organisations.

The BEST website is has replaced Map of Medicine with all clinical pathways and referral documentation maintained on this site.

Key Priority Area 2 – Home Visiting Service

The development of the service specification for this following the engagement process has enabled the CCG to go out to procurement for a provider to deliver this service.

This service will enable GPs to have additional on the day appointment slots to offer to their patients and ensure that their housebound and Care Home patients have a speedy assessment at home.

It is envisioned that this service will support more patients to remain at home with wrap around services contacted by the visiting clinician, where appropriate, without admission to hospital. Where a transfer to hospital is required it is intended that, with the home visit happening within 3 hours of referral, there is more opportunity for diagnostic and treatment to happen quickly within hospital allowing a return home instead of a stay in hospital.

This service will interface with Right Care Barnsley triage service and the recent Care Home technology pilot.

Key Priority Area 3 – Developing Integrated Care Networks

Through the 2018/19 PDA practices' have been incentivised to meet together in the six geographical localities to facilitate locality working and in developing the offer to support resilience in the future.

This has not been an easy task, there are many challenges facing General Practice, including workforce, funding and rising demand. The CCG has a clear mandate from NHSE regarding the future of primary care in which general practice is the foundation of a strong, vibrant, joined up health and social care system.

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

The model for future integrated out of hospital care is based on focusing on preventative medicine and using community based services to support the patients care needs at home. In Barnsley neighbourhoods have been established to incorporate representation from public health, local authorities, hospital consultants, housing and third sector organisations. These now need formal integration with primary care ICNs to reflect the responsibility that GPs carry for oversight of the patient's care. As a result ICNs are well placed to act as vehicles for change to ensure delivery of services, which are patient

	<p>focused and fit for purpose to meet the future needs of the local population they serve.</p> <p>Following an engagement event held on the 12 December 2018 a number of questions were posed to the general practice locality members to review the delivery and form of the Localities and to begin to focus on integration and integrated care with GPs leading the way to:</p> <ul style="list-style-type: none"> • Deliver coordinated and integrated support for patients with complex needs and conditions • Deliver increased levels of clinical & social support in the community • Design and enable Health and Care professionals to operate in a more cohesive and coordinated manner • Developing teams that flex and have skills that reflect local need • Enhance local services to meet the needs of their community • Enable better communication between service providers • Reduce ED & NEL admissions <p>and for the ICN to take the next steps and to:</p> <ul style="list-style-type: none"> • Establish effective leadership • Develop a collaborative culture • Ensure patient and carer engagement – have those conversations • Embrace information technology that supports new ways of working • Develop shared accountability • Align financial incentives and look at alternative ways to deliver services.
<p>3.</p>	<p>CONCLUSION</p>
	<p>Delivery of the GPFV continues with good progress continuing to be made in a number of areas as demonstrated in the snap shot above.</p> <p>The model for future integrated out of hospital care is based on focusing on preventative medicine and using community based services to support the patients care needs at home. In Barnsley neighbourhoods have been established to incorporate representation from public health, local authorities, hospital consultants, housing and third sector organisations and now formal integration of these services across health and social care needs to include primary care reflecting the responsibility that GPs carry for oversight of the patient’s care.</p> <p>As a result ICNs are well placed to act as vehicles for change to ensure delivery of service, which are patient focused and fit for purpose to meet the future needs of the local population they serve.</p> <p>In response to the direction of travel as detailed above the primary care strategy will be updated and be presented to the March 2019 Governing Body meeting.</p>

GOVERNING BODY

10 January 2019

2019/20 Practice Delivery Agreement Development

PART 1 SUMMARY REPORT

1.	THIS PAPER IS FOR										
	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>				
2.	REPORT OF										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 40%;">Name</th> <th style="width: 45%;">Designation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Lead</td> <td>Dr Sudhagar Krishnasamy</td> <td>GP Governing Body Lead</td> </tr> <tr> <td style="text-align: center;">Authors</td> <td>Lynne Richards</td> <td>Primary Care Transformation Manager</td> </tr> </tbody> </table>			Name	Designation	Lead	Dr Sudhagar Krishnasamy	GP Governing Body Lead	Authors	Lynne Richards	Primary Care Transformation Manager
	Name	Designation									
Lead	Dr Sudhagar Krishnasamy	GP Governing Body Lead									
Authors	Lynne Richards	Primary Care Transformation Manager									
3.	EXECUTIVE SUMMARY										
	<p><u>Introduction and Purpose</u></p> <p>Since 2014/15 Barnsley CCG has developed and implemented a local contract between itself and its 33 Member GP Practices called the Barnsley Practice Delivery Agreement (PDA). This is commissioned via an NHS Standard Contract. The aim of the PDA is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley, (as referenced in the Barnsley Primary Care strategy and the GP forward View). The scheme also assists with securing the future resilience of primary care in Barnsley and aims to support the recruitment and retention of clinicians and primary care support staff.</p> <p>The concept of the Practice Delivery Agreement (PDA), whilst supporting practices to invest in the infrastructure to deliver a comprehensive range of services to their practice population, also supports the CCG to deliver its general duties as outlined within the Health and Social Care Act Part 1 Section 26.</p> <p>The CCG's regulatory duties specifically related to the PDA include; promoting the delivery of the NHS Constitution, the improvement of the quality of services including primary medical services, reducing health inequalities, (that could be associated with practice variation and differential uptake of locally commissioned services).</p> <p><u>Principles and Methodology</u></p> <p>The principle of the PDA is that practices sign up to deliver all schemes written into</p>										

the contract. Schemes have been developed based on current national and local priority work programmes and are focussed on the health needs of the Barnsley population.

Draft schemes have been developed with input from the Practice Managers Group and the Local Medical Committee. This has provided the opportunity for Practice engagement during the early stages of development of the 2019/20 Practice Delivery Agreement.

GP Practices are provided with a set of Key Performance Indicators (KPIs) for each scheme and individuals finance schedules are sent to practices. The CCG will develop reporting templates which will allow practices to demonstrate that KPI's have been achieved over 3 submission periods. This process will also be facilitated, wherever possible, by EMBED Health Consortium through the production of standard codes, templates and searches.

Progress

The CCG has developed the draft 2019/20 Practice Delivery Agreement schemes based on priorities and the challenges facing the health of the population and the health service in general.

The 2019/20 PDA has 6 core schemes:

1. Medicines Optimisation Scheme
2. Get Fit First
3. Referral Support Toolkit
4. Health Inequalities Target Scheme (HITS) including:
 - CVD
 - Diabetes
 - COPD
 - Cancer
5. GP Forward View & Integrated Care Network Development
 - Social Prescribing - My Best Life
 - Dementia & Carer Support
 - Workforce
 - Integrated Care Networks
 - Phlebotomy
6. Medicines Management
 - Shared Care Drugs

The full schemes are appended to this report at Appendix 1.

Timescales and Next Steps

Members are asked to review the draft specifications for the 2019/20 Practice Delivery Agreement and provide clinical input and comments.

The draft PDA will be shared with Membership Council at the January 2019 meeting and a final version will be sent to Governing Body in March 2019 for approval.

	The budgets and financial schedules of the PDA will be discussed and agreed at the Primary Care Commissioning Committee to manage any conflicts of interests.
4.	GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> Review and comment on the 2019/20 Draft Practice Delivery Agreement Schemes.
5.	APPENDICES
	<p>Appendix 1 – 2019/20 Draft Primary Care Practice Level Medicines Optimisation Scheme</p> <p>Appendix 2 – Get Fit First In Barnsley 2019/20</p> <p>Appendix 3 – Barnsley Referral Support Toolkit 2019/20</p> <p>Appendix 4 - Cardiovascular disease 2019/20</p> <p>Appendix 5 - Diabetes 2019/20</p> <p>Appendix 6 - COPD 2019/20</p> <p>Appendix 7 - Cancer 2019/20</p> <p>Appendix 8 – My Best Life 2019/20</p> <p>Appendix 9 - Dementia Specification 2019/20</p> <p>Appendix 10 – Apex / Access & Workforce 2019/20 Specification</p> <p>Appendix 11 - Integrated Care Networks</p> <p>Appendix 12 – Phlebotomy Specification</p>

Agenda time allocation for report:	20 minutes
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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:	2.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	N
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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

PRIMARY CARE PRACTICE LEVEL MEDICINES OPTIMISATION SCHEME 2019-2020

Background

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

Principles

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

Details of the Scheme

- Completing ALL of the work within the scheme would reward practices (**£TBC**) per weighted patient on the 1 January 2020. The investment for this scheme is equal to the investment for demand management.
- A target deadline has been set for each area. Payments to practices will be 100% awarded to practices who meet ALL of the target and completion deadlines. A reporting template will be provided to practices with dates for return (attached Appendix A).
- Any practice failing to meet any of the scheme criteria targets will forfeit their right to any payment under the scheme. It's expected that practices will actively undertake work to achieve against all work areas.
- Practices who have missed a deadline for not completing work due to exceptional circumstances may submit an appeal for consideration by CCG's Quality and Cost Effective Prescribing Group (QCEPG)

- Calculated rewards will be endorsed by the QCEPG in March 2020 and payments will be made to practices on or before the 30th April 2020:-
 - The QCEPG will review 2019/2020 EPACT and Eclipse Live prescribing data against the same Medicines Optimisation Scheme criteria to validate /verify changes. They may request that searches are run again by practices to validate reporting.
 - Where there has found to be an error in practice reporting or reversal of any scheme implemented changes then the CCG retains the right to request proportional reimbursement for practice payments which have been made under this scheme.
 - Where there has been a significant reduction in the quality of prescribing e.g. excessive waste identified as occurring which has been reported to the practice. Then the CCG retains the right to request proportional reimbursement for practice payments which have been made under this scheme.
 - Any offer of practice support made, particularly if not taken up, would be taken into consideration by the QCEPG when making a decision to forfeit, suspend or reduce a practice payment.
- Any practice list size changes greater than +/- 1% 1 January 2020 compared with 1 January 2019 will be taken into consideration when calculating end of year outturn.
- To ensure financial stability of the CCG, there will be a maximum total payment under the Medicines Optimisation Scheme of (£TBC).

Finance Issues

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

Support

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

Scheme Criteria

Indicator	Measure
<p>1. QIPP Changes</p>	<p>The reviews will be carried out in line with the 2019/20 CCG QIPP resource pack:</p> <ul style="list-style-type: none"> • Metrogel to Acea or Anabact • Prednisolone soluble to standard tablets • Lancets to cost effective brand (brand TBC) • Pen needles to cost effective brand (brand TBC) <p>To be completed by 22rd June 2019</p> <p>100% of appropriate patients to be offered a change in therapy.</p> <ul style="list-style-type: none"> • Please note that this is not an exhaustive list and any additional areas agreed by the QCEPG/APC before December 2019 may also be incorporated.
<p>2. Self Care/ Items which should no longer be routinely prescribed in primary care</p>	<p>Local/National Guidance: Self Care The practice will review patients prescribed the medicines included within local and/or national guidance.</p> <p>NHS England Guidance: Items which should no longer be routinely prescribed in primary care The practice will review patients prescribed the eighteen medications included and make changes in line with the recommendations in the guidance. A CCG supporting resource pack will be made available.</p> <p>100% of appropriate patients to be offered a change in therapy.</p> <p>To be completed by deadlines set by the Medicines Management Team.</p>
<p>3. Appliance & Wound Care Reviews</p>	<p>The practice will engage with the Specialist Nurse(s) to complete a review between April 2019 and February 2020 of all patients prescribed appliances & wound care products to ensure that prescribing is appropriate and in line with formulary choices. A report summarising the review and changes made will be submitted to the CCG by the Specialist Nurse(s)..</p> <p>To be completed by 28th February 2020 This area's inclusion is dependent on appointment of a specialist nurse(s).</p>

<p>4. Endocrinology: Gliptins in diabetes, Blood Glucose & Ketone Monitoring</p>	<p>Gliptins: Change to cost effective option alogliptin The practice has undertaken a review of all patients prescribed linagliptin, saxagliptin and sitagliptin for diabetes in line with the CCG protocol. The practice will submit a report summarising the review and the changes made (CCG report template available).</p> <p>To be completed by 20th July 2019.</p> <p>This area was due to be included in the 18/19 scheme but was put on hold until further information had been gathered. One practice is in the process of completing the work and information will be gathered from them to decide if should be included in the MOS 19/20.</p> <p>Blood Glucose Monitoring</p> <ol style="list-style-type: none"> The practice will continue to review patients' usage and continue to offer a formulary choice of blood glucose test strips to appropriate diabetic patients in line with local guidance. An audit will be completed for 20* diabetes patients who have been prescribed a formulary glucose test strip and 20* diabetes patients who have been prescribed a non-formulary glucose test strip since 1st March 2019 and who have had an annual review between March 2019 and November 2019. Practices will need to demonstrate that patient's usage & choice of test strips/meter is in line with local guidance for at least 75% of patients. <p>*For practices that have less than 20 eligible patients, all patients on the search should be included in the audit.</p> <p>To be completed by 17th January 2020.</p> <p>Ketone Monitoring</p> <ol style="list-style-type: none"> The practice will continue to offer the first line formulary choice of ketone test strips "Glucomen Areo" to appropriate diabetic patients An audit will be completed for 20* diabetes patients who have been prescribed a ketone test strip which is not first line formulary choice since 1st March 2019 and who have had an annual review between March 2019 and November 2019. Practices will need to demonstrate that patients have been considered for a change to the first line formulary choice Glucomen Areo for at least 75% of patients.
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	<p>*For practices that have less than 20 eligible patients, all patients on the search should be included in the audit.</p> <p>To be completed by 17th January 2020.</p>
<p>5. Cardiology: Dipyridamole, Heart Failure & Anticoagulation Reviews</p>	<p>Dipyridamole reviews The practice has undertaken a review of all patients prescribed dipyridamole in line with the CCG protocol.</p> <p><i>Please note that this review was previously included in the 16/17 optimisation scheme and so this is not seen to be a substantial piece of work, but is a quality area that has been requested to be completed across all of South Yorkshire & Bassetlaw.</i></p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 20th July 2019.</p> <p>Heart Failure Patient Reviews The practice will review a cohort of patients identified to have HF and/or LVSD and ensure that:</p> <ul style="list-style-type: none"> • They have HF and/or LVSD correctly coded • Their medication treatment has been optimised <p>Patient will be identified using the GRASP-HF tool.</p> <p>To be completed by 28th February 2020.</p> <p>Warfarin Monitoring Practices will review patients prescribed warfarin to ascertain if they are suitable for self-monitoring of their INRs and offer to appropriate patients.</p> <p>To be completed by 28th February 2020.</p> <p>Direct Oral Anticoagulants (DOACs) Practices will review a cohort of patients prescribed a DOAC to ensure:</p> <ol style="list-style-type: none"> a. Patients have been prescribed appropriately in line with local anticoagulation guidance b. Patients are compliant with their medication <p>To be completed by 28th February 2020.</p>
<p>6. Nutrition: Oral Nutritional Supplements in Adults & Paediatric Nutrition</p>	<p>Oral Nutritional Supplements in Adults The practice will continue to engage with the Prescribing Support Dietitian to ensure prescribing is in line with local APC guidance.</p>

	<p>Enteral nutrition in Paediatrics</p> <p>The practice will continue to engage with the Prescribing Support Dietitian to ensure prescribing is in line with local APC guidance.</p> <p>To be completed by 28th February 2020.</p>
7. Polypharmacy Reviews	<p>The practice has completed a review of a cohort of patients identified to be:</p> <ul style="list-style-type: none"> • 80 years of age or more AND • Have fifteen or more medications on repeat prescription <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 16th November 2019.</p>
8. Triptan Prescribing	<p>The practice has undertaken a review of all patients prescribed triptans in line with the CCG protocol.</p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 21st September 2019.</p>
9. High Dose Opioids: Pain Management Reviews	<p>The practice will undertake pain management reviews on a cohort of patients who are prescribed 120mg/day of morphine or equivalent.</p> <p>To be completed by 28th February 2020.</p>
10. Gastrointestinal: Use of Proton Pump Inhibitors (PPIs) & Gaviscon Advance	<p>Use of Proton Pump inhibitors (PPIs)</p> <p>The practice has reviewed 20% of all patients prescribed a PPI and stepped down or stopped where appropriate.</p> <ol style="list-style-type: none"> a. The practice will be required to review a minimum of 10% of the patient list (or 20 patients whichever is smaller) each month and submit on the monthly CCG report template. <p>To be completed by 28th February 2020.</p> <p>Gaviscon Advance</p> <p>The practice has reviewed all patients prescribed Gaviscon Advance and changed to an alternative formulary choice where appropriate.</p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 17th August 2019.</p>

<p>11.Shared care audits</p>	<p>The practice has completed selected audits which form part of the CCG shared care (specialist) drug management service audit pack and:</p> <ul style="list-style-type: none"> • 90% of prescribing is in line with local guidance • Agreed and implemented an action plan <p>To be completed by 14th December 2019.</p>
<p>12. ScriptSwitch</p>	<p>a. The practice has ScriptSwitch in place and activated for ALL prescribers (including locums) for 100% of the time for the period 1st April 2019 to 28th February 2020.</p> <p>AND</p> <p>b. i. Have discussed a quarterly ScriptSwitch report in every practice meeting between April 2019 and February 2020 which will be summarised within the practice action plan following each meeting.</p> <p>ii. The practice does not reject any of the prompts for areas included within this scheme without exceptional reason and prescribers will use the feedback prompt to advise of the reason.</p> <p>iii. Practices will review the quarterly ScriptSwitch report to identify any QIPP areas and will review these patients and offer a change where appropriate to the QIPP brand/product in line with the formulary guidance</p> <p>AND</p> <p>c. The acceptance rate OR the percentage of the potential cost benefit achieved in the period April 2019 to February 2020 is equal to or greater than the CCG average for the 18/19 year (X% /X%) OR, if below the 18/19 averages, an increase of 20% in the acceptance rate OR the potential cost benefit is achieved compared to the individual practice data for 18/19</p> <p><i>If there are technical difficulties due to ScriptSwitch suppliers and not the practice then this will be taken into account. Practice level ScriptSwitch activity will be monitored and points will not be awarded to practices who are deemed to be deliberately changing their prescribing behaviour in order to achieve part c.</i></p>
<p>13. Antibiotic Prescribing and Antimicrobial Stewardship</p>	<p>The practice has:</p> <ul style="list-style-type: none"> • Reduced both the trimethoprim:nitrofurantoin prescribing ratio and the number of trimethoprim items prescribed to patients aged 70 years and

	<p>over in line with the 2018-19 Quality Premium targets (January to December 2019 compared with January to December 2018).</p> <p>AND</p> <ul style="list-style-type: none"> • Reduced the percentage of cephalosporin, quinolone and co-amoxiclav prescribing from all antibiotics prescribed by 10% (January to December 2019 compared with January to December 2018) OR to below 8%. <p>AND</p> <ul style="list-style-type: none"> • Reduced antibiotic prescribing (Items/STARPU) by 5% (January to December 2019 compared with January to December 2018) OR items/STAR PU (January to December 2019) is equal to or less than the target set by the CCG <p>AND</p> <ul style="list-style-type: none"> • Run an antibiotic patient awareness campaign for at least a one month period to coincide with the European Antibiotic Awareness Day in November (18th). The practice will submit a photograph and/or a summary of the activities undertaken during the campaign. <p>AND</p> <ul style="list-style-type: none"> • The practice has completed selected audits identified by the Medicines Management Team which form part of the CCG medicines management antibiotic audit pack and: <ul style="list-style-type: none"> ○ 80% of prescribing is in line with local guidance ○ Agreed and implemented an action plan <p>The practice will submit a report summarising the review and the action plan which has been agreed and implemented (CCG report template available).</p> <p>To be completed by 28th February 2020.</p>
<p>14. Practice Meetings</p>	<p>At least three meetings* held and attended by 50% of relevant practice clinical staff and allocated CCG Medicines Management staff for a time dictated by the agenda, in the year ending 28th February 2020 AND have a practice medicines management action plan in place which will be updated and submitted by the following deadlines:</p> <p>1st Meeting: 18th May 2019 2nd Meeting: 19th October 2019 3rd Meeting: 28th February 2020</p> <p>An action plan template is available to use.</p>

	<p><i>*Where meetings have not taken place due to CCG staff being unavailable for any reason then this will be taken into account.</i></p>
<p>15. Respiratory: ICS use in asthma, Use of SABA and over ordering of preventer Inhalers</p>	<p>High dose ICS in Asthma</p> <p>a. The practice will continue to offer step down of inhaled corticosteroids in patients with asthma who have good control.</p> <p>b. An audit will be completed for 20* asthma patients who are prescribed a high dose ICS (i.e. 800 micrograms beclomethasone per day or equivalent), and who have had an annual review between March 2019 and November 2019. Practices will need to demonstrate that step down has been considered and discussed for at least 75% of patients with good control.</p> <p>*For practices who have less than 20 asthma patients who are prescribed a high dose ICS, and who have had an annual review between March 2019 and November 2019, all patients should be included in the audit.</p> <p>To be completed by 18th January 2020.</p> <p>Use of SABA in Asthma & COPD patients</p> <p>a. The practice will continue to review the use of salbutamol and terbutaline in all asthma & COPD patients during their annual reviews.</p> <p>b. An audit will be completed for 20* patients who are have ordered more than 12 salbutamol or terbutaline inhalers in the period 1st April 2018 – 31st March 2019 and who have had an annual review between March 2019 and November 2019. Practices will need to demonstrate that SABA usage has been reviewed and discussed and that the most cost effective option ‘Salbutamol 100mcg/puff CFC free MDI’ has been considered in at least 75% of patients.</p> <p>To be completed by 18th January 2020.</p> <p>Over Ordering of preventer inhalers</p> <p>a. The practice have completed a review of patients prescribed inhalers which have been identified in the CCG protocol as having the potential to be over ordered.</p> <p>b. Patients who are identified as over ordering will be contacted to check if over-using or stock piling</p> <p> I. If stock piling, patient education will be given</p>

	<p>and changes made to the repeat prescription where appropriate</p> <p>II. If over-using, patients will be required to attend a review with the practice</p> <p>To be completed by 14th December 2019.</p>
16. Generic versus brand prescribing; Potential Generic Savings	<p>The practice have completed a review of potential generic savings data provided by the CCG for their practice over a recent 6 month period. 100% of appropriate patients are to be offered a change to a generic product</p> <p>AND</p> <p>Any practice with potential annual generic savings greater than £X/PU (based on quarter 2 2018-9 data) has demonstrated a 40% reduction in the percentage of potential generic savings or weighted potential generic savings [£x/PU] (based on quarter 3 2019-20 data)</p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 16th November 2019.</p>
17. Unlicensed Specials Review	<p>The practice has completed a review of Unlicensed Specials data provided by the CCG for their practice over a recent 6 month period. 100% of appropriate patients are to be offered a change to a licensed product</p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 19th October 2019.</p>
18. Dose Optimisation Review	<p>The practice has completed a dose optimisation review of patients prescribed medication identified in the CCG protocol.</p> <p>The practice will submit a report summarising the review and the changes made (CCG report template available).</p> <p>To be completed by 20th July 2019.</p>
19. Anticholinergic Burden Review	<p>The practice will complete a review of a cohort of patients identified to be at risk of a high anticholinergic burden, with a view to reducing their anticholinergic load where possible.</p> <p>The practice will submit a report summarising the</p>

	<p>review (CCG report template available).</p> <p>To be completed by 28th February 2020.</p> <p>The inclusion of this area will depend on the outcome of work due to be completed as part of the MOS 18/19.</p>
<p>20. Acute Kidney Injury (AKI)</p>	<p>The practice will complete a review of a cohort of patients who are at high risk of acute kidney injury (AKI) to provide them with a 'sick day rule' to help reduce their risk of illness and hospital admission.</p> <p>The practice will submit a report summarising the review (CCG report template available).</p> <p>To be completed by 28th February 2020.</p> <p>The inclusion of this area will depend on the outcome of work due to be completed as part of the MOS 18/19.</p>
<p>21. Eclipse Live: RADAR Reviews & High Cost Drug Report</p>	<p>a. The practice will be signed up to Eclipse Live software; will run RADAR reports a minimum of once a week, and review patients in line with the Eclipse Live specification.</p> <p>To be completed every week/month up to 28th February 2020.</p> <p>b. The practice has completed a review of High Cost drug data available via the Eclipse Solutions website for their practice over a recent 6 month period. 100% of patients are to be reviewed to ensure prescribing is appropriate and in line with local guidance.</p> <p>To be completed by 21st September 2019.</p>
<p>22. Medicines Ordering Safety & Waste Project</p>	<p>The practice will continue to engage with the Medicines Ordering Safety & Waste (MOSW) project.</p> <p>Practices will be required to:</p> <ul style="list-style-type: none"> • Attend a practice planning meeting facilitated by the MOSW project team. • Agree a cut-off date for no-longer accepting request from 3rd party companies • Agree dates for staff training to support improvements to the practice repeat prescribing systems • Attend a community pharmacy planning meeting • Provide a work station for the project team that has

	<p>access to the practice system and a telephone line</p> <ul style="list-style-type: none"> • Agree a process to manage patients requiring support following the cut-off date • Agree for patients to be contacted by the MOSW team to be provided with training and education on the ordering of their prescriptions • Ensure all patients signed up to electronic repeat dispensing have a 6 monthly review to ensure the process is working efficiently for them
<p>23. Additional Prioritised QIPP Areas</p>	<p>There may arise in year opportunities which will deliver greater savings to the healthcare economy than work within the plan. Should this arise practices will be provided with explicit plan of work.</p> <p>The practice will review all patients as requested for appropriateness and switch to cost-effective alternatives where indicated in line with local APC guidance.</p> <p>The practice will submit a report summarising the review and the changes made (CCG report template available).</p> <p>Individual target timeframe and reporting arrangements will be set.</p>

TO INCLUDE COPY OF REPORTING SHEET

DRAFT

GET FIT FIRST IN BARNSELEY 2019/20

The proposal is to continue the 2018/19 Get Fit First scheme into 2019/20. The following refinements are made:

- Amend the 'Follow Up Template' in clinical systems to capture the specialty where patients completing the health improvement are referred to.
- Add a Patient recall function / search to clinical systems to allow practices to contact patients requiring post-6 months health improvement where an outcome is not recorded in the 'Follow Up Template'. (An outcome may either be a patient meeting weight loss / smoking cessation targets or the coding of a referral to surgical specialty).

		National Priority	Local Priority
Get Fit First In Barnsley	<p>Patients who are severely overweight and/or who smoke will be asked to spend a period of time getting fit before being referred for surgery and will be signposted to support to help them to do so.</p> <p>The Get Fit First in Barnsley policy applies to the following surgical specialties:</p> <ul style="list-style-type: none"> • General Surgery • Cardiothoracic • ENT • Gynaecology • Neurosurgery • Plastic Surgery • Trauma & Orthopaedics (including MSK) • Urology. <p>If the patient has a BMI of 30 or above AND/OR is an active smoker, they should be offered the opportunity to attend a course of weight management AND/OR smoking cessation services before the referral is made unless exclusions apply. If exclusions do apply, it is good practice to still offer lifestyle advice.</p> <p>Practices are asked to:</p> <ul style="list-style-type: none"> • Follow the Get Fit First Policy in Barnsley 	<p>The NHS Five Year Forward View (2014) makes the case for action on prevention, and describes the impact from the rise in obesity. The Forward View states the NHS will back hard-hitting national action on obesity, smoking, alcohol and other major health risks.</p> <p>Tackling obesity is also one of the priority areas for Public Health England. Their strategy From</p>	<p>The Active People Survey (2012/14) estimates that 7 out of 10 adults (71.6%) in Barnsley are overweight or obese, which is significantly higher than the proportion for England (64.6%).</p> <p>In Barnsley, this equates to 36.5% of adults being overweight and 35.1% of adults being obese.</p> <p>For England, 40.6% of adults are overweight and 24.0% are obese.</p> <p>In Barnsley, smoking rates, whilst decreasing remain high. In</p>

	<ul style="list-style-type: none"> • Carry out review of BMI and smoking status prior to any referral to a surgical speciality in secondary care (non-urgent) • Ensure all eligible patients are informed of the policy and discuss the benefits of weight loss and/or smoking cessation and the support services available with the patient. Distribute patient leaflets as appropriate. • All patients who engage are supported in their health improvement / referral (including referral to external support sources). For those patients who decline offer support in line with the commissioning policies. • Evidence in referrals to secondary care/MSK that patients meet the criteria in the Get Fit First Policy • Use the Get Fit First data entry templates (initial appointment and follow up appointment) to record data in the clinical systems and submit a monthly monitoring report to the CCG. • In the monthly report flag occasions where there is a discharge notice when only a Form A Part 1 (referral for opinion) has been submitted. • Complete follow-up extra consultation AND follow-up assessment template each time a patient concludes the health improvement period (led by a health professional). Use the follow up template to capture the specialty where patients completing the health improvement have been referred to. • Use the patient call back function / system search to contact patients who do not present at practice after 	<p>Evidence into Action: Opportunities to Protect and Improve the Nation's Health (2014) noted that if we could reduce obesity back to 1993 levels, five million cases of disease could be avoided.</p> <p>Tobacco smoking remains the single greatest cause of preventable illness and premature death in England. It is also the largest single cause of inequalities in health and accounts for about half of the difference in life expectancy between the lowest and highest income groups.</p>	<p>2016, 21.2% of adults in Barnsley smoke, which is significantly higher than the England average of 16.9%.</p>
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	<p>the 6 month health improvement via letter / SMS message. Patients are contacted in order to record outcome (e.g. referral no longer required, additional support required to stop smoking / lose weight, patient to continue with health improvement for additional time). The aim of this intervention to seek feedback from patients on support.</p> <ul style="list-style-type: none"> Recall appointments should be annotated in relation to GFF recall to give clarity on purpose. 		
<p>RATIONALE FOR INCLUSION (Intended Outcomes)</p>	<p>The introduction of active interventions to encourage and support patients to improve their general health and offer patients who have a BMI ≥ 30, or who smoke, a referral to weight management or smoking cessation services for a period of time to enable health improvement before being considered for referral for routine surgery could positively encourage and embed lifestyle changes.</p> <p>There are also evidenced benefits to weight loss and smoking cessation on outcomes after surgery.</p> <p>The high level objectives for this intervention are to:</p> <ul style="list-style-type: none"> Improve the prevalence rates for obesity, hypertension, pre-diabetes and diabetes for Barnsley patients Overall improve the health and wellbeing of our population Reduce the post-operative complications and improve patient safety Ensure negative impacts on health in the short term be mitigated by the net long-term health gains Defer demand for elective surgery 	<p>CCGs in England have been provided with a number of expectations in the NHS Five Year Forward View.</p> <p>Amongst these priorities are actions on smoking and obesity, which the CCG recognise as playing an important role in individual's health and wellbeing.</p> <p>The point of referral for non-urgent elective surgery provides an</p>	<p>Barnsley CCG's Commissioning plan focuses on effective demand management for elective activity in secondary care.</p> <p>To ensure local resources are used efficiently and the treatment that is provided is based on the best clinical evidence; Barnsley CCG developed the Get Fit First in Barnsley policy which was implemented in January 2018.</p>

		opportunity for health improvement.	
<p>HOW TO... (Step by step, how would a practice implement this)</p>	<p>The practice should:</p> <ul style="list-style-type: none"> • Ensure the Get Fit First data entry template is available in clinical systems • Complete the data entry template to accurately reflect the patient pathway from initial appointment to completion of the health improvement period prior to elective surgery (initial assessment and follow up assessment) • Complete follow-up extra consultation AND follow-up assessment template each time a patient concludes the health improvement period (led by a health professional). Use the follow up template to capture the specialty where patients completing the health improvement have been referred to. • Complete the monthly monitoring report • In the monthly report flag occasions where there is a discharge notice when only a Form A Part 1 (referral for opinion) has been submitted. • Utilise the patient call back function / system search to contact patients who do not present at practice after the 6 month health improvement via letter / SMS message. <p>The CCG will provide:</p> <ul style="list-style-type: none"> • A Get Fit First Data Entry Form in SystemOne and EmisWeb that will provide drop down menus to 		

	<p>automatically code the initial appointment and follow up appointments to enable monthly reporting.</p> <ul style="list-style-type: none"> • A template to support monthly reporting. • A patient leaflet and guidance on following the policy on the <u>BEST Website</u> • A patient recall function / system search. 		
<p>MEASUREMENT (How would you robustly measure, ensure outcomes)</p>	<p>To be extracted via the data entry template:</p> <p>Part 1. BMI / Smoking status at initial referral</p> <p>1.1 Non-smokers and also have a BMI below 29.9</p> <p>1.2 Smokers at initial assessment</p> <p>1.3 Non-smokers at initial assessment</p> <p>1.4a BMI below 29.9</p> <p>1.4b BMI between 30.0 and 34.9</p> <p>1.4c BMI over 35.0</p> <p>Part 2. Referrals</p> <p><u>2.1 Patient accepted referrals to:</u></p> <p>2.1a Smoking cessation</p> <p>2.1b Weight management</p> <p>2.1c Both smoking cessation and weight management</p> <p><u>2.2 Patient declined referrals to:</u></p> <p>2.2a Smoking cessation</p> <p>2.2b Weight management</p> <p>2.2c Both smoking cessation and weight management</p> <p><u>2.3 Patients given advice, therapy or intervention (without an accepted referral) to:</u></p> <p>2.3a Smoking cessation</p> <p>2.3b Weight management</p> <p>2.3c Both smoking cessation and weight management</p> <p><u>2.4 Patients where no advice was given for:</u></p> <p>2.4a Smoking cessation</p> <p>2.4b Weight management</p> <p>2.4c Both smoking cessation and weight management</p>		

	<p>Part 3. Outcomes post-health improvement period 3.1 Patients meeting weight loss targets 3.2 Patients smoking cessation quits achieved</p> <p>Part 4 – Surgery outside of Policy In the monthly report flag occasions when a discharge notice has been received when only a Form A Part 1 (referral for opinion) has been submitted with the referral.</p>		
<p>KPIs</p>	<p>KPIs are based on practice adherence to the policy. Practices will not be held accountable via the PDA if patients do not engage/comply with the health improvement period. Practices should ensure that patients are clear that GFF does not constitute a denial of referral and recall patients after 6 months if they do not engage.</p> <p>Practices should complete the searches to extract the data outlined in the measurement section and submit the monthly monitoring report in the timescales requested by the CCG to evidence following the following processes (100% completion of data).</p> <ul style="list-style-type: none"> • Carry out review of BMI and smoking status prior to any referral to a surgical speciality in secondary care (non-urgent) • Ensure all eligible patients are informed of the policy and discuss the benefits of weight loss and/or smoking cessation and the support services available with the patient. • All patients who engage are supported in their health improvement / referral (including referral to external support sources) • Evidence in referrals to secondary care that patients meet the criteria in the Get Fit First Policy 		

FREQUENCY AND DEADLINES FOR REPORTING	Submission of monthly monitoring reporting template (using clinical system searches) via email to barnsleyccg.gffreturns@nhs.net between the 1st and 7th calendar day of each month. A timetable will be provided																													
READ CODES - EMBED	<ul style="list-style-type: none"> • Referral Needed • Referral to weight management • Referral to smoking cessation • Referral declined  <p>Get Fit First Read Codes v2.doc</p> <table border="1" data-bbox="432 725 991 1585"> <thead> <tr> <th>GFF Speciality</th> <th>Read Code Description</th> <th>Read Code</th> </tr> </thead> <tbody> <tr> <td>General Surgery</td> <td>Referral to General Surgical</td> <td>8H51</td> </tr> <tr> <td>Cardiothoracic</td> <td>Referral to cardiothoracic surgery service</td> <td>8H5G</td> </tr> <tr> <td>ENT</td> <td>Referral to ENT</td> <td>8H53</td> </tr> <tr> <td>Gynaecology</td> <td>Referral to Gynaecological</td> <td>8H58</td> </tr> <tr> <td>Neurosurgery</td> <td>Referral to Neurosurgical</td> <td>8H55</td> </tr> <tr> <td>Plastic Surgery</td> <td>Referral to Plastic</td> <td>8H59.</td> </tr> <tr> <td>Trauma & Orthopaedics (including MSK)</td> <td>Referral to Orthopaedic</td> <td>8H54</td> </tr> <tr> <td>Urology</td> <td>Referral to Urology</td> <td>8H5B</td> </tr> </tbody> </table>	GFF Speciality	Read Code Description	Read Code	General Surgery	Referral to General Surgical	8H51	Cardiothoracic	Referral to cardiothoracic surgery service	8H5G	ENT	Referral to ENT	8H53	Gynaecology	Referral to Gynaecological	8H58	Neurosurgery	Referral to Neurosurgical	8H55	Plastic Surgery	Referral to Plastic	8H59.	Trauma & Orthopaedics (including MSK)	Referral to Orthopaedic	8H54	Urology	Referral to Urology	8H5B		
GFF Speciality	Read Code Description	Read Code																												
General Surgery	Referral to General Surgical	8H51																												
Cardiothoracic	Referral to cardiothoracic surgery service	8H5G																												
ENT	Referral to ENT	8H53																												
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Trauma & Orthopaedics (including MSK)	Referral to Orthopaedic	8H54																												
Urology	Referral to Urology	8H5B																												
TEMPLATES	<p>Note there are 3 templates to support this scheme.</p> <p>1. Referral Template to evidence that referrals meet the criteria in the Get Fit First Policy – available in clinical systems.</p> <p>Note separate templates for GFF and combined templates for clinical thresholds exist.</p> <p>2. Get Fit First Data Entry template</p>																													

	(initial assessment and follow up assessment) available in clinical systems 3. Reporting Template to provide monthly monitoring submission (Excel document).		
CCG LEAD OFFICER CONTACT DETAILS	David Lautman 01226 773739 barnsleyccg.gffreturns@nhs.net		

DRAFT

Read code description	CTV3 (S1)	Read2 (EMIS/Vision)	SNOMED (all from April 2018)
Referral needed	8HZ0.	8HZ0.	183924009
Never smoked tobacco	XE0oh	1371	266919005
Ex-smoker	Ub1na	137S	8517006
(Current) Smoker	137R	137R	77176002
Referral to stop-smoking clinic	XaFw9	8HTK	315232003
Referral to NHS stop smoking service	XaPpd	8HkQ	505281000000106
Referral to smoking cessation advisor	XaltC	8H7i	395700008
Referral to smoking cessation service	XaaDy	8T08	871661000000106
Referral to smoking cessation service declined	XaaDx	8IEo	871641000000105
Smoking cessation advice	Ua1Nz	8CAL	225323000
Smoking cessation advice declined	XaRFh	8IAj	527151000000107
Nicotine replacement therapy	XaEku	8B2B	313396002
Nicotine replacement therapy provided free	XalQn	8B3f	390905006
Over the counter nicotine replacement therapy	XaFst	8B3Y	315055008
Smoking cessation drug therapy declined	XaZ01	8IEM	822591000000108
Stop smoking service opportunity signposted	XaXnG	8CdB	783011000000105
Seen by smoking cessation advisor	Xalye	9N2k	401068004
Smoking cessation programme declined	XaREz	8IEK	526411000000103
Did not attend smoking cessation clinic	Xalpo	9N4M	25261000000107
Attends stop smoking monitoring	9001.	9001.	185789006
Refuses stop smoking monitor	9002.	9002.	185790002

Refusal to give smoking status	XaPyn	137k	382911000000101
O/E – height	229..	229..	162755006
O/E – weight	22A..	22A..	162763007
Waist circumference	Xa041	22N0	276361009
Advice given about weight management	XaX5F	8Cd7	698471002
Refer to weight management programme	XaJSu	8HHH	408289007
Referral to weight management service declined	XaQUp	8IAM	506171000000109
Stopped smoking	137K.	137K	160617001
Smoking status at 12 weeks	XaXPX	13p7	766931000000106
Application for Individual funding request	XaZ4v	98D0	824631000000102
Request for individual funding granted	XaaUR	98D1	881191000000104
Request for individual funding declined	XaaUP	98D2	881161000000105

BARNSELY REFERRAL SUPPORT TOOLKIT 2019/20

Context:

This builds on the 2018/19 Referral Toolkit which provides practices with evidence based pathways and policies, tools and monitoring information to reduce the number of inappropriate referrals to outpatient appointments.

Practices are expected to continue to follow the evidence based best practice pathways and maintain or reduce the number of first outpatient appointments in specialities associated with the referral management.

The South Yorkshire and Bassetlaw Commissioning for Outcomes Policy has been updated for 2019/20 to reflect national guidance published under the 'evidence based interventions' banner. Additional pathways are provided for snoring surgery and Shoulder Arthroscopy. Existing clinical criteria and checklist have also been updated to reflect the latest guidance.

This year the scheme is split into 4 elements; together the elements comprise the Barnsley Referral Support Toolkit which aims to support efficiencies in referrals whilst delivering quality care to patients.

The 4 elements are:

1. Advice and Guidance
2. Clinical Peer Review
3. Referral Processes – Training Event for practice staff involved in referrals / procedures
4. Adherence to Commissioning Policies

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
1	Advice and Guidance (A&G)	<p>All requests for advice and guidance (including letters) should be transmitted electronically via the locally selected system (NHS E-Referral system).</p> <p>Practices should ensure that cases are worked up appropriately and in line with referral pathways prior to requesting advice / guidance.</p> <p>Sending requests for advice and guidance electronically has the following benefits;</p> <ul style="list-style-type: none"> ▪ improve the response time (within 48 hours) ▪ provides an audit trail. <p>Practices should respond to requests for additional guidance / clarity within 14 working days. Failure to do so will result in the case being closed on NHS E-Referral.</p> <p>Practices are encouraged to discuss comparative patient outcomes as part of peer review.</p>	National Priority	<p>Ensure patients are seen and treated in the right place, at the right time as quickly as possible</p> <p>Reduce demand on elective care where appropriate.</p> <p>Helps referrers to make better and more informed decision on the most appropriate course of actions for their patients; including those under shared care, with chronic or long term conditions or previously under the care of a secondary care clinician.</p> <p>Supports integration between primary and secondary care</p>	<p>Evidence use of the BHNFT A&G Service across a range of specialties.</p> <p>Practices must have demonstrated use of A&G function across a range of specialties (i.e. more than one speciality).</p> <p>Embed will advise practices on appropriate readcodes to code when A&G is requested. This will, in combination with a clinical system search, allow practices to track progress.</p>	<p>The CCG will use activity data from BHNFT to assess practice usage.</p> <p>(In 2019/20 a tariff will be aligned to A&G for secondary care providers. SLAM data will be broken down by GP practice).</p>

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
					Alternatively practices will be able to see requests and worklists via the eRS	
2	Clinical Peer Review	<p>Undertake regular monthly review of referrals (minimum frequency of 10 per year).</p> <ul style="list-style-type: none"> • Review referral data and meet regularly to discuss as a practice, undertaking peer review as appropriate. Referral data maybe practice own data or CCG provided data. • Code referrals that have been subject to peer review using the following codes: <ul style="list-style-type: none"> ○ For SystmOne: Referral review (Y0af3) ○ For EMIS: Checking referral procedure (EMISNQCH72) • All practices should undertake a prospective review of referrals from locums, registrars 	National Priority	<p>To ensure practices understand their referral data and approaches</p> <p>To improve the quality of referrals</p> <p>Reduce inappropriate referrals</p>	<p>1. Provide completed Peer Review Template Plan for undertaking monthly peer review.</p> <p>AND EITHER</p> <p>2. Provide evidence on Peer Review Summary Template that monthly peer review have been undertaken (dates, participants and summary of</p>	<p>1. Submission of Peer Review Template Plan by PDA Submission deadline 1</p> <p>AND EITHER</p> <p>2. Submission of 10 x Peer Review Summary Templates by final PDA submission deadline.</p>

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
		<p>and F2s before they leave practices.</p> <ul style="list-style-type: none"> Practices are expected to have an agreed plan for frequent peer review. The format of this will not be prescribed by the CCG unless covered under the targeted support agreement. 			<p>learning / feedback from each session)</p> <p>OR</p> <p>3. Complete Peer Review End of Year Search Report to evidence that referrals have been reviewed regularly (monthly) between 1 April 2019 and 31 March 2020. This will be based on the date of review (not date of clinical consultation). The focus will be on regular of review and not number of cases reviewed.</p>	<p>OR</p> <p>3. Submission of Peer Review End of Year Search Report by the final PDA submission deadline.</p> <p>(Measurement 3 is subject to technical feasibility)</p>
3	Referral Processes	The CCG will run a training event in BEST time for non-clinical staff	Local	To improve the content of referrals ensuring that	Each practice should send at	Event to be held in Q1

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
	– Training Event	involved in referrals / procedures to ensure processes and responsibilities are clear. This will take into account any policy changes or updates.	Priority	adequate evidence is provided to providers. Support Compliance and understanding of agreed referral processes.	least one member of staff to the CCG led training event to ensure processes and responsibilities around medical correspondence are clear. 100% attendance at training event	2019/20 Follow up event in Q3 for practices not complying with agreed referral processes.
4	Adherence to Evidence Based Commissioning Policies	5.1 Practices should adhere to the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy The policy has been updated for 2019/20 to reflect national guidance published under the 'evidence based interventions' banner. Additional pathways are provided for snoring surgery and Shoulder Arthroscopy. Existing clinical criteria and checklist have been updated to reflect the latest	Local Priority	To improve the quality of referrals Reduce inappropriate referrals Support compliance To enable familiarisation with updated pathways. The use of best practice pathways and checklists, advice and	Number of First Outpatient Appointments Practices will be set an individual target for outpatient activity in 2019/20 at 2018/19 year end. This target will be set on actual	CCG will provide monthly reporting packs to practices from June 2019 e.g. Month 1 April 2019 data will be available mid-June 2019.

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
		<p>guidance.</p> <p>Practices should ensure they use the appropriate referral method:</p> <ul style="list-style-type: none"> • Utilising updated checklists where appropriate. • Completing IFR questionnaires • Writing clinical letters in cases of exceptionality for procedures not routinely commissioned <p>A clinician may also request IFR funding for any of the procedures should their patient not meet the commissioning criteria, providing that they can provide evidence of clinical exceptionality.</p> <p>Note: For Prior Approval requests practices should respond to requests for additional information within 30 days.</p> <p>A list of procedures is provided under the <u>commissioning section of the BEST website.</u></p>		<p>guidance and the MSK triage will support the reduction in first outpatient appointments.</p> <p>Maintain and continue these reductions.</p>	<p>practice outpatient first attendance activity between 1 April 2018 – 31 March 2019 (the 2018/19 baseline).</p> <p>Outpatient activity will only include the specialities associated with the referral management* and the referral source will be 'referred by GP'.</p> <p>The 2018/19 baseline will take into account service changes such as the introduction of MSK triage and Get Fit First which</p>	<p>Guidance on interpreting packs will also be provided.</p>

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
		<p>5.2 All referrals to Orthopaedics, Rheumatology and all referrals in respect of Musculoskeletal (MSK) conditions will be referred to the SWYPFT Barnsley MSK Triage Service in accordance with NICE guidance. Where patients require onward referral to secondary care patients will be offered choice by the MSK Triage</p> <p>Note: Referrals to MSK do not count towards OPFA attendances.</p> <p>5.3. Direct patients to the Minor Eyes Conditions Service.</p> <p>5.4 Follow best practice pathways published on the BEST website. Please note: new procedures may be added or clinical guidance may change during the year.</p> <p>5.4 Practices should ensure all referrals covered by the commissioning policies are:</p>			<p>will have reduced outpatient activity in 2019/20 in addition to practice efforts.</p> <p>For 2019/20 individual practices should maintain or reduce the number of first outpatient appointments compared to 2018/19.</p> <p>Any practice who has not met the outpatient target in 2018/19 will be set an adjusted target. These practices will be set an individual target for outpatient activity in 2019/20 at</p>	

	Scheme	Indicator (Contract Requirement)	National / Local Priority	Rationale for Inclusion (Intended Outcomes)	Measurement	Frequency and Deadlines
		<ul style="list-style-type: none"> • Made via the NHS E-Referral System (eRS). • Where a clinical thresholds applies (see list of procedures) ensure the referral is accompanied by the appropriate combined referral form in <u>all circumstances.</u> 			<p>2018/19 year end.</p> <p>Where applicable: Practices are expected to engage with targeted support. Failure to do so will result in non-payment.</p> <p>Practices who are persistently not following agreed referral processes as outlined at the referral process training event will not be eligible for payment.</p>	

Practice Support Offer

In addition to the above tools, the CCG will offer support via a virtual team to help practices to achieve targets. In the first instance this will be targeted at practices who are not meeting targets. As part of the PDA agreement all practices are expected to accept an offer of support within a reasonable timescale.

List of Specialties Associated with Referral Management

1. Cardiology
2. Colorectal Surgery
3. ENT
4. Gastroenterology
5. General Medicine
6. General Surgery
7. Gynaecology
8. Hepatobiliary & Pancreatic Surgery
9. Paediatric ENT
10. Paediatric Trauma And Orthopaedics
11. Plastic Surgery
12. Trauma & Orthopaedics
13. Upper Gastrointestinal Surgery
14. Vascular Surgery

HOW TO... (Step by step, how would a practice implement this)	To support practices the CCG will; <ul style="list-style-type: none">• Publish best practice pathways on the BEST website and update clinical threshold checklists in line with national guidance.• Provide an overview of commissioning policies / list of pathways practices are expected to follow.• Provide guidance on how to interpret the Outpatient activity data• Provide access to advice and guidance from specialists via e-referral system. Publish supporting advice and guidance information e.g. common queries, pathways, minimum information requirements on BEST website.• Provide a training event for non-clinicians on referral processes.• Provide a practice support offer.
CCG Lead Officer:	David Lautman david.lautman@nhs.net 01226 433739

CARDIOVASCULAR DISEASE 2019/20

INDICATORS	<i>Summary:</i>
<p>CVD01 - 12 points</p>	<p>CVD01 High risk of cardiovascular disease (CVD) annual review</p> <p>All patients at high risk of CVD should be invited for an annual review to discuss their risk factors and intervention/support offered to enable them to lower their risk, including referral to health trainer or other appropriate services to support with healthy lifestyle choices. (CVD01)</p> <p>Measure: percentage of people at high risk offered a high risk of CVD annual review Target 55% for 4 points, 65% for 8 points and 75% for 12 points</p>
<p>CVD02 - 6 points CVD03 - 6 points</p> <p>(CVD01-03 weighted by practice prevalence of people with high risk of CVD)</p>	<p>CVD02 High risk of cardiovascular disease (>20%) on statin</p> <p>CVD 03 High risk of cardiovascular disease (10-19.9%) on statin</p> <p>All patients with a CVD risk >10% (since April 2015) should be offered a statin to lower their cholesterol (CVD02/03)</p> <p>Measures:</p> <ul style="list-style-type: none"> Percentage of patients with a CVD risk >20% prescribed a statin Percentage of patients with a CVD risk 10-19.9% prescribed a statin (or contraindicated or intolerant or declined) <p>Individual practice targets</p>
<p>CVD04 - 12 points (CVD 05/06 weighted by practice prevalence of people with hypertension)</p>	<p>CVD04 Hypertension control</p> <p>All patients with a diagnosis of hypertension should be reviewed and interventions offered to lower blood pressure to appropriate targets set out in NICE guidance.</p> <p>Measures:</p> <ul style="list-style-type: none"> percentage of people on the hypertension register who have had a blood pressure taken in the last 12 months that is controlled to less than 150/90 mmHg (CVD05) <p>Individual practice targets</p>
<p>CVD05 - 12 points (weighted by practice prevalence of people with CVD)</p>	<p>CVD05 Lipid modification in people with CVD</p> <p>All patients with existing cardiovascular disease should have their individual risk discussed and prescribed a high intensity statin. The practice should screen for patients who may have familial hypercholesterolaemia</p> <p>Measure:</p> <ul style="list-style-type: none"> percentage of people with existing CVD whose cholesterol has been checked in the last 15 months percentage of people with existing CVD whose cholesterol has been checked in the last 15 months and is controlled to <5mmol/L

	<p style="text-align: center;">(total cholesterol)</p> <p style="text-align: right;">Individual practice targets</p> <p>CVD06 Screening for Familial hypercholesterolaemia (FH)</p> <p>All patients identified as at risk of FH (Using clinical system search to identify patients, as per NICE guidance) are screened using the Simon Broome criteria and referred to Lipid clinic / FH clinic as appropriate (CVD08) (Excluding any patients reviewed in 2018-19) <i>NB: measurement will account for those already screened in 2017-18</i> Target 75%</p> <p>Measure:</p> <ul style="list-style-type: none"> • Number of patients identified as high risk of FH • % of patients identified as at risk of FH • Number of patients screened using Simon Broome criteria EVER • % of patients at high risk of FH screened using Simon Broome criteria • Number of patients referred to lipid /FH clinic • % of patients referred to lipid clinic / FH clinic <p>CVD07 Offer of referral to cardiac rehabilitation</p> <p>All patients with chronic stable angina or heart failure (NYHA Class 2-3), who have not completed cardiac rehab in the last 2 years should be offered referral to cardiac rehabilitation group or home programme</p> <p>Measure:</p> <ul style="list-style-type: none"> • Number of patients with angina or heart failure (NYHA 2-3) • Number of patients with a stable angina or heart failure referred to cardiac rehab programme • Number of patients with a stable angina or heart failure declined or unsuitable for referral to cardiac rehab programme • Percentage of patients (who have not declined/unsuitable) referred to cardiac rehabilitation • Reason for declined/unsuitable <p>Indicative target for referrals is provided in Table 7, but payment will be based on 65% 'offered' intervention</p> <p>CVD08 12 Lead ECG Monitoring in primary care</p> <p>Practices will be offered a block payment for undertaking 12 lead ECG monitoring in primary care, for example for:</p> <ul style="list-style-type: none"> • Irregular pulse rhythm • New hypertension diagnosis <p>No target – practices will be paid proportionally from allocated budget according to activity</p> <p>Measure:</p> <ul style="list-style-type: none"> • Number of ECGs undertaken by a primary care clinician 1st April 2019 – 31st March 2020 • Percentage of ECGs undertaken using adult practice population (>17y)
<p>CVD06 - 6 points</p>	
<p>CVD07 - 6 points</p>	
<p>CVD08 - 10 points (weighted by practice 12lead ECG activity)</p>	

	<p>on a statin should be offered a statin if not contraindicated</p> <p>Hypertension Diagnosis: Ambulatory BP – average day-time readings of >135/85 Home blood pressure readings (exclude first day of readings) – average of remaining readings over 4-7days of >135/85 See BEST website for further guidance : Hypertension diagnosis and treatment Guidelines http://best.barnsleyccg.nhs.uk/best-events/Event%20handouts/2016/October%202016/BEST%20October%202016%20Hypertention%20-%20diagnosis%20and%20treatment.pdf Barnsley Anti-hypertensive Medication Flow Chart http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Antihypertensives.pdf</p> <p>Lipid Modification Local guidance on statin prescribing can be found at: http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Barnsley%20Lipid%20Algorithm.pdf</p> <p>Familial Hypercholesterolaemia See BEST website for: Simon Broome¹ diagnostic criteria for Familial Hypercholesterolemia http://best.barnsleyccg.nhs.uk/clinical-support/diagnostic-tools/Cadiovascular/Familial%20hypercholesterolaemia%20Simon%20Broome%20criteria.pdf STH / Rotherham Referral Pathway for familial hypercholesterolaemia / lipid clinic http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/Sheffield%20Pathways/Sheffield%20referral%20pathway%20for%20adult%20patients%20with%20query%20Familial%20Hypercholesterolaemia%20FH%20December%202017.pdf</p> <p>Cardiac rehabilitation Details of current venues and referral forms can be found on the BEST website: http://best.barnsleyccg.nhs.uk/clinical-support/services/cardiac-pulmonary-rehab-service/16947</p>
<p>RATIONALE FOR INCLUSION (Intended Outcomes)</p>	<p>The Five Year Forward view highlights need for focus on primary prevention. It also enables early identification of risk factors for CVD, these may be lifestyle factors, such as smoking or obesity and other clinical risk factors such as diabetes (or non-diabetic hyperglycaemia), high blood pressure / cholesterol and atrial fibrillation.</p> <p>Annual review of people at high risk of CVD also offers the opportunity to support / signpost people to other lifestyle interventions that can significantly reduce their risk, e.g. smoking cessation, increasing physical</p>

¹ Austin MA, Hutter CM, Zimmern RL, Humphries SE. Genetic causes of monogenic heterozygous familial hypercholesterolemia: a HuGE prevalence review. *American journal of epidemiology*. 2004;160:407-420.

CARDIOVASCULAR DISEASE 2019/20

	<p>activity, weight reduction.</p> <p>Cardiovascular disease has been identified as a priority for the CCG:</p> <ul style="list-style-type: none"> • CVD <75 mortality 20% higher than national average • CHD 14% worse than best 5 peer CCGs • Mortality from acute MI 43% worse than average of best 5 comparator CCGs • Non-elective admission spend 44 % higher than lowest spending 5 peer CCGs <p>Controlling modifiable risk factors is a crucial part of a wider cardiovascular disease programme to address these issues:</p> <p>a) Hypertension</p> <p>Barnsley's performance in terms of hypertension control (to less than 150/90) is low compared to both the national picture and our comparator CCGs (see Chart 1)</p> <p>b) Lipid Management</p> <p>Familial Hypercholesterolaemia (FH) or genetic inherited high cholesterol is a congenital condition present from birth. As such knowledge and recoding of relevant family clinical history is key. The siblings or children of someone with FH have a one in two (50%) chance of having the condition. The UK prevalence of FH is currently unknown, but is estimated to be 1:250.</p> <p>Around 80-90% of FH cases remain undiagnosed. If left untreated, about 50% men and 30% women with FH will develop coronary heart disease by the time they are 55. Early identification and effective treatment can help to ensure people with FH have a normal life expectancy².</p>
<p>HOW TO...</p>	<p>Practices should review their baseline position and individual targets (where indicated) with regards to each CVD clinical area. Baseline positions are taken from:</p> <ul style="list-style-type: none"> • CVD02/03: High risk of CVD registers and statin prescribing taken from data submitted at April 2017 as part of 2016-17 PDA – individual practice targets have been extended from those set in 2017-18 • CVD04: Patients with hypertension who have a blood pressure recorded in last 12 months AND value is 150/90 or less taken from baseline QOF data from 2016-17 - targets have been extended from those set in 2017-18 • CVD05: Patients with cardiovascular disease who have had a cholesterol test in the last 15m AND it is <5 taken from baseline QOF data from 2016-17 - targets have been extended from those set in 2017-18 • CVD07: patients with angina and heart failure taken from baseline QOF data from 2017-18

² Heart UK (November 2016) FH Available: <https://heartuk.org.uk/fh-familial-hypercholesterolemia>

- CVD08: patients with angina and/or heart failure (NYHA class 2-3) who are offered cardiac rehabilitation taken from QOF data 1st April 2018.

And are shown in:

Table 1: People at high risk of CVD (>20%) on a statin

Table 2: People at high risk of CVD (10-19.9%) on a statin

Table 3: Blood pressure control in people with a hypertension diagnosis

Table 4-5: Lipid management in people with CVD

Table 6: Offer of cardiac rehabilitation to people with angina/heart failure (NYHA class 2-3)

Prevalence factors for each practice in each clinical area will be calculated using end of year 2018-19 submissions

A quality improvement approach should be used to document any actions/changes within the practice that have been implemented to improve clinical outcomes for people with or at risk of CVD. Support for this approach can be obtained from the Academic Health Science Network (AHSN). <http://www.ahsnnetwork.com/>
It should also be noted that all practice pharmacists have undergone clinical training in CVD management for hypertension, and heart failure in February – March 2018.

High risk of Cardiovascular disease (CVD)

As in previous years, clinical system searches will be provided to identify the target population:

- People at high risk (>20%)

or

- Moderate risk (10-19.9%) AND on a statin

All should be offered an annual review to discuss their risk factors and intervention/support offered to enable them to lower their risk, including support with healthy lifestyle choices and offered statin treatment. Ensure it is recorded if a patient declines or fails to attend following three invites.

Also ensure that patients already identified as high risk of CVD are recorded as having a high risk of CVD annual review NOT an NHS Health Check in subsequent years. Patients with a risk score of >20% or those on a statin (excluding any with CVD diagnosis) are excluded from the NHS health check and you will not get a payment for this. See High risk of CVD annual review or NHS health Check Decision Flowchart: <http://best.barnsleyccg.nhs.uk/commissioning/CVD%20risk%20assessment%20decision%20flowchart.pdf>

All patients with a risk score of 10-19.9% who are not on a statin should be offered a statin as per NICE guidance. Practices should record any patients who are contraindicated/intolerant of statins or who have, declined statins – these will be included in the percentage achievement target for those at 10-19.9% risk.

Hypertension control

Practices should consider the hypertension data presented and consider the causes of poor blood pressure control and possible alternative solutions to improve. Clinical system searches will be provided to enable

	<p>practices to identify patients that have existing hypertension who:</p> <ul style="list-style-type: none">• Have not had a blood pressure recorded in L12M• Have not had a blood pressure recorded <150/90 <p>Practices may also want to consider other strategies:</p> <ul style="list-style-type: none">• Patient decision aids for communicating risk and deciding treatment options• videos and leaflets increasing awareness or consider individual/group education• participation in local and national campaigns <p><i>It should also be noted that all practice pharmacists are undergoing clinical training in CVD management for hypertension, atrial fibrillation (including OAC monitoring) and heart failure in February – March 2018.</i></p> <p>Lipid Modification</p> <p>Clinical system searches will be provided to enable practices to identify patients that have existing CVD (coronary artery, cerebrovascular, peripheral arterial disease) who:</p> <ul style="list-style-type: none">• have not had cholesterol tested in L15m• are not currently on a statin and/or contraindicated• latest cholesterol results indicate total cholesterol >5 <p>Patients fitting the above criteria should be reviewed to establish if further investigation or follow-up is required to ensure all patients are offered appropriate treatment and drug titration to reach treatment target.</p> <p>Practices may also want to consider other strategies:</p> <ul style="list-style-type: none">• Patient decision aids for communicating risk and deciding treatment options• videos and leaflets increasing awareness or consider group education• participation in local and national campaigns <p>Familial hypercholesterolaemia (FH)</p> <p>Practices should use the clinical system searches to identify people as per NICE clinical guidelines³:</p> <ul style="list-style-type: none">• younger than 30 years, with a total cholesterol concentration greater than 7.5 mmol/l <p>OR</p> <ul style="list-style-type: none">• 30 years or older, with a total cholesterol concentration greater than 9.0 mmol/l <p>And ensure all those that have not yet been screened are screened using Simon Broome criteria and referred to specialist FH clinic if appropriate.</p> <p><i>Please note: baseline triglycerides should be <2.5 mmol/l to be eligible for referral to FH clinic. If >2.5 mmol/l consider referral to Lipid Clinic, especially if total cholesterol >9 mmol/l.</i></p>
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³ NICE Familial hypercholesterolaemia: identification and management. Clinical guideline [CG71]
Published date: August 2008 Last updated: November 2017.
<https://www.nice.org.uk/guidance/cg71/chapter/Recommendations#case-finding-and-diagnosis>

	<p>These individuals should be assessed against the Simon Broome criteria to make a provisional clinical diagnosis of FH in primary care settings. When considering referral, please refer to the Sheffield Teaching Hospitals referral pathway for adult patients with query Familial Hypercholesterolaemia (FH). Those meeting the criteria should be referred to the Sheffield/Rotherham FH service for diagnostic testing and potential cascade testing in family members.</p> <p>Cardiac rehabilitation All patients with chronic stable angina or heart failure (NYHA Class 2-3), who have not completed cardiac rehab in the last 2 years should be offered referral to cardiac rehabilitation group or home programme</p> <p>Measure:</p> <ul style="list-style-type: none"> • Number of patients with angina or heart failure (NYHA 2-3) • Number of patients with a stable angina or heart failure referred to cardiac rehab programme (or declined/unsuitable) • Number of patients with a stable angina or heart failure declined referral to cardiac rehab programme • Percentage of patients (who have not declined) referred to cardiac rehabilitation • Reason for declined/unsuitable <p>Clinical system searches will be provided to enable practices to identify patients that have existing chronic stable angina or heart failure (NYHA class 2-3), (Excluding those that have completed a cardiac rehab programme in the last 2 years) that have not been offered the intervention. I.e. referred or declined or unsuitable.</p> <p>12 lead ECG Monitoring in primary care Practices should use the clinical system searches to identify the number of ECGs undertaken within the practice by primary care clinicians. ECGs undertaken in secondary care or imported from other sources will be excluded. At the end of the year a practice's payment will be adjusted according to the amount of activity undertaken as a ratio of total activity across all practices. Baseline data based on the previous year's activity will be submitted and an indicative payment will be shared with practices (assuming similar activity in 2019-20).</p>
<p>MEASUREMENT</p>	<p>Individual practice KPIs are set out in the data tables below, according to original baseline data submitted in April 2017 (via PDA 2016-17) or QOF (April 2017) or provisional targets set using baseline data from ECLIPSE LIVE (January 2018) and used in PDA 2018-19</p> <p>REPORTING CVD01: Annual review of people at high risk of CVD - Target 75% (excluding declined from denominator)</p> <p>CVD 02: Percentage of patients >20% risk on statin (including exceptions, i.e. percentage receiving the intervention) Relative practice target set to</p>

	<p>move towards or exceed 60%</p> <p>CVD 03: Percentage of patients 10-19.9% risk on statin (<i>excluding</i> declined/C/I or intolerant, i.e. percentage receiving the intervention) Relative practice target set to move towards or exceed 75%</p> <p><i>Data submitted on reporting template from clinical system searches (to be provided)</i></p> <ul style="list-style-type: none"> • Baseline • End Quarter • End of year <p>CVD 04: percentage of people on the hypertension register who have had a blood pressure taken in the last 12 months that is controlled to less than 150/90 mmHg Relative practice target set to move towards 90%</p> <ul style="list-style-type: none"> • <i>Data submitted on reporting template from clinical system searches (to be provided)</i> • Baseline • End Quarter 2 • End of year <p>CVD05: percentage of people with existing CVD whose cholesterol has been checked in the last 15 months and is controlled to <5mmol/L⁴ Relative practice target set to move towards or exceed:</p> <ul style="list-style-type: none"> • 90% of people with CVD have had a cholesterol test in last 15 months • 85% with a cholesterol of <5 <p><i>Data submitted on reporting template from clinical system searches (to be provided)</i></p> <ul style="list-style-type: none"> • Baseline • End Quarter 2 • End of year <p>CVD06: Target of 85% of those at risk of FH are screened (including those screened in 2017-18) Numbers referred to lipid clinic should also be submitted</p> <p><i>Data submitted on reporting template from clinical system searches (to be provided)</i></p> <ul style="list-style-type: none"> • Baseline • End Quarter • End of year <p>CVD07: Percentage of people with stable angina or heart failure (NYHA class 2-3) who have been referred to cardiac rehab programme - Target TBC% (<i>excluding</i> declined/unsuitable from denominator)</p>
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⁴ Recommendations taken from NICE Clinical Guideline 181: Lipid Management, 2014,

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	<p>CVD08: Proportion of 12 Lead ECG undertaken in primary by a primary care clinician in adult registered population.</p> <p>Data submitted on reporting template from clinical system searches (to be provided)</p> <ul style="list-style-type: none"> • End Quarter 2 • End of year <p>CVD09: Proportion of ambulatory blood pressure monitoring procedures undertaken in primary care in adult registered population (excluding those with existing diagnosis of hypertension).</p> <p>Data submitted on reporting template from clinical system searches (to be provided)</p> <ul style="list-style-type: none"> • End Quarter 2 • End of year <p>CVD10: Ambulatory/home blood pressure monitoring procedures – audit</p> <ul style="list-style-type: none"> • Number of people with hypertension dx in L12 • Number of people with hypertension dx in L12 with ABPM or HBPM within 3/12 prior to diagnosis • Number of people with average day time blood pressure readings or average home blood pressure readings >135/85 with no subsequent dx of hypertension • Reasons for dx without ABPM/HBPM to be submitted • Reasons for elevated ABP/HBP readings with no subsequent dx of hypertension <p>Data submitted on reporting template from clinical system searches (to be provided) plus audit details re: exeptions</p> <ul style="list-style-type: none"> • End Quarter 2 • End of year <p>Practices should note the number of patients where any significant issues/exceptions affecting performance are identified, for example, elderly population and/or care home residents or house bound. Other factors, in particular those beyond the control of primary care teams.</p>								
<p>FREQUENCY AND DEADLINES</p>	<p>Completed reporting template from clinical system searches, data from PRIMIS audit tools at:</p> <ul style="list-style-type: none"> ○ End of year PDA submission 3 for 2018-9/Baseline Submission 1 - by TBC April 2019 ○ End Quarter 2 –submit evidence with submission 2 return TBC October 2019 ○ End of year - submission 3 TBC April 2019 								
<p>READ CODES</p>	<p>High risk of CVD</p> <table border="1" data-bbox="453 1937 1524 2074"> <thead> <tr> <th>Term</th> <th>SystemOne (CTV3)</th> <th>EMIS Web/Vision (V2)</th> <th>SNOMED</th> </tr> </thead> <tbody> <tr> <td>CVD high risk review</td> <td>XaQ9Z</td> <td>66f2</td> <td>1060761000000119</td> </tr> </tbody> </table>	Term	SystemOne (CTV3)	EMIS Web/Vision (V2)	SNOMED	CVD high risk review	XaQ9Z	66f2	1060761000000119
Term	SystemOne (CTV3)	EMIS Web/Vision (V2)	SNOMED						
CVD high risk review	XaQ9Z	66f2	1060761000000119						

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CVD high risk review declined	XaQ9Y	8IAK	1060701000000118
Statin contraindicated	XaG2V	8I27	459877017
Statin not tolerated	XaJYw	8I76	2474720017
Patient on maximal tolerated lipid lowering therapy	XaJ5i	8BL1	2159169011
Administrative codes			
CVD high risk monitoring invitation first letter	XaPIb	9Ox2	1705561000006111
CVD high risk monitoring invitation second letter	XaPIc	9Ox3	1705571000006116
CVD high risk monitoring invitation third letter	XaPId	9Ox4	1705581000006118
CVD high risk monitoring telephone invitation	XaNOh	9Ox0	1628811000006115
Hypertension			
Established Read codes within QOF business rules for blood pressure recording			
Term	SystmOne (CTV3)	EMIS Web/ Vision (V2)	SNOMED
Patient on maximal tolerated antihypertensive therapy	XaJ5h	8BL0	2159168015
Lipid Modification			
Read codes to support numeric values for nonHDL/LDL cholesterol levels (via lab links) and prescribing codes linked via medication prescriptions on clinical system.			
<i>See statin exception codes in above table under High risk of CVD</i>			
Familial Hypercholesterolaemia			
Read codes to support recording of diagnosis, and assessment.			
Term	SystmOne (CTV3)	EMIS Web/ Vision (V2)	SNOMED
Assess using Si Broome diagn criteria familial hypercholest	XaR6H	3878	1739071000006119
Familial Hypercholesterolaemia-Heterozygous	X40X2	C3200	1773186016
Familial Hypercholesterolaemia-Homozygous	X40X1		
Possible Familial Hypercholesterolaemia	XaX3u	1W1	1659061000000112
Referral to Lipid Clinic	8HT1.		248058012

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Family history of MI in 1 st degree relative <60 years	XaQvy		
Family history of MI in 2 nd degree relative <50 years	XaQvx		
FH: Myocardial infarction		12C5	397701010
FH: total chol >7.5 mmol/L 1 st or 2 nd degree relative	XaQwa		
FH: total chol >6.7 in child or sibling <16 yrs	XaQwb		
FH: High cholesterol / Raised blood lipids	XaBZH	1262	397
Tendinous Xanthoma*	X50Fo	N228	1233200015
Xantholasma*	F4E51	499732017	
*Tendon xanthoma only occur in people with FH, xanthelasma may happen for other reasons.			
Cardiac Rehabilitation			
Term	SystmOne (CTV3)	EMIS Web/ Vision (V2)	SNOMED
Referral to cardiac rehab programme	XaXgu	8Hkk	
Referral to cardiac rehab programme declined	XaXgr	8IE3	
Not suitable for cardiac rehab programme	Xactw	9NSV	
ECG and ABPM / HBPM			
Term	SystmOne (CTV3)	EMIS Web/ Vision (V2)	SNOMED
12 Lead ECG	XE1PZ	321B	
Standard ECG		3212	
Average day interval systolic blood pressure	XaF4L	246Y	
Average day interval diastolic blood pressure	XaF4a	246X	
Ambulatory blood pressure		315B	
Ambulatory blood pressure recording declined	XaZv8	8IEb	
Average home systolic blood pressure reading	XaKFx	246d	
Average home diastolic blood pressure reading	XaKFw	246c	

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	Blood pressure recorded by patient at home	XaJVi	662j	
	Self-measured blood pressure reading	XaoQP	246g	
	Home blood pressure monitoring declined	XagQr		
TEMPLATES and LINKS	<p>Support and guidance will be available from:</p> <ul style="list-style-type: none"> • Health Improvement Nurse for Vascular Disease, BCCG [Sarah Pollard – see contact details below) • Clinical System Support Officer, EmBed • Practice Clinical Pharmacists, BCCG <p>Local templates are available for:</p> <ul style="list-style-type: none"> • CVD High risk reviews • Hypertension* • CHD* • Diabetes* • Heart Failure* • CKD <p>*Also QOF templates available in clinical systems</p>			
CCG LEAD OFFICER	TBC			
CCG SUPPORT	Sarah Pollard, Health Improvement Nurse – Vascular Disease Tel: 01226 433741 Email: Sarahpollard1@nhs.net			

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		National Priority	Local Priority
TITLE (what is the contractual requirement)	<p>Summary:</p> <p>DIAB01 Type 2 – Three Treatment Targets All patients with a diagnosis of Type 2 diabetes should be invited for an annual review to complete 3 treatment targets. The target will be 30% and each practice will have either to maintain current performance or move from their current position at least one third towards meeting the target. Each practice will be given an individual target. Those above the target will be allowed a 10% leeway unless below the average target of 30%.</p> <p>DIAB02 –Type Two Structured Education - all patients with Type 2 diagnosis within 6 months of being diagnosed to be referred for structured education programme via Diabetic Integrated Service SPA.</p> <p>DIAB03 High risk of diabetes – glycaemic assessment in L12M All patients identified at high risk of diabetes to be invited to have a glycaemic assessment. The target will be 75% and each practice will have to maintain current performance (if meeting target) or move from their current position at least one third towards meeting the target. Each practice will be given an individual target. Those above the target will be allowed a 10% leeway unless they go below the target of 75%.</p> <p>DIAB04 Invitation to self-refer/direct referral to NDPP for eligible patients All patients with a history of pre-diabetes/non-diabetic hyperglycaemia (elevated blood glucose reading) should be invited for an annual review to have their glucose level checked and to discuss their risk factors and offered intervention/support to enable them to lower their risk, including support with healthy lifestyle choices and invitation to self-refer or direct referral to National diabetes prevention programme (NDPP) if meet criteria.</p>	Yes as Required for national Diabetes Audit	The targets were in PDA 2018-19.
RATIONALE FOR INCLUSION (Intended Outcomes)	The PDA included diabetes targets last year. Practices' targets were based on the national diabetes audit results and the contract was to increase targets by one third to achieve patients with Type 2 diabetes towards a target of 50% for 3 treatment targets respectively. For 2019-2020 this target has been set from assessing		

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	<p>practices 2018-19 position and setting targets based on this achievement. Practices at target should aim to improve from baseline and will be allowed a 10% leeway unless they go below the targets set.</p> <p>Barnsley currently performs relatively well, for people with type 2 diabetes, in terms of achieving all eight care processes however, in terms of achieving all three treatment targets Barnsley is the has a variation in performance across practices. This indicator specifically looks at achievement of target values for HbA1c, blood pressure and cholesterol.</p> <p>Improvement in achieving the 3 treatment targets also supports the delivery of the cardiovascular disease prevention programme – Stage 1 – CHD and risk factors.</p> <p>Type two diabetes patients can greatly improve their health outcomes by taking part in a structured education programme. There is strong clinical evidence shows that tight blood glucose control is associated with a reduction in diabetes complications and patients attending a structured education programme. It has therefore been recommended by NICE since 2005, as there is good evidence that diabetes education courses improve key outcomes, reduce the onset of serious complications and are cost effective or even cost saving. The NICE guidelines - Type 2 diabetes in adults: management [NG28] (2017) recommends that that SE is delivered by trained educators who have an understanding of educational theory appropriate to the age and needs of the person, and who are trained and competent to deliver the principles and content of the programme. It also needs to be quality assured, and reviewed by trained, competent, independent assessors who measure it against criteria that ensure consistency. Barnsley Integrated Diabetes Service EXPERT courses are compliant with the NICE guidelines.</p>		
<p>HOW TO... (Step by step, how would a practice implement this)</p>	<p>Regards to the clinical areas. Baseline positions are taken from:</p> <p>DIAB01: Type 2 – Three Treatment Targets taken from local assessment of practices achievement of 2018-19 targets.</p> <p>A quality improvement approach should be used to document any actions/changes within the practice that have been implemented to improve clinical outcomes for people with or at risk of diabetes.</p> <p>A system search will be provided to enable</p>		

ongoing monitoring of achievement towards the 3 treatment targets as per NDA criteria.

The search will identify patients who are target population as having risk factors :

- Gestational diabetes
- prediabetes or non-diabetes hyperglycaemia
- Insulin resistance
- Impaired glucose tolerance
- Coded at risk of diabetes
- HbA1c Value between ≥ 42 and ≤ 47
- Fasting blood sugars ≤ 5.5 and ≥ 6.9

Practices should consider their current performance, review individual and data at patient and practice level.

Consider the causes of variation achieving the 3 treatment targets and possible alternative solutions to improve.

Practices may also want to consider other strategies:

- Patient decision aids for communicating risk and deciding treatment options
- videos and leaflets increasing awareness
- specialist support, including structured group education

DIAB02 –proportion of new type two diabetes patients eligible for Structured Education that diagnosed in 2018-19. Use local search to identify new patients who have been diagnosed and numbers referred for SE and those who have declined. Practices should refer patients to the Diabetes Integrated service structured education programme EXPERT via the SPA. Practices may want to consider: Patient decision aids for communicating risk; videos and leaflets about the benefits of group structured education programmes. Patient information on SE courses can be accessed via the BEST website. Practices should explain to patients and their carers that structured education is an integral part of diabetes care.

DIAB03: High risk of diabetes – glycaemic assessment in L12M taken from local assessment of practices achievement of 2018-19 targets via system search

Practices should invite all patients with a history of pre-diabetes/non-diabetic hyperglycaemia for an

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	<p>annual review to have their glucose level checked and to discuss their risk factors and offered intervention/support to enable them to lower their risk, including support with healthy lifestyle choices and invitation to self-refer or direct referral to National diabetes prevention programme (NDPP).</p> <p>DIAB04: Invitation to self-refer/direct referral to NDPP for eligible patients taken from NDPP provider data on referrals at November 2018 and via system search</p> <p>Practices should use the local system search to identify patient level data and to monitor progress:</p> <ul style="list-style-type: none"> • Identifying people at risk of diabetes, pre-diabetes and those eligible for invite/referral to the National Diabetes Prevention Programme • Monitoring recording of invites, referrals and numbers declined 		
<p>MEASUREMENT (How would you robustly measure, ensure outcomes)</p>	<p>DIAB01: Type 2 – Three Treatment Targets</p> <p>Practices will be given individual targets. Refer to tables on page 5 for baseline data and expected targets (will be added in final document.) The target will be 30% and each practice will have either maintain this target or move from their current position at least one third towards meeting the target. This indicator will be measured by using a system search.</p> <p>DIAB02 –proportion of new type two diabetes patients eligible for Structured Education that diagnosed in 2018-19. This will be measured via search and data from local provider – Barnsley Integrated Diabetes Service.</p> <p>DIAB03 High risk of diabetes – glycaemic assessment in L12M</p> <p>See tables on page 6 for baseline data and target. (Will be added in final document.)The target will be 75% and each practice will have either maintain this target or move from their current position at least one third towards meeting the target. Each practice will be given an individual target</p> <p>Practices should note the number of patients where any significant issues/exceptions affecting performance are included, for example, elderly population and/or care home residents or house bound. Other factors, in particular those beyond the control of primary care teams.</p> <p>DIAB01/02/3</p>		

DIABETES 2019/20

	<p>Achievement of the indicators will be taken from local search data.</p> <p>DIAB04: Invitation to self-refer/direct referral to NDPP for eligible patients will be taken from NDPP provider data and via system search. Practices would be expected to increase referrals from 50% eligible target 2018-19 PDA to 55% for 2019-20. .</p>																																														
FREQUENCY AND DEADLINES FOR REPORTING	<p>The provisional timetable for collection and reporting is:-</p> <p>Extract August 2019 - publish November 2019</p> <p>Extract November 2019 - publish January 2020</p> <p>Extract February 2020 - publish April 2020</p>																																														
READ CODES -eMBED	<p>All required Read codes are in National Diabetes Audit and QOF data set/business rules and within locally developed template.</p> <p>The following Read codes are suggested to record diagnosis and referral to NDPP:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Term</th> <th>System (CTV3)</th> <th>EMIS Web/Vision (V2)</th> <th>SNOMED</th> </tr> </thead> <tbody> <tr> <td>Invited to self-refer, i.e. provided info and letter*</td> <td>NHS DPP (PROXY CODE)</td> <td>XaeCf</td> <td>679m</td> <td>258752100000117</td> </tr> <tr> <td>Direct referral</td> <td>Referral to NHS DPP)</td> <td>XaeDH</td> <td>679m4</td> <td>1025321000000109</td> </tr> <tr> <td>Referral/invite declined</td> <td>Referral to NHS DPP declined</td> <td>XaeDG</td> <td>679m3</td> <td>1025301000000100</td> </tr> <tr> <td>NDPP started (date)</td> <td>NHS DPP started</td> <td>XaeD0</td> <td>679m2</td> <td>1025271000000103</td> </tr> <tr> <td>NDPP completed (date)</td> <td>NHS DPP completed</td> <td>XaeCz</td> <td>679m1</td> <td>1025251000000107</td> </tr> <tr> <td>NDPP not completed</td> <td>NHS DPP not completed</td> <td>XaeCw</td> <td>679m0</td> <td>1025211000000108</td> </tr> <tr> <td rowspan="2">Diagnosis</td> <td>Non-diabetic Hyperglycaemia</td> <td>XaaeP</td> <td>C317</td> <td>2990619013</td> </tr> <tr> <td>Pre-diabetes</td> <td>XaZq8</td> <td>C11y5</td> <td>2221001000000112</td> </tr> </tbody> </table>			Action	Term	System (CTV3)	EMIS Web/Vision (V2)	SNOMED	Invited to self-refer, i.e. provided info and letter*	NHS DPP (PROXY CODE)	XaeCf	679m	258752100000117	Direct referral	Referral to NHS DPP)	XaeDH	679m4	1025321000000109	Referral/invite declined	Referral to NHS DPP declined	XaeDG	679m3	1025301000000100	NDPP started (date)	NHS DPP started	XaeD0	679m2	1025271000000103	NDPP completed (date)	NHS DPP completed	XaeCz	679m1	1025251000000107	NDPP not completed	NHS DPP not completed	XaeCw	679m0	1025211000000108	Diagnosis	Non-diabetic Hyperglycaemia	XaaeP	C317	2990619013	Pre-diabetes	XaZq8	C11y5	2221001000000112
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DIABETES 2019/20

CCG LEAD OFFICER CONTACT DETAILS	Siobhan Lenzionowski, Lead Commissioning and Transformation Manager SiobhanLenzionowski@nhs.net		

DRAFT

COPD 2019/20

INDICATOR 1 (Contractual Requirement)	COPD	National Priority	Local Priority
	<p>COPD1 - Pulmonary Rehabilitation: All diagnosed COPD patients who attend their COPD annual review at their GP Practice should be considered for their appropriateness to attend Pulmonary Rehabilitation. Upon the primary care representative checking to ensure that the patient meets the Pulmonary Rehabilitation Service's inclusion criteria (see below), a discussion should be held with the patient to outline the benefits of accessing the service and to make them aware of the various venues across Barnsley that this service is now offered. Primary care will be able to utilise both the short film clip and service brochure to actively encourage patients to agree to being directly referred to the Pulmonary Rehabilitation Service.</p> <p><i>Pulmonary Rehab Inclusion Criteria:</i></p> <ul style="list-style-type: none"> - <i>Diagnosis of COPD or chronic lung condition.</i> - <i>Clinical assessment must have been undertaken including spirometry and oxygen saturation levels at rest.</i> - <i>Offer to all appropriate patients including those who have a recent hospitalisation for an exacerbation, those that consider themselves functionally disabled by COPD (usually MRC grade 3 and above).</i> - <i>Optimised respiratory medication / therapy.</i> - <i>Motivated to attend and complete the programme.</i> <p><i>Pulmonary Rehab Exclusion Criteria:</i></p> <ul style="list-style-type: none"> - <i>Unstable angina or recent myocardial infarction (3 months).</i> - <i>Severe aortic stenosis.</i> - <i>Hypertension >200mmHg Systolic / 100mmHg Diastolic.</i> - <i>Other co-morbidity disease with prognosis < 6 months.</i> - <i>Impaired cognitive function.</i> - <i>Physical disability preventing safe exercise performance (i.e. unsuitable for</i> 	<p>Yes</p> <p>Implementation of an integrated respiratory model for Barnsley is in line with national policy including:</p> <p><u>NHS Five Year Forward View and the GP Forward View;</u></p> <p><i>Getting serious about prevention,</i></p> <p><i>Empowering patients,</i></p> <p><i>Bringing Care Closer to Home,</i></p> <p><i>New Models of Care; delivering transformational change across an integrated pathway.</i></p>	<p>Yes</p>

	<p><i>people unable to walk).</i></p> <ul style="list-style-type: none"> - <i>Awaiting results of further investigations (i.e. cardiac).</i> 		
RATIONALE FOR INCLUSION (Intended Outcomes)	<p>Improving the respiratory health in Barnsley will;</p> <ul style="list-style-type: none"> - Decrease incidence, prevalence morbidity and mortality from acute and chronic respiratory diseases - Decrease the numbers of people who require consultant outpatient review, A&E or hospital admission and to decrease length of hospital stay - Reduce inequalities in respiratory health care - Enhance the quality of life for people living with chronic respiratory diseases, enabling them to lead as full and active life as possible - Enable people with respiratory diseases to receive an early and accurate diagnosis, to receive the information and support they need to share fully in decision making and manage their respiratory disease 		
HOW TO...	<p>COPD1: All COPD patients that meet the Pulmonary Rehabilitation referral criteria should be informed of the benefits of accessing pulmonary rehabilitation and that they have actively encouraged participation by showing the short film and issuing the patient with an accompanying brochure. Individual discussions regarding pulmonary rehabilitation should be recorded, alongside a breakdown of the numbers of patients directly referred into the service and the numbers of those patients that refused to be referred. The referral form to Pulmonary Rehabilitation Service is available via clinical systems and the following link; http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/copd-local-guidelines/37492</p> <p>Individual referral targets to the Pulmonary rehabilitation Service based on COPD population size (QOF).</p>		
MEASUREMENT	COPD1: External audit by the Pulmonary		

	Rehabilitation Service (provider SWYPFT) of the number of referrals by practice.		
FREQUENCY AND DEADLINES	COPD1: external referral data will be monitored quarterly by Provider (SWYPFT) and shared with practices (via the Quality Dashboard).		
READ CODES	Please refer to Table 1 for a full list of COPD related READ codes.		
TEMPLATES	<p>COPD local guidelines:</p> <ul style="list-style-type: none"> - Updated service guide for local COPD services for practitioners - Patient information leaflet on COPD services - Template self-management plan - Patient information leaflet on rescue medications - Prescribers guide to rescue medications <p>http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/copd-local-guidelines/37492</p> <p>2) GOLD 2017 Global Strategy for the Diagnosis, Management and Prevention of COPD http://goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd/</p> <p>3) COPD - Algorithm for inhaled therapies: http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/copd-algorithm-for-inhaled-therapies-/10791</p>		
CCG LEAD OFFICER	Lynsey Bowker		

Section		National Priority	Local Priority								
<p>Introduction</p> <p>1. Scheme Elements</p>	<p>This document discusses ideas of elements for inclusion in the NHS Barnsley CCG and Primary Care PDA 2019/20. The indicators focus on prevention cancer, improving early diagnosis and changing primary care clinical practice to one that reflects that the gateway to accessing services for people is via primary care. And that ongoing care and support for people who have cancer or are living beyond it is provided close to home unless secondary care is required. There are seven contractual indicators.</p> <p>This document is structured as follows:</p> <ol style="list-style-type: none"> 1. Scheme Elements The scheme is split into four elements and includes 1-2 contractual requirements: <ol style="list-style-type: none"> A. Early Diagnosis B. End of Life Care C. Living With and Beyond Cancer D. Patient Experience 2. Rationale for inclusion 3. How to: step by step on how a practice would implement this 4. Measurement 5. Frequency and deadlines for reporting 6. Read codes – eMBED 7. Templates and links 8. CCG Lead Officer and Contact Details <p>A. Early Diagnosis The aim of the cancer PDA element is to increase overall cervical, bowel and breast screening uptake for eligible populations in Barnsley; and to reduce the number of people diagnosed with cancer as a result of an emergency admission or late stage diagnosis. It is also to reduce health inequalities.</p> <p>A1. Practice Screening Rates For Barnsley although the screening rates are above the national average this hides the large variation of uptake between different GP practices. The table below shows this variation:</p> <table border="1" data-bbox="336 1872 1177 2018"> <thead> <tr> <th>Screening</th> <th>Barnsley Average</th> <th>National Average</th> <th>Barnsley variation</th> </tr> </thead> <tbody> <tr> <td>Breast screening</td> <td>77.8%</td> <td>72.1%</td> <td>69.7% - 84.0%</td> </tr> </tbody> </table>	Screening	Barnsley Average	National Average	Barnsley variation	Breast screening	77.8%	72.1%	69.7% - 84.0%	<p>The Five Year Forward View (2014) / Achieving World-Class Cancer Outcomes A Strategy for England 2015-2020</p>	<p>Barnsley Cancer Action Plan</p>
Screening	Barnsley Average	National Average	Barnsley 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%

The CCG will support this by:

- Roll out of FIT screening
- NHS Screening Programme support at practice level
- Macmillan GP support
- Support through Be Cancer Safe programme

Year 1 indicator

CA01 - All practices to follow up screening DNAs and those currently not participating in the screening programme(s) by GP sending 1 supporting letter or reminder (e.g. text) to individual patients to encourage uptake, in addition to letters from the screening service. To use behaviour change interventions at every contact with those who are classed as not attending appointments to raise awareness and promote the benefits of screening to patients on their practice list.

CA01 Indicator will be measured by an audit template that will be provided by the CCG. To be completed by August 2019.

A2. Symptomatic Referrals

To improve recognition and early referral of symptomatic cancers and improve early detection and survival rates for Barnsley people and reduce emergency admissions.

The CCG will support by this by:

- Straight to Test opportunities
 - Lung
 - Prostate/urology
 - Colorectal
- Introduction of revised 2 week referral forms
- Introduction of Lower GI pathway including FIT symptomatic and FCP testing in Primary Care

CA02 - Practices will adopt the lung, prostate/urology; colorectal and Lower GI integrated pathways including use of FIT and FCP as published on the BEST website

B. End of Life Care

50% of people are dying in hospital rather than their preferred place of death, and are being admitted through A&E in the last three months of their lives. The national

	<p>average is 20%. The purpose of the indicators is to ensure all patients have advanced care planning in place.</p> <p>CA03 All practices to ensure patients on palliative care list are consulted about their preferred place of death and this is evidenced within the EPaCCS template along with palliative care plan details. Patients consents to their records being shared, and allow summary care records to be shared across the MIG</p> <p>This will allow the Electronic Palliative Care Coordination System (EPaCCS) to transfer patient data between healthcare providers through the Summary Care Record / MIG, thus improving patient choice and appropriate advanced care planning</p> <p>The CCG will support this by:</p> <ul style="list-style-type: none"> • Provide template in Primary Care • Train practices • Macmillan support in care homes • Palliative Care Consultant outreach 		
	<p>C. Living With and Beyond Cancer (LWABC)</p> <p>CA04 – All practices to ensure patients newly diagnosed with cancer and on the cancer register to have a completed holistic cancer care review within 6 months of diagnosis. This to be in the first instance via a face to face appointment (unless patient prefers a telephone call.) Practices to use the cancer care template that is on the clinical system and to use Macmillan information within it to ensure patient gets a holistic review. Practices are to use information within treatment summaries provided by BHNFT. The aim is to ensure the patient receives a holistic review. If housebound this to be undertaken during a home visit.</p>		
	<p>D. Patient Experience and Service Improvement</p> <p>Patient experience surveys have identified that 64% of patients thought that GPs and nurses at their general practice did everything they could to support them. The areas that wanted improving were around being provided with information.</p> <p>The CCG wants to ensure that patients have the information that they need to navigate ever shorter diagnosis and treatment pathways, particularly with Straight to Test options, and that they understand the potential implications.</p>		

	<p>This will provide improved patient experience in primary care for patients with suspected cancer.</p> <p>The CCG will support this by:</p> <ul style="list-style-type: none"> • Providing site specific and generic patient information leaflets that will support patient expectation and understanding • Create revised referral documentation that will support GPs with pre-diagnosis information requirements <p>CA05 – All practices to nominate a Lead GP who will engage with the Macmillan GP to determine practice needs with regards to support and input.</p> <p>CA06 – All practices to complete annual national cancer diagnosis audit and include practice patients in the audit. This will be measured via notification from national reporting organisation to the CCG. The off audit to be completed in Q3. .</p> <p>The National Cancer Diagnosis Audit (NCDA) is referred in Achieving World Class Cancer Outcomes‘: a strategy for England 2015-2020’ which highlighted the critical role of national clinical audit in driving improvement. The opportunity for clinical improvement is the main driving factor behind the audit. It looks specifically at clinical practice in order to understand:</p> <ol style="list-style-type: none"> 1.interval length from patient presentation to diagnosis 2.use of investigations prior to referral 3.what the referral pathways for patients with cancer are and how they compare with those recorded by the cancer registry <p>The Cancer Research UK facilitator will be available to offer advice and support in the collection and submission of the data.</p> <p>https://www.cancerresearchuk.org/sites/default/files/ncda_a4_gp_v5_handout.pdf</p>		
<p>2. RATIONALE FOR INCLUSION (Intended Outcomes)</p>	<p>In Barnsley cancer is the most common cause of mortality accounting for 31% of all deaths. This is slightly above the national average of 29%. Collectively cancers account for 17.9% of the gap between the Barnsley and England average for male life expectancy and 29.1% of the gap in female life expectancy. The four most common cancers in Barnsley are lung, prostate, breast and colorectal, accounting for 50% of all cancer deaths in Barnsley, compared to 46% across England.</p> <p>The Five Year Forward View (2014) set an ambition to</p>		

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improve outcomes across the whole cancer pathway, including better prevention, swifter diagnosis and better treatment, care and aftercare. In response, NHS England established the Independent Cancer Taskforce which published its report -Achieving World-Class Cancer Outcomes A Strategy for England 2015-2020. The vision for Barnsley CCG is in line with the national strategy – to prevent people from having to experience cancer in the first place but, where cancer is suspected, there should be early diagnosis to ensure the best outcomes for treatment are available and enable people to live for as long and as well as is possible. Primary Care has a vital role in delivering this ambition.

High mortality and the National Cancer Strategy has ensured that Cancer is a strategic priority for Barnsley CCG. With key stakeholders, Barnsley CCG has developed a local plan to implement the key priorities outlined in the national cancer strategy to reduce smoking, increase screening uptake, early diagnosis and improve patient cancer pathway experience including survivorship and end of life care. Key to implementation of the plan is the involvement of General Practice which is a key point of contact for someone with cancer and is involved in important milestones during their treatment. Empowering those working in primary care can contribute to earlier diagnosis, improve patient experience and help make major improvements in cancer survival rates

Screening rates for Barnsley is varied across communities and tumour site programmes. Research shows that 'GP endorsement of screening programmes achieves better participation than a centralised invitation letter' (Zajac et al, 2010); this has been carried out for multiple Screening programmes including Breast and Bowel Screening. Targeting patients who do not attend by GP's will increase the screening rates.

The CCG is implementing the lower GI pathway, as colorectal cancer is the fourth most common cancer registered in England and a major cause of mortality and morbidity. It is the second biggest cancer killer but if diagnosed early enough there's more than a 90% chance of successful treatment. Last year in the UK over 240,000 patients with lower abdominal symptoms were seen by a specialist following an urgent General Practice referral for suspected cancer. The majority of these will be referred for a colonoscopy, however only about 4% of them will have cancer.

	<p>It is becoming increasingly important to utilise tests that have lower associated risks and can rule out cancer. The use of Faecal Immunochemical Testing (FIT) in symptomatic patients is being advocated by the national cancer taskforce programme as one of the transformation programmes to enable early diagnosis and support delivery of the 62 day cancer standard (GP referral to treatment).</p> <p>In addition NICE guidance has also been recently issued on FIT. This makes recommendations to include the adoption of FIT in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding that have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral outlined in their guidelines on suspected cancer.</p> <p>The CCG is implementing EPaCCS in order that patients on the palliative care register are better able to communicate their choice of where to die, and that all professionals can access this information in one place. In Barnsley a number of people die in hospital rather than at home. The implementation of EPaCCS will help to bring the number of people who are attending A&E in the last three months of life down to the national average. This will require Primary care to effectively identify and manage palliative care needs. Whilst this is a difficult measure to manage (not locally collected) we believe that we currently have around 110 people per year in this cohort. If we achieve the national average we would expect 60. Areas managing a properly maintained register of palliative care need and use of EPaCCS have evidenced that 80%+ will die in their preferred place of death rather than hospital. If we were able to achieve 75% we would save 200 admissions for death each year. 50% of people are dying in hospital rather than their preferred place of death, and are being admitted through A&E in the last three months of their lives. The national average is 20%.</p> <p>The National Living With and Beyond Cancer strategy requires health care to support a number of activities. Primary care is central to the delivery of the strategy. The strategy actions are:</p> <ol style="list-style-type: none">1. To implement risk stratified follow up pathways for breast, colorectal and prostate cancers. This will reduce unnecessary follow up, targeting support and allow people to live their lives as normally as possible.2. To implement all 4 core components of The Recovery Package:<ul style="list-style-type: none">• Holistic Needs Assessment and individualised Care		
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	<p>Planning (undertaken at key pathway points) and adopting an eHNA electronic needs assessment approach and remote access capability.</p> <ul style="list-style-type: none">• Treatment Summaries – improving communication with primary care and providing more robust guidance related to on-going primary care management and late effects.• Health and Well-being programmes – developing varied opportunities for people affected by cancer from all tumour groups which promote better awareness and understanding of cancer; as well as facilitating the transition from the acute phase of treatment towards supported self-management. This will include access to local lifestyle services and physical activity opportunities under the new Physical Activity Partnership. Work will be linked to place based Area Councils to ensure consistency in approach and equity of local access.• Cancer Care reviews – to support educate and train primary care in the delivery of high quality, integrated, meaningful reviews. <p>The CCG will support practices by:</p> <ul style="list-style-type: none">• Undertaking eHNA in secondary care as part of treatment plans• Provide GPs with detailed treatment summaries• Identify appropriate follow up regimes and risk stratification of patient needs• Provide a Macmillan approved Cancer Care Review template in clinical systems• Providing support from a Macmillan GP <p>The National Cancer Diagnosis Audit (NCDA) looks at primary and secondary care data relating to patients diagnosed with cancer.</p> <p>The audit looks specifically at clinical practice in order to understand:</p> <ol style="list-style-type: none">1. interval length from patient presentation to diagnosis2. use of investigations prior to referral3. what the referral pathways for patients with cancer are and how they compare with those recorded by the cancer registry. <p>The aim of the audit is to improve early diagnosis at practice level and support practices to audit their current position. The audit will provide practices with a baseline audit that will identify areas that require clinical improvement.</p>		
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<p>3. HOW TO... (Step by step, how would a practice implement this)</p>	<p>CA01 All practices will need to identify patients who have been called for screening but are DNAs. Then send 1 supporting letter or reminder (e.g. text) to individual patients to encourage uptake, in addition to letters from the screening service. They also need to show via the audit how they have a process in place that they use behaviour change interventions when they have contact with a person who has DNA to raise awareness and are promoting the benefits of screening to patients on their practice list. This could be via offering a patient a leaflet about screening; during appointments staff use a 'brief intervention' approach about benefits of screening; working with the NHS England local screening lead on raising awareness of screening in the practices neighbourhood etc.</p> <p>CA02 – Practices will need to follow the pathways as advertised on the BEST website. For the FIT they will need to ensure the kit is stored at the practice; the sample tracked via ICE and a monitoring system in place for tracking compliance. A number of 2 week wait referral forms are being introduced to support the new straight to test pathways and are to be used by practices.</p> <p>CA03- All practices to ensure patients on palliative care list are consulted about their preferred place of death and this is evidenced within the EPaCCS template along with palliative care plan details. And that patients consent to their records being shared, and allow summary care records to be shared across the MIG. Practices will need to complete the Palliative Care template.</p> <p>CA04 - All practices to ensure patients on cancer register who are newly diagnosed have a completed a cancer care review within 6 months of diagnosis. And to be annually if clinical need or requested by patient. All practices to use the cancer care review template and treatment summaries as the basis. To do this practice will need access to the treatment summary and e-HNA information from secondary care. Then they will need complete the template with the patient at a face to face appointment (unless patient requests a telephone call) or in their homes if housebound. This appointment can be with a practice nurse or GP but must focus on a holistic assessment of the patient's needs. To discuss:</p> <ul style="list-style-type: none"> • General Health • Lifestyle discussion and advice. • Problems with treatment • Specific symptom review • Signposting to local services 		
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	<p>https://www.macmillan.org.uk/images/carrying-out-an-effective-ccr_tcm9-297613.pdf Macmillan Cancer Care Review</p> <p>For details of EMIS Macmillan cancer care template: https://www.youtube.com/watch?v=drjFy_JTZUo</p> <p>CA05 - All practices to nominate a Lead GP who will engage with the Macmillan GP to determine practice needs with regards to support and input. This person to work individually with the GP on cancer PDA areas, attend education events and work with them on embedding clinical and service improvements areas, to ensure people living with and beyond cancer needs are met. To include implementing the recovery package.</p> <p>CA06 - The National Cancer Diagnosis Audit (NCDA) looks at primary and secondary care data relating to patients diagnosed with cancer. Instructions will be distributed by Barnsley CRUK Facilitator in April 2019 and via the BEST website.</p> <p>The audit looks specifically at clinical practice in order to understand:</p> <ol style="list-style-type: none"> 1.interval length from patient presentation to diagnosis 2.use of investigations prior to referral 3.what the referral pathways for patients with cancer are and how they compare with those recorded by the cancer registry <p>Practices will submit information gathered on their patients to the Public Health England's National Cancer Registration and Analysis Service (NCRAS) database. Information will be collected from the period of a patient first presenting with symptoms to their diagnosis, including: consultations, key dates, investigations, symptoms and referrals. Information will also be collected on patient characteristics such as reasons why patients might find it difficult to communicate with a GP, attend the GP surgery and other health conditions.</p> <p>Information will be combined at Public Health England's National Cancer Registration and Analysis Service (NCRAS) and analysed centrally. This information is then reported back to Practices and the CCG.</p>		
<p>4. MEASUREMENT (How</p>	<p>A. Early Diagnosis</p> <p>CA01 Practices will need to provide quarterly evidence of number of DNA's and evidence of numbers letters/texts</p>		

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<p>would you robustly measure, ensure outcomes)</p>	<p>sent. Indicator will be measured by an audit template that will be provided by the CCG. First template to be completed by August 2019.</p> <p>A2 Symptomatic Referrals CA02 CCG will monitor the number of FIT and FCP tests the practice has used and evidence of using new national timed pathways. Practices compliance will be monitored remotely by the CCG.</p> <p>CA03 CCG will monitor data from Practice recorded Palliative Care Register data and EPaCCS uptake data set against:</p> <ul style="list-style-type: none"> • National Expectations • Known practice deaths <p>CA04 The practices will need to audit Cancer Care Review quality based on:</p> <ul style="list-style-type: none"> • Face to Face • Patient expectations • Timeliness • Link to eHNA <p>The indicator will be measured by an audit template that will be provided by the CCG. First template to be completed by August 2019. The CCG will audit using patient experience data.</p> <p>CA05the practices will need to engage with the Macmillan GP. Feedback will be sought from the person about the practices engagement.</p> <p>CA06 All practices to complete annual national cancer diagnosis audit and include practice patients in the audit. This will be measured by national reporting to the CCG. One off audit to be completed in Q3</p>		
<p>5. FREQUENCY AND DEADLINES FOR REPORTING</p>	<p>As above</p>		
<p>6. READ CODES -eMBED</p>	<p>Read codes need to be identified before the contract is distributed to practices.</p>		
<p>7. TEMPLAT</p>	<p>These will be produced before the contract is distributed.</p>		

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ES AND LINKS			
8. CCG LEAD OFFICER CONTACT DETAILS	Siobhan Lenzionowski, Lead Commissioning and Transformation Manager. Tel: 01226 433 775 E-mail: siobhan.lenzionowski@nhs.net		

DRAFT

MY BEST LIFE 2019/20

		National Priority	Local Priority
INDICATOR 1 (Contractual Requirement)	Social Prescribing Service: Maintain links and referrals into the My Best Life Service and continue to have an in house My Best Life Champion		
RATIONALE FOR INCLUSION (Intended Outcomes)	<p>These KPIs continue to build on the PDA requirements for 2018/19 and embed links between Primary Care and Social Prescribing.</p> <p>The outcomes of the scheme are as follows:</p> <ul style="list-style-type: none"> • Increase capacity in primary care • Reduce attendances at A&E • Enabling consistency of care at scale 		
HOW TO...	<p>These indicators continue to strengthen and embed the service into primary care, as well as supporting a stronger focus on cohort 2, which focuses on frequent attenders in A&E.</p> <p>MBL 1</p> <p>My Best Life Champion to maintain links with the MBL Advisor by:</p> <ul style="list-style-type: none"> - Inviting them to all Practice meetings, demonstrating the advisor is part of the practice team. - 121 discussions with advisor as appropriate <p>My Best Champion to attend at least 3 out of 4 quarterly champion network meetings.</p> <p>Practice to submit number of referrals made to MBL from 01 April 2018 to 31 March 2019.</p> <p>Based on 2018/19 practices will be given individual targets for referrals into the MBL service over 2019/20.</p> <p>MBL 2</p> <p>Each referral to My Best Life to include last 3 months GP appointment/contact data, which is requested on the My Best Life Referral form – all referrals not including this data will be returned.</p>		

	<p>Action information requests for patient data 3 months following the My Best Life referral and support.</p> <p>MBL 3 Utilising D1 information to identify frequent attenders and refer to Social Prescribing if appropriate.</p> <p>MBL 4 Advise Barnsley CCG of any changes in personnel for the My Best life Champion.</p>		
MEASUREMENT	<ol style="list-style-type: none"> 1. No of referrals to My Best life 2. Attendance at MBL Champion Network Meetings and/or training 3. 		
FREQUENCY AND DEADLINES	<ol style="list-style-type: none"> 1. Monthly via the social prescribing service 2. quarterly 3. 		
READ CODES	<p>Referral to social prescribing Social prescribing offered Social prescribing declined Frequent attender of accident and emergency dept Seen in A&E</p>		
TEMPLATES			
CCG LEAD OFFICER	<p>Lynne Richards Primary Care Transformation Manager 01226 433631 Lynnerichards@nhs.net</p>		

DEMENTIA 2019/20

		National Priority	Local Priority
INDICATOR 1 (Contractual Requirement)	Improve Dementia Diagnosis Rate and support the borough in being a Dementia Friendly Town.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	Increasing Dementia diagnosis and improving access to support for patients with Dementia and their carers has not only been a priority for Barnsley CCG but is a priority for Barnsley Town as a whole. Barnsley Town is working to become Dementia Friendly and GP practices play a crucial role within this ambition.		
HOW TO...	<p>To support the towns aspirations GP practices are asked as part of the PDA to:</p> <ol style="list-style-type: none"> 1. Maintain a register of People with Dementia and reconcile with the Memory Team on a quarterly basis 2. Maintain a register of carers who care for someone with dementia 3. Have an in house trained Dementia Champion who can undertake the Barnsley CCG Dementia Champion Job Profile and inform the CCG of any changes in personnel 4. Participate in the virtual Dementia Champion network 5. Ensure that the practice is a Member of the Barnsley Dementia Action Alliance 6. Disseminate local support services across registers 7. Liaise with the Memory Team Advisors 8. Evidence that any building changes take into account the dementia environment checklist 9. Promotion of the Herbert Protocol 10. Ensure that the CCG is informed if the 		

	Practice Dementia Champion changes.		
MEASUREMENT	<ol style="list-style-type: none"> 1. Quarterly Reconciliation of Dementia Registers. 2. Participate in the virtual Dementia Champion network 3. Membership of the Barnsley Dementia Action Alliance 		
FREQUENCY AND DEADLINES	As above.		
READ CODES	None.		
TEMPLATES	Dementia Champion Job Role		
CCG LEAD OFFICER	Lynne Richards Primary Care Transformation Manager 01226 433631 Lynnerichards@nhs.net		

APEX/ ACCESS & WORKFORCE 2019/20 SPECIFICATION

		National Priority	Local Priority
ACCESS INDICATOR 1 (Contractual Requirement)	This combined specification aims to cover roll out of the Apex Tool, the quarterly return of practice workforce data and also improved access in relation to the Home Visiting Service.		
RATIONALE FOR INCLUSION (Intended Outcomes)	<p>Barnsley CCG requests that each practice continues to submit their workforce information on a quarterly basis. During 2019/20 it is expected that practices submit workforce data via the Apex Tool.</p> <p>Practices should engage with Apex Team to have the tool deployed out to the practice. Apex will support the practice in loading the workforce information onto the tool to create a baseline.</p> <p>Practices should review the baseline information quarterly and should consider the following:</p> <ul style="list-style-type: none"> • new staff members and leavers • new vacancies and vacancies that have now been filled closed • any periods of absence during the quarter • any new skills or qualifications gained <p>The CCG will co-ordinate support to Practices if there are any issues with regards to the Apex deployment.</p> <p>The 2019 Home Visiting Service aims to provide additional capacity in Primary Care by procuring a separate service to support practices by undertaking home and care home visits. The CCG expects all practices to provide additional capacity and improved access in Practice for every home visit that is referred onto the Home Visiting service. The CCG will seek to use Apex to monitor practices offering improved access to general practice.</p> <p>Workforce remains high on the local and national agenda. Skills and recruitment shortages means that Primary Care are delivering services with less than the recommended number of workforce</p>		

	<p>types per 1,000 patients. This issue is consistent in Barnsley where GP and Nurse numbers are lower than the national average. With mounting pressures and the national drive to bring care out of hospital the CCG are committed to supporting our GP practises to access any national workforce funding and schemes where possible. To achieve this the CCG needs to be aware of our local workforce profile, down to practice level, so that this can be monitored and practices targeted when relevant workforce schemes may be beneficial.</p> <p>The CCG also requires this data to pre-populate the workforce section of the Quality Dashboard.</p>		
HOW TO...	Submit utilise the Apex Tool to submit workforce data, this data can then be extracted and shared with the CCG via Apex.		
FREQUENCY AND DEADLINES	<p>Quarterly Extraction dates:</p> <ul style="list-style-type: none"> • 30 June 2019 • 30 September 2019 • 31 December 2019 • 31 March 2020 		
READ CODES	None		
TEMPLATES	None		
CCG LEAD OFFICER	<p>Lynne Richards Primary Care Transformation Manager 01226 433631 Lynnerichards@nhs.net</p>		

INTEGRATED CARE NETWORKS 2019/20

		National Priority	Local Priority
TITLE (what is the contractual requirement)	Integrated Care Networks (formally Locality Working)	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	<p>In common with many areas in the country, Barnsley Primary Care has a number of challenges around workforce, finances, sustainability of services, quality and access. For these reasons there has been a national drive to support GP practices to work together in Local Care Networks to look at how care can be delivered differently in an integrated approach.</p> <p>For the last two years GP practices in Barnsley have been coming together at locality meetings, these have brought GP practices together to enable conversations to start around how practices could work together for the benefit of patients and the practices. Now that practices have a forum and regular time out to work together we want to support practices to build on this to engage with other service providers to create a system which arranges services around the individual and provides people with the support they need to stay or get well – whether physical, emotional or social.</p> <p>The next step beyond locality meetings and the basis of this specification is to work towards Integrated Care networks (ICN). ICN's will bring together a range of health, care and wellbeing services. By being more joined-up services can be more responsive, ensuring people have the help and support they need to keep themselves as healthy and well as possible.</p> <p>Your ICN will be supported by CCG Officers to prepare, attend and take forward actions suggested by the ICN. The ICN groups will agree which partners they will invite to the meetings and agree a joint plan for the work they want to take forward within their ICN.</p>		
HOW TO... (Step by step, how would a practice	<p>The role and ask of GP practices in the Integrated Care Networks are described below:</p> <p>1) Elected GP and Practice Manager to</p>		

INTEGRATED CARE NETWORKS 2019/20

<p>implement this)</p>	<p>attend the bi-monthly Integrated Care Network Meetings (formally locality meetings).</p> <ol style="list-style-type: none"> 2) Support your ICN to identify key partners to invite to be a part of the ICN meetings 3) Develop and sign an Memorandum of Understanding (MOU) with partners to agree principles and ways of working. 4) Utilise available information such as population health management data to agree priorities and projects for the ICN 5) Support the development of a SMART plan for your ICN to take forward integrated working and reduce health inequalities <p>Practices will be aligned to their neighbouring practices based on the population health needs and geographical location of practices.</p>		
<p>MEASUREMENT (How would you robustly measure, ensure outcomes)</p>	<ol style="list-style-type: none"> 1) At least 1 GP from each practice is required to attend the ICN meetings. 2) GP to attend 5/6 ICN meetings throughout the year 3) Invite the Practice Manager and members of the wider practice team 4) ICN to agree membership of the ICN meetings and key partners to invite. 5) Complete and submit the ICN MOU 6) ICN to submit to the CCG a plan which supports integrated working and reduces health inequalities 7) Review information and take action between meetings as defined within the ICNs agreement. 		
<p>FREQUENCY AND DEADLINES FOR REPORTING</p>	<p>2019/2020 ICN Meeting dates are as follows:</p> <p>10 April 2019</p> <p>19 June 2019</p> <p>04 September 2019</p> <p>16 October 2019</p> <p>11 December 2019</p> <p>February 2020 (date TBC).</p>		

INTEGRATED CARE NETWORKS 2019/20

	<p>Attendance registers will be taken at each meeting as the method of measurement.</p> <p><u>April 2019</u></p> <ul style="list-style-type: none"> • Each practice will be informed of venues and formation of their ICN • At the April meeting ICNs will agree the key membership and partners to include in ICN meetings going forward. <p><u>May 2019</u></p> <ul style="list-style-type: none"> • Each member of the ICN should have signed the MOU by the 31 May 2018 meeting <p><u>July 2019</u></p> <p>ICN's will be required to submit their final plans for spend by 31 July 2019.</p>		
<p>READ CODES -eMBED</p>	<p>None required.</p>		
<p>TEMPLATES AND LINKS</p>			
<p>CCG LEAD OFFICER CONTACT DETAILS</p>	<p>Lynne Richards</p> <p>Primary Care Transformation Manager</p> <p>01226 433631</p> <p>Lynnerichards@nhs.net</p>		

PHLEBOTOMY SPECIFICATION 2019/20

		National Priority	Local Priority
TITLE (what is the contractual requirement)	Blood Tests Requested by Secondary Care Providers		x
RATIONALE FOR INCLUSION (Intended Outcomes)	<p>Barnsley Clinical Commissioning Group is committed to the delivery of high quality, safe and effective care. The CCG's Primary and Out of Hospital Care Strategy cements the vision that wherever possible care should be delivered out in the community and closer to the patients home. BCCG has developed this specification to support the additional workload coming to Primary Care as a result of blood tests being requested by Secondary care in advance of outpatient appointments.</p> <p>The aims of this service specification is to:</p> <ul style="list-style-type: none"> • Provide care closer to home for patients • Enhance patient experience • Avoid unnecessary hospital appointments • Reduce expenditure in secondary care <p>A community based phlebotomy service is highly valued by patients and a vital part of the overall health economy. Patients attending their own local GP practice for Phlebotomy appointments delivers care closer to home and is also cheaper for patients to attend and a more cost effective service than attending secondary care. The CCG recognizes that phlebotomy falls into the category of non-core unfunded services and therefore is aiming to make this service more equitable for Primary Care to deliver this additional work.</p>		

PHLEBOTOMY SPECIFICATION 2019/20

<p>HOW TO... (Step by step, how would a practice implement this)</p>	<p>To distinguish the extent of phlebotomy requests coming into Primary Care from secondary care the CCG must first establish a baseline. (It is ultimately anticipated that the CCG would aim to fund practices per blood tests carried out in the practice at the request of secondary care).</p> <p>On receiving a request for Primary Care to undertake a blood test it must consider if the test is needed i.e have routine bloods already been completed previously as part of a review.</p> <p>If the practice deem that a new blood test is required in advance of the outpatient appointment the practice should undertake this request and use the READ code: XaK21.</p> <p>The information will be collected quarterly and this will support the CCG in identifying a baseline of requests coming to Primary Care.</p> <p>Best practice states that routine phlebotomy should be offered within 5 working days. The practice should, in addition, be willing to provide early appointments for those patients needing a fasting blood test. The practice will ensure the prompt and safe dispatch of samples for analysis.</p> <p>Exceptions: This specification does not cover blood tests carried out as part of the routine care of patient in primary care, or where covered in the specifications of other primary care services commissioned by BCCG (e.g. Warfarin Monitoring, Near Patient Testing).</p>		
<p>MEASUREMENT (How would you robustly measure, ensure outcomes)</p>	<p>Practice will use the READ code when undertaking bloods at the request of or to support a secondary care appointment.</p>		
<p>FREQUENCY AND DEADLINES FOR REPORTING</p>	<p>The practices will run a clinical system search quarterly and return the number of bloods tests undertaken with the above READ code to the CCG.</p>		

PHLEBOTOMY SPECIFICATION 2019/20

READ CODES -eMBED	XaK21 - Phlebotomy generated from secondary care		
TEMPLATES AND LINKS			
CCG LEAD OFFICER CONTACT DETAILS	Lynne Richards Primary Care Transformation Manager 01226 433631 Lynnerichards@nhs.net		

DRAFT

GOVERNING BODY

10 January 2019

Local Maternity Service Update

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
			<input checked="" type="checkbox"/> <i>Information</i>
2.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Lesley Smith	Chief Officer
	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's, Maternity and Specialised Commissioning)
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
	Governing Body	14/06/2018	Noted
4.	EXECUTIVE SUMMARY		
	<p>On the 14 June Governing Body were informed of the progress being made within the South Yorkshire and Bassetlaw Integrated Care System Local Maternity System (SYB ICS LMS) in transforming maternity services within the region to deliver the recommendations of 'Better Births – Improving Outcomes of Maternity Services in England – A Five Year Forward View for Maternity Care.'</p> <p>As part of this on-going process, each 'place' has developed a Local Plan outlining how the recommendations of Better Births will be implemented locally. The purpose of this report is to highlight to Governing Body the key issues raised within the Barnsley Local LMS Plan (Appendix A)</p>		

5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none">• Note the Local LMS Plan for information
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none">• Appendix A – Barnsley Place Plan for Local Maternity Services

Agenda time allocation for report:	<i>15 minutes</i>
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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:	4.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	
	3 - Cancer	
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	Y
	9 - Compliance with Statutory and Regulatory Requirements	
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?	
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	
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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>The SYB ICS LMS have received funding from NHS England to deliver within South Yorkshire the recommendations outlined in 'Better Births'. Barnsley's 'fair share' allocation of this funding for 2018/19 is approximately £96,000.</p> <p>Each 'Place' has been asked by the ICS to develop a local plan highlighting how the Better Births recommendations will be embedded within local practice and how the allocated funding will enable this to happen.</p>
2.	DISCUSSION/ISSUES
	<p>The recommendations outlined in Better Births are aimed at transforming maternity services in England and cover the following:</p> <ul style="list-style-type: none"> • Personalised care • Continuity of carer • Safer care • Better post-natal and perinatal mental health care • Multiprofessional working – breaking down barriers between midwives, obstetricians and other professionals • Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed • A fair payment system <p>In moving towards implementation of these recommendations Barnsley Maternity Services, in collaboration with the Head of Commissioning for Maternity Services, have developed a local based plan (utilising an NHS England template) outlining how this will be achieved.</p> <p>The template has been divided into the relevant 'KLOE's (Key Line of Enquiries) and the key points for each KLOE are identified below:</p> <p>KLOE A.1 - Stillbirth</p> <p>At a rate of 3.01 (per 1,000 births), Barnsley has the lowest rate for stillborn babies in South Yorkshire. A target reduction of 10% from the 2015 baseline figure is required. Barnsley's stillbirth rate in 2015 was 4.0</p> <p>Key actions enabling this achievement are:</p> <ul style="list-style-type: none"> • Saving Babies Lives Care Bundle fully implemented • Extended opening hours for Ultrasound Service (USS) and ANDU (Antenatal Day Unit) to accommodate the increased demand for growth scans • Multidisciplinary Team monthly audit meetings • Cross-boundary collaboration with Rotherham and Mid Yorkshire to reduce practice variation • Sleep Safe Barnsley Babies initiative – funded by South Yorkshire Fire

- and Rescue targeting over 40,000 families
- Significant activity in relation to stop smoking help and support

Aspirations:

- Seven-day service for ANDU
- A number of maternity staff to be trained to deliver Level 2 Stop smoking support
- Consultant-led preconception clinic
- Dedicated and sound-proof Bereavement Suite

KLOE A.2 - Reduce intrapartum brain injury

All cases resulting in unexpected admissions to SCBU (Special Care Baby Unit) are reviewed and the learning disseminated

Use of the Perinatal Mortality Review Tool has been implemented from March 2018 for all perinatal deaths.

Aspirations:

- Further / increased multidisciplinary collaboration and training to share learning from incidents
- Use of iPads / digital technology for staff to access appropriate training
- Increased use of digital technology to deliver real-time feedback from service-users

KLOE D – Personalised Care Plans

Baseline figure still to be determined though there is a target of 40% compliance by March 2019 and 100% compliance by March 2021.

Current actions include:

- The Barnsley Choices leaflet is now available on the Maternity web page and the link is sent to women prior to their Booking appointment.
- Barnsley Maternity services has an integrated Maternal Mental Health pathway in collaboration with local mental health services, Perinatal Mental Health services and the Health Visiting service, which is now embedded into practice
- Personalised Care planning is provided by the Wellbeing Team which includes Perinatal Mental Health Midwife, Teenage Pregnancy, Substance Misuse and Bereavement Midwife
- Barnsley MVP (Maternity Voice Partnership) are currently updating the Personalised Care Plan documentation
- Birth Thoughts clinics facilitates Personalised Care plans to women who feel that the usual care pathway is not fit for their current pregnancy needs or wishes
- Patient information leaflets are accessible in various languages

Aspirations:

- Improvements in service-user engagement and promotion of real-time feedback to inform service transformation

KLOE E - An increase in the number of women able to choose from at Least 3 places of birth

South Yorkshire and Bassetlaw targets are 25% by March 2019 increasing to 75% by March 2021.

Barnsley Maternity unit currently offers **two** choices for place of birth i.e. home birth and the Barnsley Birthing Centre (a Consultant-led labour suite) at Barnsley hospital. Barnsley's current rate for home births is less than 1%.

Aspirations:

- To have a Midwifery-led unit (Barnsley Hospital Alongside Midwifery-Led unit)
- Promote home births (where appropriate)
- Mother to Midwife direct maternity referral work-stream
- Promote midwifery-led care settings for Barnsley women

KLOE F - Continuity of Carer

SYB targets are 20% by March 2019, 50% by March 2020 and 100% by March 2021.

This aspect is felt to be the greatest challenge for Barnsley Maternity Services.

Barnsley Maternity Unit's continuity of carer initiative will feed in and compliment collaborative work with the Local Authority and Neighbourhoods Project within the Wath-upon-Deerne area of Barnsley. The Unit is currently progressing work to develop new and innovative ways of working to deliver continuity of carer to the most disadvantaged women in Barnsley.

Barnsley Maternity Unit has been able to harness quality improvement tools and drivers looking at reducing smoking in pregnancy and align this goal with that of delivering continuity of carer.

The current midwifery workforce resource is not at the level needed to deliver the ambition of 20% by March 2019. Initiatives to pilot continuity of carer (CoC) are in progress which balances the need to deliver safe, high quality maternity care to the remaining women choosing to birth their babies in Barnsley.

KLOE G - Midwifery settings

The ambition is to increase the number of women giving birth in Midwifery-led settings.

In Barnsley there is currently no separate midwifery-led unit. The aspiration is therefore to develop a Barnsley Alongside Midwifery Unit, with approximately 4 beds, thereby offering a third choice for place of birth.

KLOE S - Smoking in Pregnancy

	<p>SYB target is to reduce the number of women smoking in pregnancy by 5%.</p> <p>Barnsley's current percentage of women smoking at the time of delivery is 15.7%, compared with the Yorkshire and Humber average of 14.7%.</p> <p>Further development of the stop smoking support women receive is linked to the Maternity Stop Smoking Service and the New Continuity of Carer model. There is already a substantial action plan being progressed as part of the Maternity Stop Smoking Service.</p> <p>Key challenges identified:</p> <ul style="list-style-type: none"> • Funding – the Maternity Stop Smoking Service is currently funded to October 2019. The Substance Misuse Contract is due to expire on 31 March 2019 • Refurbishment is required • Lorenzo IT system, data collection and analysis • Hospital Service Review recommendations and subsequent regional initiatives
3.	IMPLICATIONS
3.1	<p>Financial implications</p> <p>As outlined within the report.</p>
3.2	<p>Consultation & Engagement</p> <p>Consultation in relation to the Barnsley Place Plan for Maternity Services has primarily been in conjunction with Maternity Voice Partnership and a number of public events have been held in and around Barnsley.</p>
3.3	<p>Equality & Diversity</p> <p>No significant issues identified.</p>
3.4	<p>Information Governance.</p> <p>No significant issues identified.</p>
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>The CCG needs to ensure that the transformation of maternity services in Barnsley are aligned both to the recommendations within 'Better Births' and those of the Hospital Services Review whilst the interests of the Barnsley women and their families remain at the core of the transformation.</p>
5.	APPENDICES TO THE REPORT
	Appendix A - Barnsley Place Plan for Local Maternity Services

6.	CONCLUSION
	<p>Good progress is being made in Barnsley Maternity Services towards delivering the recommendations of 'Better Births' building on the good practice that is already embedded within the maternity services. There are a number of challenges still to overcome but the Barnsley Maternity Services are working closely with Barnsley CCG and the SYB ICS LMS to ensure that solutions are safe, effective and of the highest quality possible.</p>

Template for Place Plans and Transformation Funding 2018-19

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Place Plan Set Up

Place Name	Barnsley	
Place Plan Lead	Laura Rumsey	Head of Midwifery/Associate Director of Nursing
Place Plan Deputy	Sarah Stables	Consultant Midwife/Clinical Lead Inpatient Maternity
Place Plan Version	DRAFT Version One	

When completing this template, please refer to the Guidance for Place Plans & Transformation Funding 2018-19 document.

Key Lines of Enquiry

The Place Plan is set out to cover seven agreed trajectories (or Key Lines of Enquiry):

- A.1. Stillbirths and neonatal deaths
- A.2. Intrapartum brain injuries
- D. Number of Personalised Care Plans (PCPs)
- E. Number of women able to choose from 3 places of birth
- F. Number of women receiving continuity of carer
- G. Number of women giving birth in midwifery settings
- S. Reduction in smoking in pregnancy (SiP)

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KLOE A.1: Stillbirths and neonatal deaths

Stillbirths and neonatal deaths: A 10% reduction in the number of stillbirths and neonatal deaths over the 2015-20 period.

SYB reported a rate of 4.7 stillborn babies per thousand 2013-15. This was the higher combined Stillbirth & Neonatal rate taken from 2013-15 Maternity Health Needs Data pack.

Place Plan for KLOE A.1

An outline of the current position, including previous years' quarterly figures (the annual rate for stillborn babies per 1000 births figure) is shown below for each place including the SYB average.

Year	Quarter	Barnsley	Doncaster & Bassetlaw*	Rotherham	Sheffield	SYB Average	SYB Aspiration
2015/16	Q2	4.00	2.84	3.40	7.18	4.36	-
2015/16	Q3	5.00	3.90	1.90	3.70	3.63	-
2015/16	Q4	2.90	3.10	1.87	0.00	1.97	-
2016/17	Q1	4.00	4.10	2.50	5.60	4.05	-
2016/17	Q2	4.06	4.60	3.95	4.63	4.31	-
2016/17	Q3	2.98	3.53	6.27	5.69	4.62	-
2016/17	Q4	3.60	2.79	5.57	4.96	4.23	-
2017/18	Q1	3.60	2.41	6.56	5.25	4.46	-
2017/18	Q2	3.30	2.67	5.68	5.80	4.36	-
2017/18	Q3	2.98	3.06	2.32	5.02	3.34	-
2017/18	Q4	3.01	3.24	3.86	5.88	3.99	-
2018/19	Q1						-
2018/19	Q2						-
2018/19	Q3						-
2018/19	Q4						3.95
2019/20	Q1						-
2019/20	Q2						-
2019/20	Q3						-
2019/20	Q4						3.76
2020/21	Q1						-
2020/21	Q2						-
2020/21	Q3						-
2020/21	Q4						3.48

* Doncaster and Bassetlaw figures have not yet been split to show individual Place results.

What activities are happening in your area to work towards the reduction in the number of stillbirths and neonatal deaths?

Think about those activities that have been completed, are in progress or anticipated and any additional pilots/initiatives that are being considered. Has anything been ruled out?

Who are involved in these activities? Give examples of nominated leads for the activities, service user or focus groups, clinical teams (this could be at national/regional/LMS or local levels), charities etc.

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What timescales are you working to?

How is this linked with other areas at provider or a wider level (e.g. sharing learning/data via the clinical network, coordinated planning/training, mentoring from/to other teams, peer review, submission of abstracts etc)

For example: Have you implemented the Saving Babies Lives Care Bundle?

What are you setting as a local trajectory for this KLOE and how will you measure progress?

How are you involving MVPs and local families?

What about preconceptual care? How is Public Health and/or the Local Authority involved in, or supporting the plan?

Are there any specific Comms messages that are being developed/shared?

Current Position

- Implementation of all 4 elements of Saving Babies Lives Care Bundle
- Barnsley is currently advertising to recruit a Bereavement Midwife post band 7 0.8 WTE
- Collaborative work streams with Midwives and x2 Fetal Medicine Consultants
- Active participation in Saving Babies in North England (SaBiNE) project nominated lead midwife appointed June 2015.
- SaBiNE lead presented Barnsley work at the Kings Fund in November 2015,
- Participation and presentation at SPIRE Study feedback July 2018, to evaluate the Saving Babies Lives Care Bundle.
- Change to Consultant Obstetric clinics to facilitate weekly Consultant input for women having serial growth scans
- Jaxsons Gift Registered Charity contacted to collaborate and engage with Maternity services to highlight reduced fetal movements. Charity wristband "**Don't just natter, movements matter**" provided to all women at the 24 week antenatal appointment and to any women presenting with reduced fetal movements
- 100% compliance with customised growth charts for singleton pregnancies
- Reduced fetal movements patient information leaflet printed on the customised growth chart, which is added to the perinatal notes at booking.
- Updating documentation and record keeping paperwork in ANDU reflecting RCOG guidance to identify women at increased risk of stillbirth who present with reduced fetal movements. Drs review required for all at risk women.
- Extended opening hours for USS and ANDU to accommodate increase demand for growth scans.
- Modernisation and streamlining of training for SFH measurements, growth charts, plotting and referral for all midwives.
- Multidisciplinary monthly audit meeting of all SGA babies, as a learning opportunity for midwifery, obstetrics and the USS Department.
- Changes in frequency of serial growth scans to 3 weekly from 28 weeks for babies at risk of SGA. 72 hour referral period for growth scan following a fall or static SFH.
- Streamlining admin procedures to allow community midwives quicker access for obtaining growth scans.
- Cross boundary collaboration with Rotherham and Mid Yorkshire to reduce practice variation.
- Sleep Safe Barnsley Babies initiative, initially locally now regional, discussing sleep safe, shaken baby and smoke stop. Funded by South Yorkshire Fire and Rescue targeting over 40,000 families.
- Specialist Healthcare Support Worker (HCA) delivering sleep safe, shaken baby and smoke free environment advice and support with one to one home visits
- Sleep Safe Week Service User Events
- Staff training within the Trust and at Universities (Sheffield and Bradford)
- Foster carer training re: sleep safe, smoke free environments, shaken baby
- Hand Held Maternity Records (Perinatal Institute) updated to document CO level recording at every antenatal examination (every contact matters), key information re: smoking, drug and alcohol use, sleep safe and home safety checks all from suggestions from the wellbeing team and service users.

Preconceptual Initiatives

- Perinatal Mental Health service provides pre-conceptual care. Barnsley Maternity Services web page has a section '*Thinking of having a baby in the future*' with a link to advice when thinking of having a baby.

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- National No Smoking Day - Safe Sleep demonstration linking to smoking in pregnancy and smoke free homes
- Barnsley Maternity Services Web Page includes links to: Lullaby Trust for safe sleep advice, and links to dietary advice, smoking, weight management, for increased healthy behaviours.
- Maternity Stop Smoking Team commissioned by Barnsley Public Health to support smoking cessation two wte B 5-6 midwives, action plan in progress.
- Public Health Midwife 1.0 wte B7 leads Stop Smoking team.
- Recent audit results (Impact on maternity unit services; smokers v non-smokers) presented by PH Midwife at trust board and within the Barnsley borough at the Tobacco Alliance, Smoking group, funding for larger research project being sought.
- Public Health Midwife chairs a regional Smoking Cessation forum and attends the Yorkshire and Humber Network Smoking in pregnancy meeting.
- PH Midwife provides Smoking in pregnancy training for student midwives at SHU, year 2
- Wellbeing team refers all women (with consent) for free home safety check with South Yorkshire Fire and Rescue.
- Weight management: Women with a raised BMI - referral 'opt out' to Change 4 Life dietetic service.

Research projects undertaken in Barnsley Maternity Services led by Public Health Midwife

1. 2015 An evaluation of the impact of a Weight Management programme for obese pregnant women, delivered in an antenatal healthcare setting. Poster presentation at Brussels

2. 2015 Exploring the experiences of overweight women attempting to follow a healthy lifestyle throughout pregnancy

3. 2016 An evaluation of the impact of a midwife led obesity service on pregnancy outcomes and childhood obesity' (Research in partnership with SHU, Currently being analysed)

4. What would your baby choose? A goal setting, healthy lifestyle leaflet, research project - currently being analysed.

- 'Health Referral' scheme in partnership with Barnsley Premier Leisure offering supported activity in a gym setting for pregnant women and their partners. - Roll out in September, training for BPL staff has taken place in partnership with the obstetric physiotherapist.
- Barnsley Obesity Strategy - PH Midwife leading meeting with Public Health colleagues to discuss current and proposed pathways.

Aspirations

- Seven day service for ANDU
- Uterine Artery Doppler Clinic between 20 – 24 weeks gestation for women at risk of SGA, who do not automatically qualify for serial growth scans.
- **Raised BMI** - Weight management/Healthy Lifestyle clinic. NICE compliance with women with a raised BMI 30-35 accessing shared care.
- **Smoking** - To develop the number of maternity staff trained to deliver level 2 stop smoking support (part of the continuity of care project) Consultant obstetrician lead.
- **Safe Sleep** - To provide the safe sleep resources and seek further funding from South Yorkshire Fire and Rescue when the applications for further funding are open - September 2018
- **Preconception** - Consultant led preconception clinic
- **Maternity Web page** - To have an interactive and more professional web page
- Dedicated and sound proof **Bereavement Suite** where bereaved women can birth their babies safely with the support of family and remain with their in the post natal period.

Funding and resources:

Share your funding details here, linked to the activities above:

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Funding for Maternity Web page modernisation approximately £3000
30 Apple iPads = £14,820
Public Engagement Event and Infomercial x2 60 sec £6000
15 Laptops £12,600
Development of an alongside Midwifery led unit would release space on the Labour Suite for a dedicated Bereavement Suite

KLOE A.2: Intrapartum brain injuries

A reduction in Intrapartum brain injuries is expected as part of the outcomes for Better Births.

This measure is to be reported by all NHS neonatal units in SYB and includes all infants admitted for neonatal care (whether their home is in the same Place or not).

Place Plan for KLOE A.2

An outline of the current position should be shown below. Metrics for this are already captured through data e.g. Saving Babies Lives, MMBRACE, Each Baby Counts, NHS Resolution (HIE), Perinatal Mortality Review tool.

*What are you setting as a local trajectory for this KLOE and how will you measure progress?
What is our current position? How can we measure this easily?
How does this relate to Each Baby Counts, NHS Resolution (HIE) and the Perinatal Mortality Review tool?
How can we involve women and families in this work?*

Current work/analyses includes review of all cases where unexpected admissions to SCBU - poster at BMFMS, also all cases where cord gases < 7.03 reviewed and any learning disseminated to all via meetings/newsletters/memos/at skills and drills.

Dr Fawzy, Obstetric Consultant is the Clinical lead reporter to "Each Baby Counts" – all cases subjected to external peer review. Include our Gap analysis from NHS resolution cerebral palsy 5 years report.

PMRT- Use of the national tool commenced in March 2018 for all perinatal deaths

The target used in Barnsley is less than 7.0.

From Jan 2017 to date (Aug 2018) Barnsley maternity services only had 2 investigations where HIE was diagnosed - one was a preterm baby with grade 2 and one was 39+4 weeks with grade 1. We have had one investigation where the baby sustained a fractured skull and brain haemorrhage following 2nd stage LSCS

How will our Place Plan contribute to a reduction in Intrapartum brain injuries?

Think about:

How local activities contribute to this aspiration.

Which other Neonatal units will also be affected by your activities? Who is your lead on this? Have you a champion or clinician with a specialist interest in this?

Have any specific pathways/incentives been identified or commissioned that relate to this?

What additional resource do you need? For example data analysis, clinical input, engagement/communication specialists, marketing/infographics etc.

- Maternity Safety Fund finance utilised on CTG Masterclass, and Human Factors training for Labour Suite Coordinators and core labour suite Midwives.
- Multidisciplinary annual CTG training via K2 package
- Birthrate Plus Maternity workforce review in progress 2018
- Maternity Services Fresh Eyes Policy, minimum 2 hourly
- Environment – relocation and modernisation of NNU now co-located closer to Labour Suite and Obstetric Theatre.

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- NHSR CNST Incentive Scheme Barnsley Maternity achieved all 10 standards

Aspirations :-

- Further multidisciplinary collaboration and training to share learning from incidents
- Use of Ipads to undertaken staff training and education e.g. Human Factors & Situational Awareness Training.
- Increased use of technology and data to support transformation and real time feedback from service users

Challenges:

- IT connectivity, electronic working including remote working for Community Midwives.
- Age and quality of IT hardware
- Significant problems with data extraction including consistency of information
- Data obtained from IT Lorenzo system requires manual validation and cross referencing generating additional time and recourses
- Absence of an electronic maternity record requiring secondary data input for all maternity booking information.

Funding and resources:

Share your funding details here, linked to the activities above:

- IT hardware to improve collection and analysis of data and feedback from service users
- Improved data analytics and information collection to inform service improvement.

KLOE D: Personalised Care Plans

All women should have Personalised Care Plans (PCPs) therefore the aspiration is 100% by March 2021. This should be supported by 'clear and credible plans to roll out personalised care planning'. PCPs should be developed based on the Better Births guidance with extensive MVP involvement throughout.

Place Plan for KLOE D

An outline of the current position should be shown below along with a trajectory that meets the aspiration: 40% of women having PCPs by March 2019 and 100% by March 2021.

Place	Baseline	March 2019	March 2020	March 2021
Barnsley		40%		100%
Doncaster		40%		100%
Bassetlaw		40%		100%
Rotherham		40%		100%
Sheffield		40%		100%

Work should be done to understand the current baseline position in each Place.

What activities are happening in your area to work towards delivering PCPs for all women?

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Ask "Do we provide the type of personalised care planning envisaged in Better Births?", rather than "Do we offer personalised care plans?"

How do we help women access the support available to make informed choices and develop their personalised maternity care plan? How do we help them access an NHS Personal Maternity Care Budget (where available), advocacy and interpreting?

Do our plans cover development of the PCPs with MVP involvement? What does this look like?

What about Perinatal Mental Health pathways, how are we incorporating these?

Nationally there are some areas already reporting 50% compliance with this metric – what are they doing well? Can we learn from them?

- The Barnsley Choices leaflet is available on the Maternity web page and sent to women as a link prior to the booking appointment. This action was requested by service users participating in focus groups lead by PH Midwife and her team.
- Barnsley Maternity has an integrated Maternal Mental Health Pathway in collaboration with local Mental Health services Perinatal Mental Health services and the Health Visiting service which is embedded into practice.
- Barnsley Maternity services have a whole time equivalent Perinatal Mental Health Midwife funded by the CCG. The post holder is
- Personalised care planning is provided by the Wellbeing Team which includes Perinatal Mental Health Midwife, Teenage Pregnancy, Substance Misuse and Bereavement Midwife. This plan of care is individualised and bespoke and discussed in partnership with the woman and agencies supporting
- Barnsley Maternity Services collaboration with Barnsley Maternity Voice Partnership (BMVP) is in the early stages of developing Personalised Care Plans which include modernisation of documentation and paperwork.
- Birth Thoughts Clinics facilitates Personalised Care Plans to women who feel that the usual care pathway is not fit for their current pregnancy needs or wishes. This is then documented within the woman's hospital notes to be viewed on admission to hospital. Examples of cases seen in Birth Thoughts include choosing VBAC or ECS, monitoring in labour, continuous V's intermittent or no fetal monitoring in labour, timing of IOL delayed or early. Gentle LSCS and the development of a gentle LSCS documentation. (long running audit of this clinic is in place and what it offers, could include numbers).
- Active birth sessions offer information of choices available to women and families.
- Barnsley Maternity Service's 360 Degree Virtual Tour, available from the Maternity Web page has recently been updated this was informed by feedback from BMVP.
- Patient information leaflets in various languages on web page

Aspirations:

- Improvements in service user engagement and promotion of realtime feedback inform service transformation.

Funding and resources:

Share your funding details here, linked to the activities above:

Funding for hardware to facilitate :

1. Collection of meaningful feedback from women and families
2. Demonstrate and share information with women and families in hospital and in community settings; Back to Sleep, safe discharge information, infant feeding fixing and positioning, well/unwell baby, administration of anti coagulants

KLOE E: Choice

An increase in the number of women able to choose from at least 3 places of birth.

Place Plan for KLOE E

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An outline of the current position should be shown below along with the trajectory that meets the aspiration: 25% of women able to choose from 3 places of birth by March 2019 and 75%* by March 2021.

* 75% has been submitted as the SYB aspiration. This will be influenced by the Place Plans and clarity around how this is to be counted Nationally.

Place	Baseline	March 2019	March 2020	March 2021
Barnsley		25%		75%
Doncaster		25%		75%
Bassetlaw		25%		75%
Rotherham		25%		75%
Sheffield		25%		75%

Work should be done to understand the current baseline position in each Place, and how this will be evidenced or counted in the future.

How will our Place Plan contribute to an increase in the choices made available to women?

Who is your lead on this? Have you a champion or clinician with a specialist interest in this?

How will this be shown to be offered? How will it be measured and how can we evidence the current level of choice being offered? What are the plans to increase this?

Have any specific pathways/incentives been identified or commissioned that relate to this?

What additional resource do you need? For example data analysis, clinical input, engagement/communication specialists, marketing/infographics etc.

Could rates for the number of women able to choose from 3 places of birth be evaluated by mums?

Current Position

Barnsley Maternity Unit offers two choices for place of birth: home birth and the Barnsley Birthing Center (Consultant Led Labour Suite) at Barnsley Hospital. The homebirth rate is currently at or below 1%.

Women have the choice of three birthing suites with pools.

Whose Shoes Event July 2018 and subsequent action plan

Short and Medium Term Aspirations

Our short term ambition(within 6-12 months) is to have one bespoke room streamlined for Midwifery Led Care, no bed, birthing cube, awaiting decor to be changed with further birthing apparatus available for women to birth in a low tech midwife led setting.

4 consultant/ shared care birthing suites (awaiting named door plates).

360 degree virtual tour of the maternity unit (on the web page) includes birthing center.

Maternity choices leaflet on the maternity web page.

Maternity antenatal classes and birth drop in sessions run by midwives that include choice of place of birth.

As a service all staff promote and support home birth with home birth drop in sessions, we have identified further targeted promotion including infographics and community engagement events that would further promote the homebirth service as a choice of place of birth.

Mother to Midwife direct maternity referral work stream

Webpage - Choices leaflet and 'Your Birth' section has info on options for home birth

Infographics

New maternity choices leaflet and link on webpage

Medium term Aspiration (12-24 months)

- Barnsley Hospital alongside Midwifery Led Unit to provide 3 choices of place of birth.

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- Further engagement events with service users concerning choice and offers
- Engagement with all staff groups from the multidisciplinary teams and stakeholders to promote midwifery led care settings for Barnsley women

Funding and resources:

Share your funding details here, linked to the activities above:

Modernisation of Maternity Web page

Use of technology to engage further with service users and staff.

Further development and collaboration with BMVP in the delivery of maternity transformation.

KLOE F: Continuity of carer

An increase in the number of women receiving continuity of carer, measured through the whole pathway including pregnancy, birth and postnatal care. The SYB aspiration submitted as part of the local trajectory states 100% of women with continuity of carer by March 2021.

We also want to evidence where elements of parts of the pathway offer continuity (e.g. ante and postnatal). This will help us to evaluate the impact of any changes to the models of care, and evidence where good practice and continuity already exists.

Place Plan for KLOE F

An outline of the current position should be shown below.

Place	Baseline	Aspiration March 2019	Aspiration March 2020	Aspiration March 2021
Barnsley		<i>20%</i>	<i>50%</i>	<i>100%</i>
Doncaster		<i>20%</i>	<i>50%</i>	<i>100%</i>
Bassetlaw		<i>20%</i>	<i>50%</i>	<i>100%</i>
Rotherham		<i>20%</i>	<i>50%</i>	<i>100%</i>
Sheffield		<i>20%</i>	<i>50%</i>	<i>100%</i>
SYB	-*	<i>20%</i>	<i>50%</i>	<i>100%</i>

*The baseline for SYB will be calculated from Place Plan information.

Percentages in italics may be adapted, based on baseline evidence and individual Place aspirations.

How will our Place Plan contribute to an increase in the number of women receiving continuity of carer?

What is our current position? How can we measure this easily?

Do we have some continuity of carer already? What exists for pregnancy and postnatal care elements of the pathway?

What would need to be in place to change the system to deliver end to end care continuously?

How can local activities contribute to this aspiration? Who is your lead on this? Have you a champion or clinician with a specialist interest in this?

Have any specific pathways/incentives been identified or commissioned that relate to this? What plans have

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you in place for working with vulnerable women or young mums?

How will you avoid safety concerns? How will this look different for different cohorts of women e.g. those with previous mental health issues?

What will you do to streamline the service so women who transfer their care do not miss out?

Are there already areas of good practice?

What additional resource do you need? For example data analysis, clinical input, engagement/communication specialists, marketing/infographics etc.

Current Position

Teenage Pregnancy Midwife has 100% continuity throughout the antenatal and postnatal period but not in the intrapartum period.

Substance Misuse Midwives (x2) have high levels of antenatal and postnatal continuity with women on their caseloads not including intrapartum care. Care is bespoke to vulnerable women, and streamlined following discharge if in drug treatment services (commissioned by Humankind)

Pregnancy liaison service where the most vulnerable and those raising concerns to the midwife can be discussed rather than following the social care pathway for pregnancy.

Care streamlined when in HMP Newhall Women's Prison by the Substance Misuse Midwives.

Strong links with Vulnerabilities teams within the locality and Nationally for those women transferring care or may be seen as at risk of moving away from the area.

Community Midwifery teams facilitate high levels of antenatal and postnatal continuity of carer which in general does not include intrapartum care.

Aspirations, Direction of Travel

It has been highlighted that women who have planned CS's (Barnsley 9% of births) could have their named Community Midwife as the attending midwife when having their CS increasing the continuity of carer, experience and outcomes for this cohort of women. Work to support this change in practice will require women identified as having a high chance of an ELCS being highlighted following Consultant antenatal clinics.

Work is currently progressing to develop new and innovative ways of working to deliver continuity of carer to the most disadvantaged women of Barnsley who declare themselves to be smokers at the initial booking appointment or earlier. Participation in the Maternal Neonatal Safety Collaborative Wave 2 initiative, Barnsley Maternity Unit has been able to harness quality improvement tools and drivers looking at *reducing smoking in pregnancy* and align this goal with that of delivering continuity of carer.

Our vision is to dramatically reduce our current high levels of smoking in pregnancy by delivering continuity of carer.

Barnsley Maternity Units continuity of carer initiative will feed in and compliment collaborative work with the Local Authority, Neighborhoods Project focused in the Wath-Upon-Derne area of Barnsley. This is a new model of working between community health, social care, the voluntary and community sector, primary care and the Acute Trust. The primary purpose of this is to design an approach which delivers a comprehensive community service focussed on the health and care needs of individuals, families and communities, unconstrained by current barriers such as different employing organisations, systems and labels.

Our current process to support women to quit smoking has been demonstrated to reduce the % of smokers at birth, particularly when investment has been made in the service we can offer, however progress is slow. Our rates of smoking at birth, whilst reducing over recent years, continues to be one of the highest rates nationally. From a recent review of Barnsley Maternity unit acuity our unit was found to have a particularly high levels of complex women. It could reasonably be argued that this, in some part, is derived from the high levels of smoking in pregnancy and postnatally. Reduction in the levels of smoking in pregnancy would lead to a reduction in poor outcomes for mothers and babies and which may also reduce current demands on the service. All of these improvements would be measurable over an 18 month period following implementation of the new pathway in April 2018.

Measurables: IOL rates, USS demand, antenatal admissions, emergency CS rates, neonatal admission rates

Support from the Stop Smoking midwives presently in post offer support to women alongside that of the community midwife. Whilst this support is valuable, evidence suggests that if the same midwife not only delivers all routine care but also that of stop smoking support, smoking cessation rates are significantly improved.

The cohort of women who will be initially chosen for this pilot will be a small group from a particularly

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disadvantaged area of Barnsley, Wath Upon-Deerne. It is envisaged that four WTE midwives will work as a small team in this area and carry caseloads of up to 35 women. The team of 4 midwives will have the capacity to deliver care to approximately 140 women at any one time and the chosen geographical area will be home to more women who declare themselves as smokers than the team could support. To work within the proposed envelope of the pilot project, a criteria will be used to offer this model to the most vulnerable women. Work within the current continuity of carer task and finish group work includes:

- Development of a clear pathway which will encompass the booking appointment all through to discharge within the postnatal period. Stop smoke support will be woven into this pathway to deliver the optimal impact.
- Co-production of the pathway will be enable by working closely with the MVP and other focus groups of women who currently smoke in pregnancy.
- Development of an on call service from this small team that will not lead to Midwife burn out or impact negatively on the modern midwives work life balance.

Challenges in achieving 20% CoC by March 2019

The current midwifery workforce resource is currently not at the level to deliver the entire ambition of 20% at this time. Initiatives to pilot CoC are in progress as described above, the appetite for change and CoC in the unit is positive. The initiatives in progress balance the need to deliver safe high quality maternity care to the remaining women choosing to birth their babies in Barnsley.

Funding and resources:

Share your funding details here, linked to the activities above:

BHNFT PMO support approximately 1day/week B6/7 approximately £5000

1.0 wte Band 7 Better Births Transformation Project Lead Midwife for 6 months £24080.00

Backfill of 2.0 WTE B6 midwives for 4 months approx. £20,000

Stop smoking bespoke training for the 4 midwives in house training

x4 CO testing meters £ 800

Support required for this pilot will include data collection and analytics, e-rostering changes to reflect new patterns of working.

IT hardware as discussed earlier in Plan.

KLOE G: Midwifery settings

An increase in the number of women in midwifery-led settings: homebirth (planned), Standalone Midwifery Led Units (SMLUs), Alongside Midwifery Led Units (AMLUs).

Place Plan for KLOE G

An outline of the current position should be given below. This needs to show a planned overall increase in the numbers of women giving birth in midwifery settings.

Year	Barnsley	Doncaster & Bassetlaw		Rotherham	Sheffield		SYB Total	SYB Aspiration
		Doncaster	Bassetlaw		Homebirth	AMLU		
2016/17		207 (2015/16 data)				1257	1470*	-
2017/18							-	
2018/19							-	1500
2019/20							-	2100
2020/21							-	2500

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* For 2016/17 the estimated total women giving birth in midwifery-led settings across the SYB footprint was approx. 1470.

Actual figures need to be established to project appropriate increases in midwifery-led settings.

How will our Place Plan contribute to an increase in the number of women giving birth in midwifery-led settings?

How can local activities contribute to an increase in the number of women choosing to have homebirths or using a local MLU?

How is the midwifery to birth ratio being improved to support this? What impact is expected? How does this fit with other plans? (E.g. staff turnover/succession or CIP.)

Who is your lead on this? Have you a champion or clinician with a specialist interest in this?

Have any specific pathways/incentives been identified or commissioned that relate to this?

What additional resource do you need? For example data analysis, clinical input, engagement/communication specialists, marketing/infographics etc.

Current Position:

Barnsley Maternity Unit offers homebirth as the primary place of birth in midwifery settings. A newly refurbished and modern Labour Suite with 3 birthing pools is the primary place of birth for women in Barnsley. Whilst women experience low risk midwifery led care on the unit there is not a separate midwifery led unit.

Future ambitions

Short Term (6-12 months): a birthing room with pool on the Labour Suite which is named as the MLC room and refurbished to reflect a home from home environment. Women will be offered the choice of this additional environment as a place of birth antenatally.

Longer Term (12-24 months):

A Barnsley alongside Midwifery Led Unit approximately 4 beds offering a third choice for place of birth. Early discussions have been undertaken with the Trust Executive team to model this ambition taking into account recommendations from the recent Hospital Services Review.

Funding and resources:

Share your funding details here, linked to the activities above:

Infographics/public engagement forums and further engagement/collaboration with BMVP to elicit the views and feedback from women and families.

KLOE S: Smoking in pregnancy

A reduction in the number of women smoking in pregnancy measured at booking and at birth as a percentage of the total number of women.

Nationally the aim, by end of 2022, is to reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less. Our suggested aspiration would be to reduce SYB by a similar 5% margin, or better.

Place Plan for KLOE S

An outline of the current position should be added below.

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The initial data below shows the number of women smoking at booking and is taken from HES/MSDS data.

Some data is not complete and is shown as 'missing data' on the HES report.

Rotherham did not submit any figures, therefore it is blank.

Year	Barnsley		Doncaster & Bassetlaw		Rotherham		Sheffield	
	Number	%	Number	%	Number	%	Number	%
2016/17	605	21	450	23	-	-	55	1
(missing data)	(165)	(6)	(40)	(2)	-	-	(2035)	(30)

Rates for smoking can be taken from existing data as shown for Q4 below.

Date	Measure	Barnsley	Doncaster & Bassetlaw	Rotherham	Sheffield	SYB Ave	Y&H Ave
Q4 2017/18	% of women smoking at booking	15.7%	23.3%	19.7%	12.4%	17.5%	17.0%
Q4 2017/18	% of women smoking at time of delivery	17.7%	16.2%	17.2%	13.6%	15.6%	14.7%

How will our Place Plan contribute to a reduction in smoking in pregnancy?

What is our current position compared with other areas? Do we have 'pockets' of challenge? How can we measure this easily at a local level?

Smoking at time of delivery current position 2017-18: Barnsley 16.8% Yorkshire and Humber 14.2% England 10.8% National ambition 6% or less by 2022

In the North of England commissioning region, only 1 out of 64 CCGs achieved the national ambition.

Pockets of challenge: Areas of deprivation across Barnsley. We can measure this via the number of women smoking at booking, number smoking at time of delivery, number of referrals into the Maternity Stop Smoking Service, number of women lost to follow up, number of women who quit, and number of women CO validated.

How can local activities contribute to this aspiration? Who is your lead on this? Have you a champion or clinician with a specialist interest in this?

The further development of the stop smoking support women receive linked to the Maternity Stop Smoking Service and the NEW Continuity Carer model. We already have a substantial action plan as part of the Maternity Stop Smoking Service and to further compliment this yearly mandatory training would be optimal for all staff including Medical and USS staff. The clinical lead and champion is the Public Health Midwife. A lead consultant would be ideal; we have a champion in ANC/ANDU and the ANPN Ward. We have yet to establish a volunteer for the community teams and the Labour Suite.

Have any specific pathways/incentives been identified or commissioned that relate to this? Are there other initiatives in place working with the key cohorts or women? This might be work with vulnerable groups or local areas/community hubs.

The Maternity Stop Smoking Service has been commissioned for 1 whole time equivalent (WTE) B6 Midwife and 1(WTE) HCSW with an SLA and a pathway which is currently under review. The Maternity Stop Smoking Team has direct links to all maternity clinical areas. One of the team (HCA) works with the Teenage Pregnancy Midwife and also supports teenagers to stop smoking on the Stop Smoking Programme. Both of the stop smoking midwives (job share posts) also undertake booking clinics as part of their community role and will support and refer any of the women they see at the appointments on the Stop Smoking Programme.

All women are CO tested at every antenatal appointment and the midwives are trained in very brief advice.

What additional resource do you need? For example data analysis, clinical input,

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engagement/communication specialists, marketing/infographics etc.

Barnsley Maternity Services continuously supports all staff to receive good quality, regular (yearly) training and updates to deliver consistent messages to women and families and to undertake VBA (very brief advice). This needs to include medical and support staff. Motivational interviewing techniques are a valuable tool to use for all staff.

Further training on how to talk to women would be very beneficial and essential to reduce smoking rates in Barnsley

Data analysis:

Accurate data input into the Lorenzo IT system and accurate reports in a timely manner as these are crucial. Smoking at time of delivery (SATOD) data is consistently missing and /or inaccurate.

Early referral is needed into the Maternity Stop Smoking Service via the GP receptionists

Info graphics and access to I Pad's as a resource for staff and women

Support for the action plan already in place for the maternity stop smoking team.

Public Health via Barnsley Council are the commissioners for the Maternity Stop Smoking Service there is an additional subcontract via SWYPT. The Public Health Midwife attends the Tobacco Alliance and Barnsley Smoking Group where Public Health is involved.

Regionally we are represented at the Smoking in Pregnancy Clinical Network and the Public Health Midwife chairs the operational regional stop smoking meeting.

BMVP and other service users are consulted on use of new resources/leaflets/logos.

Funding and resources:

Share your funding details here, linked to the activities above:

Supporting Elements of the Place Plan

Risks & Issues

What are the key risks and issues that relate to this and how are you managing them?

This might be availability or management of time/resources, communication gaps, workforce maturity or instability, local health and welfare issues, staff engagement and ownership, political sensitivities, data collection and quality challenges, conflicting priorities, insufficient senior leadership engagement/interest, expected impact from HSR etc.

Do you have a risk register specifically related to the Better Births activities?

What processes do you have in place for escalating or sharing visibility of risks?

What risks or issues are likely to impact the SYB plans? Or those of neighbouring Places?

Maternity Stop Smoking Service is funded until October 2019

Lorenzo IT system, data collection and analysis

O block(Maternity, Gynecology, Paediatric services) schedule of refurbishment

Hospital Services Review recommendations and subsequent regional initiatives.

Human Kind Service SLA in place until 2019

Interdependencies

What are the key interdependencies?

What are you dependent on? Is anything reliant on your achievement of the plans? Who else has a vested interest in your success?

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Think about Perinatal Health (Wave 1 & 2), preconceptual care, children's services and also workforce demands, succession planning and local changes to training and qualification programmes.

What about the local area? Is there re-generation in the local housing market? Have you an increasing number of families or growing younger population?

What about immigration or job creation locally? Will this impact your workforce or local socioeconomic dynamics?

Human Kind currently commissioned to provide Substance Misuse Services in Barnsley

Barnsley Clinical Commissioning Group

Neonatal Unit opening of new unit October 2018

Paediatric services

Public Health Services

Local Authority Services: Neighborhoods

Stakeholders

Who are your key stakeholders?

Think about staff members (clinical or not and in frontline or parallel/peripheral services), mums and wider family members, neonatal and children's wards, transport services, mental health services etc.

How have you identified their interests and involvement? How are you managing communication and engagement?

Who else has a vested interest in your success?

Have you got a communication plan? Or support for updating social media messages/trust website information?

BMVP

Human Kind currently commissioned to provide Substance Misuse Services in Barnsley

Barnsley Clinical Commissioning Group

Neonatal Unit opening of new unit October 2018

Paediatric services

Public Health Services

Local Authority Services: Neighborhoods

Place-based MVPs

How is the local MVP being supported?

MVPs are vital stakeholders. How are they being supported and engaged throughout these Place Plans?

How is this being developed? How are they being funded?

What activities are they involved in and how are these being commissioned? How are they being (or going to be) involved in development of the plans?

What help do you need to develop your local MVP?

What help do they want or need?

Engagement and collaboration from Midwifery services; teams, leadership, specialist services, Comms, Patient partnership services.

Regular meetings with BMVP and CCG

BMVP engagement and feedback essential component of Barnsley Place Plan

Support from maternity services in recruitment and signposting to BMVP

Support for resources to enable functionality of BMVP

Feedback from BMVP is awaited for the Place Plan

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Funding and resources:
<i>Share your funding details for stakeholders and MVPs here:</i>
Funding from Transformation monies £5000

Anything else?

Other things you might think about:
<p><i>Have you developed any local resources you could share? Templates, training packages, links to 3rd sector organisations, academic institutions etc.</i></p> <p><i>Are there local champions, either in the NHS, community or charity settings that are active in supporting/leading your aspirations?</i></p> <p><i>Have any specific pathways/incentives been identified or commissioned that relate to this?</i></p> <p><i>What additional resource do you need access to? For example data analysis, clinical input, engagement/communication specialists, marketing/infographics etc.</i></p> <p><i>Is there anything you'd like to investigate/explore? For example: visiting a Maternity Unit with a similar demographic or set up or developing leaflets to support staff awareness or families.</i></p> <p><i>The local community (often through the MVP) has links to advocates and charities in our SYB footprint e.g. 4Louis and Healthwatch. How are we engaging with these charities to work toward a shared interest?</i></p>

GOVERNING BODY

10 January 2019

Mental Health Investment Update

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 type="checkbox"/>	<i>Information</i>
		<input checked="" type="checkbox"/>	
2.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Lesley Smith	Chief Officer
	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's, Maternity and Specialised Commissioning)
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
	Governing Body	Sep 2018	Noted
4.	EXECUTIVE SUMMARY		
	<p>In the September 2018 Governing Body meeting members were informed as to Barnsley's progress towards delivering the recommendations contained within the Five Year Forward View for Mental Health and the Future in Mind report.</p> <p>Aligned to delivering these recommendations NHS England are providing transformation monies (as per the relevant Planning Guidance – see Appendix A), as part of the CCG's overall allocation.</p> <p>Transformation monies have already been received by the CCG in previous years and so there are a number of service developments that require recurrent funding plus there are areas in which we need to invest further if we are to achieve the ambitions contained within the Five Year Forward View for Mental</p>		

	<p>Health.</p> <p>The purpose of this paper is to highlight the financial pre-commitments necessary to continue the successes already achieved and to recommend the priority areas for additional investment in 2019/20 and beyond.</p>
5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Note the information within the report • Approve the priority areas for investment
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix A – CCG Allocation of Transformation Monies for Mental Health • Appendix B – All-age Liaison Psychiatry Business Case • Appendix C – IAPT Expansion Business Case • Appendix D – ADHD Waiting List initiative proposal

Agenda time allocation for report:	<i>15 minutes</i>
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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:	4.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	Y
	9 - Compliance with Statutory and Regulatory Requirements	
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?	Y
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	
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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION																		
	<p>Since the publications of the mental health task forces in 2015, better known as The Five Year Forward View For Mental Health and Future in Mind, NHS England have provided transformational funding to the CCG to enable delivery of the various recommendations contained within these publications and which Governing Body have been informed of several times over the past three years.</p> <p>In relation to the recommendations of ‘Future in Mind’ there was an expectation that the monies that were received by the CCG were to be spent on improving mental health services for children and young people only. Barnsley CCG ring-fenced this funding to be used for that purpose only. The transformation monies however is now to be part of the CCG’s overall funding allocation and therefore there are a number of financial pre-commitments in relation to mental health services that have been developed using these additional funds. These are outlined below.</p> <p>There are also a number of service developments that the CCG need to undertake in Barnsley if we are to achieve the aspirations outlined within the key documents previously referred to. These areas are also outlined below and the supporting documents highlighting the rationale for the additional investment required are attached to this report as appendices.</p>																		
2.	DISCUSSION/ISSUES																		
	<p>Pre-commitments</p> <p>Mental Health Financial pre-commitments re transformation monies within the CCG’s overall allocation, as outlined above, are as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;">£</th> </tr> </thead> <tbody> <tr> <td>MindSpace</td> <td style="text-align: right;">280,000</td> </tr> <tr> <td>Chilypep (Training plus engagement activities)</td> <td style="text-align: right;">75,000</td> </tr> <tr> <td>THRIVE implementation</td> <td style="text-align: right;">110,000</td> </tr> <tr> <td>CAMHS – SPA and YOT</td> <td style="text-align: right;">103,000</td> </tr> <tr> <td>CYP – IAPT</td> <td style="text-align: right;">75,000</td> </tr> <tr> <td>IAPT – LTC (initial expansion)</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td>Adult ASD</td> <td style="text-align: right;">75,000</td> </tr> <tr> <td>Supporting Implementation of Police Crime ACT 2018</td> <td style="text-align: right;">80,000</td> </tr> </tbody> </table> <p>Priorities for Future Investment</p> <p>A number of Five Year Forward View For Mental Health workshops have been held recently, involving all partners, to determine the priority areas in which to invest the mental health transformation monies. Although the amount of investment suggested within the FYFVMH and 2018/19 Operational Planning Guidance that the CCG is due to receive is significant this level of investment cannot be guaranteed. Until the CCG is informed of its actual allocation therefore it would be prudent to assume that the level of investment to be</p>		£	MindSpace	280,000	Chilypep (Training plus engagement activities)	75,000	THRIVE implementation	110,000	CAMHS – SPA and YOT	103,000	CYP – IAPT	75,000	IAPT – LTC (initial expansion)	100,000	Adult ASD	75,000	Supporting Implementation of Police Crime ACT 2018	80,000
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received will be less than the levels of investment required. Working on that assumption partners were asked at the recent FYFVMH workshop to determine the priority areas for investment based on the criteria of having biggest, most positive impact on the mental health of Barnsley residents.

The priority areas determined by partners were s follows:

- a) Crisis Care – especially crisis care of children and young people
- b) IAPT-LTC – this being a key enabler within Primary Care, helping to reduce acute, physical healthcare costs and forms part of the CCG Assurance Framework
- c) CAMHS – reducing the long waits from initial assessment to the start of treatment, particularly being experienced by people on the complex behaviour pathway

A key aspect of improving the crisis care of our young people was felt to be by expanding the liaison psychiatry service delivered by mental health services in the Emergency Department at Barnsley hospital, to become an all-age service as this service currently excludes under 18's.

In response to this SWYPFT were asked to draft a proposal to outline the additional investment that would be required to deliver this aspiration. As this is a key area for development the CCG agreed to an investment of £39,800 in 2018/19 to enable the initial expansion to commence. The Business case to achieve a safe and effective all-age liaison psychiatry service is attached at Appendix B. As can be seen, the total investment required is **£387,150**.

IAPT-LTC is a key enabler of the transformation of mental health services as it impacts on delivery of mental health services within primary care in addition to community services and evidence suggests that an IAPT-LTC service can significantly reduce acute healthcare costs associated with long term conditions (such as diabetes and heart disease). NHS England view IAPT-LTC services as key drivers to deliver many of the ambitions of the FYFVMH.

In response to this SWYPFT were asked to draft a proposal to outline the additional investment that would be required to expand the current IAPT service to become an effective, high achieving IAPT-LTC service. As this is a key area of development for the CCG an additional recurrent £100,000 was agreed in 2018/19 to commence the expansion of an IAPT-LTC service. The business case outlining how this will be achieved is attached at Appendix C. As can be seen, the total investment required in 2019/20 is **£1,087,705** with an additional amount of **£177,490** over three years as salary replacement costs (this is the IAPT training programme that was previously funded by Health Education England but is now the responsibility of CCG's).

CAMHS is an area in which demand is consistently high resulting in young people experiencing long waits for their treatment to start. This is exacerbated by an increase in emergency referrals, which generally are received into CAMHS from the Liaison Psychiatry Service in the Emergency Department at Barnsley Hospital. Expanding the Liaison Psychiatry Service to an all-age service will therefore have a positive impact on the capacity of the CAMHS service.

	<p>Significant long waits are particularly experienced by young people on the complex behaviour pathway and work has been undertaken to consider how these waits may be reduced. Evidence gathered to date shows that the ADHD assessment and diagnosis pathway is particularly lengthy so SWYPFT have looked at how this process could be reduced. It has also become evident that 75% of a CAMHS Consultant workload involves young people with ADHD and much of this work revolves around medication reviews. SWYPFT have therefore considered how a CAMHS Consultant's capacity could be better utilised.</p> <p>At Appendix D is attached SWYPFT's ADHD Waiting list initiative proposal that considers the elements outlined above. As can be seen, the total investment required to support this initiative is £185,551 (of which £34,519 would be required if the initiative were to commence in January 2019).</p> <p>The CCG were recently informed that our bid to become a Trailblazer site in relation to the Department of Educations' Green Paper (highlighted in previous Governing Body reports) was unsuccessful. The development of mental health support teams in schools, particularly our Primary schools, Post 16, our SEMH (Social Emotional Mental Health) Special School and those children educated at home is a key priority for Barnsley. Further discussions are being held with our partners to determine the best, most effective model in which we can provide this support and this will require additional investment. The model of care will be determined early in 2019 with an expectation of a paper being brought to Governing Body in March 2019 outlining the configuration of the proposed mental health support teams in schools and the associated levels of investment required.</p>
	IMPLICATIONS
3.1	<p>Financial implications</p> <p>As outlined within the report.</p>
3.2	<p>Consultation & Engagement</p> <p>Several stakeholder engagement workshops have been held and discussions at Crisis Care Concordat and with the Barnsley Mental Health Forum have taken place.</p>
3.3	<p>Equality & Diversity</p> <p>No significant issues identified.</p>
3.4	<p>Information Governance.</p> <p>No significant issues identified.</p>
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>Failure to invest the transformation funds effectively in the priority areas outlined above may result in the CCG not achieving the ambitions of the Five Year Froward View For Mental Health which will impact on the CCG's rating</p>

	with NHS England but more importantly would result in lower outcomes in terms of emotional health and wellbeing for the people of Barnsley.
5.	APPENDICES TO THE REPORT
	<ul style="list-style-type: none"> • Appendix A – CCG Allocation of Transformation Monies for Mental Health • Appendix B – All-age Liaison Psychiatry Business Case • Appendix C – IAPT Expansion Business Case • Appendix D – ADHD Waiting List initiative proposal
6.	CONCLUSION
	There has been significant progress in improving the emotional health and wellbeing of Barnsley residents over the past three years but there is still much to be done. Investing in the priority areas outlined in this report will enable the CCG to deliver the key recommendations of the Five Year Forward View for Mental Health and continue to improve the emotional health and wellbeing of Barnsley residents, whatever their age.

Mental Health Five Year Forward View Stakeholder Workshop

Patrick Otway
Barnsley CCG
Head of Commissioning
(Mental Health, Children, Specialised)

Monday 8 October 2018

MHFYFV - DELIVERABLES



1. Key Performance Indicators (KPIs) 2018/19

N.B. This does not include direct commissioning for Liaison & Diversion – please refer to the planning guidance 2018/19.

#	Prog.	Area	KPI – 2018/19
1	CYP	Increased Access	<ul style="list-style-type: none"> Additional 49,000 children and young people receive treatment from NHS-commissioned community services (32% above the 2014/15 baseline) nationally. Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans (LTPs) aligned to STPs.
2	CYP	Eating Disorders	<ul style="list-style-type: none"> Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.
3	CYP	Spec Comms	<ul style="list-style-type: none"> Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.
4	Perinatal	All	<ul style="list-style-type: none"> Continue to increase access to specialist perinatal mental health services, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 48%.
5 6	IAPT	IAPT Expansion	<ul style="list-style-type: none"> Continue to improve access to psychological therapies (IAPT) services with, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of 19% for people with common mental health conditions. Approximately two-thirds of the increase should be in new integrated services focused on people with co-morbid long term physical health conditions and/or medically unexplained symptoms, delivered in primary care (IAPT-LTC). All areas commissioning an integrated IAPT-LTC service.
7 8 9	IAPT	Maintaining Core Standards	<ul style="list-style-type: none"> Meet 50% IAPT recovery rate; Meet 75% of people accessing treatment within 6 weeks IAPT waiting time; and Meet 95% of people accessing treatment within 18 weeks IAPT waiting time.

MHFYFV – DELIVERABLES – contd.

10	AMH	EIP	<ul style="list-style-type: none"> Ensure that 53% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.
11	AMH/ CYP	Liaison Mental Health	<ul style="list-style-type: none"> Continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in nearly 50% of acute hospitals subject to hospitals being able to successfully recruit.
12	AMH	OAPs	<ul style="list-style-type: none"> Support delivery of STP-level plans to reduce all inappropriate adult acute out of area placements by 2020/21. Review all patients who are placed out of area to ensure that they have appropriate package of care.
13	AMH	Crisis Resolution and Home Treatment	<ul style="list-style-type: none"> Increase investment for CRHT teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21.
14	AMH	Physical Health & SMI	<ul style="list-style-type: none"> Deliver annual physical health checks and interventions, in line with guidance, to at least 280,000 people with a severe mental health illness (or 80% of those on the SMI register).
15	AMH	IPS	<ul style="list-style-type: none"> Provide a 25% increase nationally on 2017/18 baseline in access to Individual Placement and Support services.
16	Dementia	Diagnosis	<ul style="list-style-type: none"> Maintain the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care.
17	All	Suicide Reduction	<ul style="list-style-type: none"> Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicide rate by 2020/21.
18	All	Finance	<ul style="list-style-type: none"> Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.
19	All	Data	<ul style="list-style-type: none"> Ensure all commissioned activity is recorded and reported through the Mental Health Services Dataset.
20	All	Workforce	<ul style="list-style-type: none"> Deliver their contribution of the mental health workforce expansion as set out in the HEE workforce plan, supported by STP-level plans. This notably involves supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services. This will release 1,500 mental health therapists to work in primary care.

FYFVMH - National Funding Allocations to CCG Baseline

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
CCG baseline allocations					
CYP mental health	119.0	140.0	170.0	190.0	214.0
Eating disorders	30.0	30.0	30.0	30.0	30.0
Specialist perinatal mental health				73.5	98.0
STF monies for allocation (indicative)					
Perinatal community development fund	5.0	15.0	40.0		
Additional CCG funding to be allocated				11.5	22.0
Expansion of psych. therapies			157.0	233.0	308.0

FYFVMH - National Funding Allocations to CCG Baseline – contd.

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
Crisis and acute care		43.0	90.0	140.0	146.0
Early intervention in psychosis		11.0	20.0	30.0	70.0
Physical health interventions		41.0	83.0	83.0	83.0
STF monies for allocation (indicative)					
Mental health liaison services		15.0	30.0	84.0	120.0

FYFVMH - Fair Share Formula

- **Barnsley CCG Weighted population** x **National Funding=** **CCG Allocation**
Population of England

Population Figures

Barnsley CCG Population

England Population

2018/19	285,029.68	58,592,211
2019/20	286,855.04	58,998,830
2020/21	288,685.87	59,402,338

Barnsley CCG Transforming Funding

	2018/19	2019/20	2020/21
CYP MH	£826,987	£924,280	£1,041,031
EATING DISORDERS	£143,000	£143,000	£143,000
PNMH		£357,361	£476,481
ADDITONAL PNMH		£55,943	£106,916
IAPT	£763,747	£1,132,858	£1,496,831
CRISIS ACUTE	£437,817	£680,687	£709,537
EIP	£97,293	£145,862	£340,189
PHYSICAL HEALTH INTERVENTION	£403,764	£403,765	£405,764
TOTAL	£2,672,607	£3,843,755	£4,719,749

All age liaison model

Barnsley

Dave Ramsay

October 2018

Introduction

The purpose of this paper is to set out a business case for the development of an all-age liaison service model. This model would ensure improved support of BHNFT in managing the needs of children, young people and adults with mental health problems. It is proposed to develop the model as an enhancement of the current adult liaison team.

Background

National/Regional context

The Five Year Forward View for Mental Health (MH Taskforce, 2016) sets out a vision for equity of access to mental health treatment across all ages. In addressing identified inequities in current systems the plan identifies a specific recommendation that; *'By 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards'*.

The Future in Mind (DH/NHSE, 2015) strategy similarly identifies all-age psychiatry services as a means of improving the timeliness of mental health support for children/young people in A&E.

The value of age-inclusive liaison models to national strategic ambitions is also noted in the Guidance for Commissioners of Liaison Mental Health Services to Acute Hospitals (JCP Mental Health, 2013); *'The liaison needs of children and young adults may differ in some respects from those of adults and older people but the principles and benefits are applicable across all ages. This all-age approach will present challenges to the way in which services are currently organised but is important if the ambition of the English mental health strategy is to be realised.'*

The West Yorkshire and Harrogate STP and West Yorkshire Mental HealthTrust Collaborative recently submitted a CAMHS-related new model of care proposal to NHSE. The proposal focuses on developing more robust and consistent approaches to reducing the need for inpatient stays through strengthening the capacity of crisis and intensive home based treatment teams in offering flexible 24/7 support. Within the proposal the *'need to develop all-age psychiatric liaison models at local level as a more effective response to crisis presentations'* was fully recognised as a means of reducing admission numbers.

Local context

SWYPFT is commissioned to provide adult and child and adolescent mental services in Barnsley. The adult service offer in each area incorporates a 24/7 psychiatric liaison function. This is designed to support people in acute settings who have, or are at risk of, mental disorder and people presenting at A&E with urgent mental health care needs.

Current service objectives

Offer timely mental health assessments to patients in the BHNFT.

Respond to requests, and complete mental health assessments for patients in the Accident and Emergency Department within the specified four hour collaborative waiting time initiative.

Contribute to the wellbeing and protection of adults and children where risk from the patient is identified. This will be achieved by instigation of relevant child, adult or vulnerable person procedures.

Following all clinical assessments communication with the GP and other professionals involved with the patient is made as soon as possible (always within 5 days). This includes synopsis of the clinical assessment, risks, management plan and any ongoing primary care needs.

Following assessment the Liaison Service will organise and plan further mental health care based on the specific mental health needs identified collaboratively with the patient. This includes the management of any continued risk the person may present to self or others and consider the individual's willingness to access care. To facilitate this each individual presenting within the BHNFT identified as having a specific mental health need undergoes a bio-psycho-social assessment by one of the team. Where a specific need for assessment by a Psychiatrist is identified the liaison staff will facilitate this assessment through the Intensive Home Based Treatment Team.

The current provision ensures there is one practitioner available at all times with a short period where two practitioners are available daily. The team was expanded 5 years ago to undertake assessments of 65+ with practitioners from older people's services employed to enhance team skill mix. There is no current provision for patients with dementia.

There is no commissioned provision of dedicated consultant psychiatric or other medical input into liaison services. This is currently provided from the Intensive Home Based Treatment Team. The team has access to an older person's consultant psychiatrist, clinical psychologist and nurse consultant from acute mental health services for advice, support and supervision. Training is provided by SWYPFT to BHNFT ED trainees by the IHBRR consultant.

Liaison team current staffing structure

0.5 WTE - Band 7 Team Manager

0.5 WTE - Band 7 Clinical Nurse Specialist.

8.0 WTE - Band 6 Senior Mental Health Practitioners.

The out of hours liaison function now also supports children/young people aged 16+. The inclusion of 16-18 year olds within service scope was agreed on a 'pilot' basis and within existing team resources. Training and supervision for liaison staff is accessed from CAMHS. There would also be an ongoing need for joint working between CAMHS and liaison teams with regard to higher risk or more complex cases.

CAMHS out-of hours support for children/young people attending ED in mental health crisis is provided through an on-call system - covered on a rota basis by CAMHS clinical teams, backed by both a psychiatrist on-call rota and management on-call rota.

The CAMHS crisis and enhanced care coordination team operates on Monday-Friday 9am-5pm with team members also contributing to the CAMHS out of hours rota. The team composition is;

CAMHS crisis team current staffing structure
0.5 WTE - Band 7 Team Manager
1.0 WTE - Band 7 Senior Mental Health Practitioners
6.0 WTE - Band 6 Mental Health Practitioners.

Current challenges

The liaison team faces a number of challenges as a consequence of current service configuration and demand pressures;

- Increasing number of adult referrals - a 13% increase from 2014/15 (1,598) to 2017/18 (1,810)
- Increasing number of referrals for service users who are proving difficult to discharge due to physical reasons (to psychiatric cause) and minor mental health problems e.g. low mood due to length of stay in BHNFT
- Increasing pressures from referrals of 16 and 17 year olds out of hours
- High turnover of BHNFT staff especially in ED undermining mental health awareness
- Inability to deliver training and proactive support to ED and the wards due to capacity issues. Related gaps in BHNFT staff skills/competence were recently identified by the CQC.
- Pressure from service users detained under MHA at BHNFT e.g. 136 detentions in ED when the 136 suite is closed

- Increasing evidence of more challenging service users - non-psychotic chaotic and challenging presentations with for example increasing episodes of aggression towards staff
- Time taken to complete assessments increasing due to complexity of presenting problems across all ages
- Currently only providing an assessment service - unable to adequately monitor and provide interventions - delaying timely discharge from BHNFT.
- Significant increase in non-referral enquires for support/advice
- Significant increase in GP's referring service users to ED for mental health issues
- Difficult to cover lone worker night shifts when sickness occurs (current contingency is IHBTT cover which significantly impacts upon service delivery)

CAMHS on-call arrangements offer 24/7 service cover but create challenges with respect to;

- The lack of consistency and timeliness in crisis response. These limitations and the detrimental impact on outcomes for children/young people, were identified in the recent CQC inspection process. Timeliness is further compromised by staff travel times from home.
- The negative impact on generic service sustainability. On-call related responsibilities create compensatory rest requirements which impact on 'next day' service responsibilities. This diverts CAMHS resource from other priorities e.g. tackling generic waiting times.
- The effect on staff wellbeing. The harm caused by on-call is evidenced in staff wellbeing surveys, sickness levels and exit interviews etc.
- Recruitment and retention. Workforce analysis has identified high CAMHS staff turnover. There is anecdotal evidence that on-call undermines recruitment efforts and exit interviews have increasingly cited personal difficulties with on-call as the main reason for moving post.
- The absence of a 7-day a week CAMHS intensive home based treatment offer for children and young people can complicate any intervention in A&E and undermine safety planning for high risk children and young people on the CAMHS crisis and home based treatment team caseload.

Referral data

The table below offers an overview of adult liaison teams and CAMHS (crisis only) referrals;

Adult liaison team referrals

	17/18 Q1	17/18 Q2	17/18Q3	17/18 Q4	18/19 Q1 (Ap -May)	Grand Total
In Hours						
09:00-10:59	59	46	59	69	42	275
11:00-12:59	47	56	47	42	42	234
13:00-14:59	60	56	36	37	30	219
15:00-16:59	43	41	46	46	33	209
Out of Hours						
17:00-18:59	44	33	37	36	19	169
19:00-20:59	49	47	45	47	40	228
21:00-22:59	44	52	37	23	40	196
23:00-00:59	33	33	33	38	28	165
01:00-02:59	33	24	37	35	15	144
03:00-04:59	22	22	27	18	9	98
05:00-06:59	15	12	16	18	12	73
07:00-08:59	28	29	24	29	15	125
Grand Total	477	451	444	438	325	2135

CAMHS crisis referrals

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1 (Ap- May)	Grand Total
In Hours						
09:00-10:59	34	21	18	24	25	122
11:00-12:59	15	16	15	17	15	78
13:00-14:59	8	5	5	22	12	52
15:00-16:59	12	5	11	15	11	54
Out of Hours						
17:00-18:59	3	8	3	5	5	24
19:00-20:59	8	2	6	3	6	25
21:00-22:59	3	2	9	3	4	21
23:00-00:59	3	5	2	9	1	20
01:00-02:59	3	1	1	1	3	9
03:00-04:59	2	0	0	2	3	7
05:00-06:59	0	1	0	1	0	2
07:00-08:59	3	1	0	0	0	4
Grand Total	94	67	70	102	85	418

Demand and capacity considerations

Aligning capacity with demand across a 24/7 period. The above demonstrates that alignment of service capacity with demand is inherently challenging. However, as a starting point it must be recognised the existing adult liaison team could not simply absorb CAMHS-related demand. Whilst the data suggest a relatively low level of CAMHS activity this can disguise the complexity of individual cases and certainly there is no evidence of spare capacity in the current liaison team arrangements.

Competency requirements. There is a strong argument that the principles of liaison work extend across all-ages and that there are common core skills with respect to risk assessment etc. At the same time any proposal must recognise the specific competency requirements of staff responsible for providing safe and high quality crisis support for children/young people (including for example enhanced DBS checks).

Commissioner and acute hospital interface. Whilst the proposal should be seen as a qualitative improvement from the perspective of local commissioner and acute hospital colleagues there is a clear need for early (more formal) engagement. The proposal must be properly embedded in commissioning intent and backed by robust procedural guidance.

Strengthened CAMHS intensive home based treatment services. Initial consultation has identified that a key concern for liaison team practitioners would be the relatively limited options for the safe discharge of children/young people, specifically at weekends when CAMHS teams are not available. The strengthening of CAMHS intensive home based treatment services - to be able to offer support at weekends - would be an important complement to the proposal. This development might also allow for a different assessment of the capacity/competence shortfall in the existing adult teams.

Proposal

The intention is to build on the existing liaison model to develop an all-age mental health liaison team. Core components of the model would include;

- 24/7 all-age provision of mental health (psychiatric) assessments to patients of ED, general inpatient and paediatric wards, and out-patients. This will be an integrative approach to ensure patient's mental health needs are given the same priority as their physical needs.
- Following assessment the all-age liaison service will organise further mental health care support based on identified needs. This will include the management of any continued risk the person may present to self or others and consider the individual's willingness to access support. To facilitate this each individual presenting within the BHNFT identified as having a specific mental health need will undergo a bio-psychosocial assessment.

- The service will provide links to other services/pathways e.g. intensive home based treatment teams, primary care, local authority and other providers.
- The all-age team will work with BHNFT colleagues to identify and address the mental health training needs of BNHFT staff. As a minimum training will cover deliberate self-harm, risk assessment and management and mental health assessment/review. This would support
- The inclusion of children/young people within an enhanced service remit would be supported by a robust competency framework, backed by a CAMHS delivered programme of training and supervision. This would include an ongoing support offer - and the retention of CAMHS management/psychiatrist on-call systems.
- The development of a 7 days per week CAMHS offer. The crisis and home based treatment team function would be extended to weekends/Bank Holidays on a 9am-5pm basis. Capacity and skill mix would be strengthened across 7 days through introduction of Band 4 support staff roles. This would represent a significant qualitative improvement in support planning for higher risk children and young people and would specifically assist the all-age liaison team in implementing robust and timely risk management strategies. The improved support for higher risk eating presentations (e.g. eating disorders) would reduce the likelihood of T4 admission and facilitate more timely T4 discharge.
- Key performance measures would be agreed with commissioners to facilitate the ongoing review and improvement of the all-age service. Consistent with national guidance standards would include; a response from the all-age liaison mental health service within a maximum of 1 hour of the service receiving a referral and within 4 hours of arriving at ED or being referred from a ward, a receiving an evidence-based care package (informed by NICE) ¹.

The enhanced service offer would require additional investment as detailed below;

Additional recurrent investment	
<i>All-age liaison team</i>	
3.47 WTE band 6 nurses	£211,150
Equipment, training etc.	£4,000
Sub-total	£215,150
Note: This would ensure a minimum of 2 liaison team staff on duty 24/7.	

¹ See 'Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance' (NHSE/NICE, 2016)

CAMHS crisis and home based treatment team	
1.0 WTE band 6 nurses	£55,000
3.1 WTE band 4 support workers	£88,650
7 day working uplift (whole team)	£17,150
Equipment, training etc.	£11,200
Sub-total	£172,000
Total	£387,150

Conclusion

This proposal sets out the rationale for an all-age mental health liaison service. This enhanced service offer is congruent with national guidance e.g. *Guidance for Commissioners of Liaison Mental Health Services to Acute Hospitals* (JCP Mental Health, 2013) and performance standards i.e. *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care - Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults - Guidance* (NHSE/NICE, 2016). It is also proposed to strengthen CAMHS crisis and home based treatment team capacity to enable 7 days/week service coverage. This is essential in underpinning an effective all-age liaison function and in responding to the needs of higher risk children/young people and their families.

Implementation plan

A 4 March 2019 implementation date is proposed. This would require part year (2018/19) investment of;

2017/18 investment	
Staffing	£31,000
Equipment, training etc.	£8,800
Total	£39,800

Realising the full value of the investment will require the development of robust procedural/pathway guidance. To ensure an integrated delivery system this will need to be developed in partnership with key stakeholders e.g. BHNFT and social services. Implementation must also be underpinned by a robust programme of training and supervision. A detailed implementation plan will be agreed with stakeholders following approval of the business case.

Business Case to support IAPT expansion

Liz Holdsworth

December 2018

Background

In June 2018, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) were re-commissioned by Barnsley CCG to continue to deliver the Barnsley Increasing Access to Psychological Therapies Service (IAPT).

The Barnsley IAPT service is currently funded at the recommended level to meet 15% prevalence. At the time of the procurement, it was agreed that the successful provider would work with Barnsley CCG on a plan for expansion of the service to meet the needs of those with Long Term Conditions and increased prevalence.

Five Year Forward View sets out the planned increase in prevalence for IAPT services of:

-22% in 2019/2020

- 25% in 2020/2021

Expansion of IAPT to meet the increased prevalence is expected to be met by expansion of the Core IAPT offer in addition to expansion of IAPT service delivery to meet the needs of those with long term conditions (LTCs)

In September 2018, Barnsley CCG awarded SWYPFT a further £100,000 to support commencement of expansion into working with those with long terms conditions. This funding was agreed non-recurrently with the agreement further funding would be agreed through this business case process.

Long term conditions and mental health

At least 15 million people in England have one or more long term conditions (Parsonage et al, 2014). 30% of people with a LTC have a mental health problem and this equates to around 4.6m people (Naylor et al, 2012) Applying the general population ratio of anxiety/depression to other mental health problems suggests that there are 3.22m people living with anxiety/depression and a LTC.

For those people with more than one LTC, prevalence rates for mental health problems are higher: Prevalence of mental health problems among people with three or more LTCs from one study indicated a prevalence of 40-50%. The costs associated with mental health co-morbidity rise sharply in line with the number of long-term physical conditions from which a patient suffers. The evidence of the effectiveness of interventions for people who have co-morbid mental and physical health conditions is clear. Tailored interventions reduce physical health costs, reduce sickness and absence and improve functioning and self-care.

The IAPT pathfinder programme, which predated the IAPT-LTC Early Implementer programme, has built a strong evidence base.

The table below sets out the identified benefits of IAPT expansion on wider health services (from Building the Business Case)

Healthcare utilisation benefits table	
Diabetes	<p>Secondary care cost reduction of £372 a year in the Berkshire West IAPT pathfinder (net cost reduction)</p> <p>£700-1000 for high intensity multidisciplinary treatment (in this case focused on people with severe diabetes) – examples from King’s College Hospital and Hillingdon.</p> <p>Primary care cost reductions unquantified in these examples.</p>
COPD	<p>Hillingdon COPD example: a psychological component in a breathlessness clinic:</p> <p>Gross saving of £837 per person over 6 months in secondary care costs (A&E presentations and fewer bed days when admitted),xiv and £1,300 in overall healthcare costs over 6 months.</p>
Angina	<p>A brief intervention reduced both admissions by 33% and length of stay in patients with angina the following year, with savings of £1,337 per person in 2007xvi - calculated by NHS Confed as £2000 in 2010/11 prices.</p>
Cardiac: implantation of a defibrillator	<p>A British study found a 50% reduction in unplanned admissions in patients having received a home-based cognitive behavioural rehabilitation programme (11% of the intervention group compared to 22% of patients experiencing usual care).</p>
Cancer	<p>Breast cancerxviii: A Canadian RCT found non-oncology healthcare costs were 23.5% lower over a 2 year period in the group given CBT – an average of \$147 less in 1994-1998 prices.</p> <p>A range of studies have found collaborative care to be more cost effective than other cancer treatments (e.g. Sharpe et al)</p>
Musculoskeletal disorders	<p>A Spanish study found net direct healthcare savings of \$251 dollars (2007 prices) for those in a rheumatology programme with relatively high rates of sickness absence treated with CBT. They also found a reduction in the episode length of MSD-related</p>

	<p>temporary work disability: mean 98 versus 127 days, and relapse episodes were significantly shorter in the intervention group: mean 63 days versus 197 days (follow up period 6-24 months after intervention).</p> <p>Another Spanish study covering those with lower back pain found patients were absent from work 5.4 days less than the non-intervention group over 6 months.</p>
<p>Rheumatoid Arthritis</p>	<p>A 2008 small RCT in London found reductions in healthcare costs over the five years after a CBT intervention early in the course of rheumatoid arthritis found secondary care savings of \$1,701.42 per patient (2008 prices – £1295 in 2014 from Bank of England calculator, meaning £323 a year)</p>

Proposal

This business case sets out investment needed to meet increased access to IAPT through expansion of Core IAPT and expansion to Long Term conditions.

Expansion of Core IAPT

It is proposed that to meet the increased prevalence target, the core IAPT service will be extended by a third to ensure the service has capacity to meet the increased volume of referrals.

Referrals will continue to be accepted from a wide range of sources (GPs/health and social care professionals/third sector/self-referral) for those 16+ and registered with a Barnsley GP via a wide range of modalities including self-referral and the Barnsley IAPT website.

At point of referral, assessment appointment will be offered within 2 days.

Where, from initial contact, it is clear that immediate support is needed, IAPT clinicians will support the SU to access appropriate care e.g. secondary mental health/crisis services.

SUs not meeting criteria for IAPT will be signposted to appropriate services and provided with self-management advice.

Assessment undertaken by Psychological Wellbeing Practitioners (PWPs), based on the standardised IAPT assessment tool, and incorporating assessment of risk (suicide/harm to self or others) will support guided identification of level of need and level of service required.

With **all of us** in mind.

A stepped care model, comprising a spectrum of support from self- management to more intensive intervention will ensure that service users are offered support tailored to need. Service Users meeting the criteria for Step 2 (mild to moderate depression or anxiety disorders) will be offered a choice of NICE-compliant treatment, the focus being on education and supporting SUs to use guided self-help to manage their own mental health including:

- Digital therapy including Computerised CBT via online platform, Silver Cloud, supported by regular contact from a PWP to monitor progress. Use of Apps e.g. Head-space/Be Mindful will ensure digital options other than CBT e.g. mindfulness
- Step 2 Workshops including Stress Management/Problem Solving and Worry/Mindfulness/Assertiveness/Breathing and Relaxation/Sleep Hygiene/Getting Active (specifically promoting active lifestyles/benefits of physical activity and providing information on local activities e.g. Walk Well Barnsley).
- Step 2 groups including Stress PAC/Recovery through Reading/Behavioural Activation (BA)/Worry/LTC groups
- 1:1 guided self-help with a PWP

SUs meeting the criteria for Step 3 (severe depression/social anxiety disorder/PTSD) will be offered a choice of NICE-compliant treatment, including:

- 1:1 CBT
- 1:1 Counselling for Depression
- Couple therapy for depression
- Interpersonal Psychotherapy
- Eye movement desensitisation and reprocessing
- CBT Groups- (Coping with Anxiety and Low Mood/BA/ Cognitive Processing Therapy)

Expansion to Long Term Conditions

To further support the increased prevalence target and needs of patients with long term conditions, it is proposed that long term condition pathways are developed.

Barnsley IAPT service currently works collaboratively with other providers, creating integrated care pathways which combine interventions and education for both the physical and psychological needs.

In order to increase access to IAPT for individuals with Long Term Conditions, work is already taking place which aims to support wider health professionals to recognise mental health issues in those with long term conditions. For example, PWP's are already providing the mental health module of the COPD, and Chronic Heart Condition rehab programme and a High Intensity Worker is based in a ICU.

The service also provide training for the LTC Nurses on the use of PHQ9, GAD7 and recognising symptoms of anxiety and depression in order to facilitate appropriate referral to IAPT.

IAPT's programme of workshops including breathing and relaxation, problem solving and worry, mindfulness, low mood, sleep hygiene and Behavioural Activation can be reviewed to specifically meet needs of those with LTCs. This would allow people with a range of LTCs to understand the impact of this on their lives and work to find a better overall physical and psychological well-being.

SWYPFT understands that the co-location of IAPT staff within the LTC clinics whether in the community, Primary Care settings or Acute Hospitals is essential if IAPT is to fully achieve its objectives of early intervention and Prevention, Early detection of Psychological need and effective delivery of interventions. Barnsley IAPT have met with BHNFT who have confirmed commitment to the IAPT service being co-located within diabetes clinics and to SWYPFT providing training to diabetes staff around the recognition of anxiety and depression to identify appropriate referrals. It is envisaged that diabetes staff will refer to SWYPFT co located clinics who would then assess service users and offer step 2 Living Well with Diabetes groups /face to face step 2 or Step 3 intervention.

There are plans to liaise and implement a similar model within the Chronic Heart disease pathways.

Key focus of work to expand to LTCs would be diabetes and chronic heart disease as these are priorities for Barnsley. For example, in Barnsley, the prevalence of diagnosed depression amongst people aged 17 and older is higher than comparator CCGs and nearly 1 in 5 people with diabetes have clinical depression and for those

with anxiety and/or depression health care costs increase by around 50%.

There will be three key principles as part of the long term condition expansion

Structural and Functional Integration: IAPT staff will physically be a part of the LTC multi-disciplinary team. They will be co-located and become integrated into the LTC pathways and structures. Patients will not have to see two different teams in two different locations thereby providing a seamless service.

Reducing Stigma: We believe there will be more acceptance and engagement of mental illness by co-locating services with LTC pathways. A barrier to accessing mental health services have been and continue to be the stigma associated with mental illness.

Improved Outcomes: There is clear evidence that the outcomes are poor for people with LTC and comorbid mental illness. This model will improve outcomes for both physical and mental health well-being by addressing patients mental and physical health needs at the same time. These improved outcomes will be measured via national recovery rates as per core IAPT and the completion of the CSRI (see Appendix 1) as used in the path finder sites.

Modelling of the revised activity

It is expected that one third of the IAPT expansion required to meet the increasing prevalence year on year will relate to expansion of Core IAPT services and two thirds due to expansion into long term conditions.

Experts expect the severity of cases in the cohort of people with LTCs and co-morbid anxiety & depression to be higher than that of the general population. The 'generic' IAPT services were designed expecting low intensity intervention to be suitable for 2/3 of patients, and in LTC-specific interventions experts have suggested this figure might be nearer 1/3.

Therefore the Core IAPT pathway assumes 2/3 of those entering treatment will receive low intensity intervention but our LTC pathway assumes 2/3 service users will be seen for high intensity treatment.

Required investment

The IAPT manual states that meeting the increased prevalence target of 25% by 2020/21 will only be possible if commissioners plan for a substantial expansion of the workforce, in line with NHS Planning Guidance for 2018/19 and Health Education England's Stepping Forward to 2020/21: The Mental Health Workforce Plan for England. The manual states that "*it is estimated that the average CCG will need to expand the number of clinicians employed in its IAPT service by between 50% and 60%*" (IAPT Manual).

Therefore when modelling the workforce for expansion we have assumed a 50% increase in staffing provision in 2019/20 with additional PWPs, CBT therapists, and one additional admin post being recruited in 2020/21.

Total costs for expansion in 2019/20 would be £1,087,705 and likely costs for 2020/21 £1,442,447.

However, it is proposed that activity is reviewed in 2019/20 in order to inform investment needed for 2020/21, and to ensure staffing resource is used where it is needed most (from 2019/20 activity we plan to analyse where staffing resource is needed most).

Breakdown of costs for each year are given in the spreadsheet below.



IAPT Expansion
Finance Schedule Fin:

Salary replacement

In addition to costs identified above, we have identified costs associated with salary replacement to support training of the PWP work force.

Predicted salary replacement costs for 2019/20, 2020/21 and 2021/22 set out in the spreadsheet above. These allows training to support the expansion of IAPT but also training of PWPs due to turnover of PWPs (which is known to be an issue within IAPT services nationally) or to replace staff who are successful in gaining a high intensity training post.

Salary replacement costs to support training are as follows:

Total salary replacement costs over 3 years are **£177,490**

Risks

There is a risk to the model that if pathways with the various long term conditions are not targeted correctly and the right kind of referrals are not generated that fit within the IAPT model this could have a negative impact on the providers moving to recovery figures. This will need to be monitored as the service expands.

Our model and associated costs are based on co – location of IAPT workers with LTC services. As yet it is unknown whether there is availability of rooms alongside services in order to provide the IAPT offer. To mitigate this risk, we have started engagement with LTC services.

Due to lack of confirmation of funded training places this year, the University of Sheffield was only able to provide places for one cohort of trainees rather than two cohorts which means that the national training programme is behind targets.

This was raised as a concern at the Regional IAPT network meeting. Training places will continue to be funded by Health Education England with each IAPT provider needing to gain agreement from HEE on number of places allocated.

The risk to the expansion is that all services within Yorkshire and Humber are also expanding their services we may not be successful in being awarded as many training places as we require which has happened in the past.

This is a particular risk around maintaining the PWP workforce as it is very difficult to recruit qualified Psychological Wellbeing Practitioners.

The National models suggests that the LTC expansion is provided by current core IAPT qualified therapists at all levels, and that they are replaced by trainees which realistically require a full academic year to be working confidently at full capacity. It is recognized that working in this way could have a negative impact on the core service offer and targets.

A risk with developing numerous pathways in conjunction with LTC services that more referrals may be generated than the provider has been commissioned for resulting in added pressure and increasing waiting times.

Summary

In summary expansion of Barnsley IAPT to meet 25% prevalence by 20/21 will require a significant investment in the workforce, recommended nationally to be around 50-60% of current workforce.

Total costs for expansion in 2019/20 are costed at £1,087,705 and likely costs for 2020/21 £1,442,447. Salary replacement costs are £177,490 over 3 years.

References:

- Building the Business Case, IAPT Long Term Conditions
- Diabetes Clinical Commissioning Group Profile 2013: National Cardiovascular Intelligence Network
- Melek S, Norris D (2008). Chronic Conditions and Comorbid Psychological Disorders. Seattle: Milliman
- Naylor et al, Long Term Conditions and mental health: the cost of co-morbidities, 2012, King's Fund
- Parsonage, M., Hard, E. and Rock, B. (2014) Management of patients with complex needs: evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service. London: Centre for Mental Health.
- The Improving Access to Psychological Therapies Manual

Appendix 1

CLIENT SERVICE RECEIPT INVENTORY

Are you completing this questionnaire (*please select one*):

- Before** you start your treatment with IAPT
- Immediately after** have you have completed your treatment with IAPT
- At Follow-Up** (i.e. some time after completing your treatment)

1. In the last 3 months, what face-to-face appointments have you had with health professionals outside of the IAPT therapy service? (*Note: only record one-to-one contacts here; see next questions for A & E*)

Care provider	Have you seen any of the following healthcare professionals in the last three months ? (circle)	Usual location (Please write down one of the following numbers) 1 = GP practice 2 = Community centre 3 = Hospital Outpatient 4 = Own home	No. of contacts in last 3 months	Reason for attending
General practitioner (GP)	No / Yes			
Practice Nurse	No / Yes			
Physiotherapist	No / Yes			
Occupational Therapist (OT)	No / Yes			
Specialist Nurse (e.g. cardiac nurse, diabetes nurse)	No / Yes			
Doctor other than GP for a physical health problem (e.g. cardiologist, gastroenterologist, oncologist etc)	No / Yes			
Podiatrist	No / Yes			

Social Worker	No / Yes	NHS Foundation Trust		
Drug & alcohol advisor	No / Yes			
Other counsellor / therapist / clinical psychologist (Outside the IAPT Service)	No / Yes			
Home treatment / Crisis team member/ Assertive outreach team member/ Community mental health team member e.g. Psychiatrist, Mental health nurse (CPN)	No / Yes			

2. In the last 3 months, how many times have you attended A & E (Accident & Emergency)?

.....

3. In the last 3 months, have you been admitted to hospital as an inpatient?
Yes **or** No

(please circle)

If yes:

Name of hospital	Reason for admission	How many days were you in hospital for you?	Do you recall the admission date?

4. Have you needed to call an ambulance in the last 3 months?
or No

Yes

(please circle)

If Yes

How many times have you needed an ambulance in the last 3 months?	Reason for calling the ambulance

5. In the last 3 months have you had any of the following investigations or diagnostic tests?

Type of test	a) Have you had this test? (Please circle one)		b) Number of investigations / tests in the last 3 months
16) Magnetic Resonance Imaging (MRI)	1	Yes	
	0	No	
17) CT / CAT scan	1	Yes	
	0	No	
18) Ultrasound	1	Yes	
	0	No	
19) X-ray	1	Yes	
	0	No	
20) Electroencephalogram (EEG)	1	Yes	
	0	No	
21) Blood test	1	Yes	
	0	No	

6. Are you in paid employment?

- Yes
- No

6.1 If yes, how many days have you had off due to ill health in the last 3 months?

Commercial in Confidence

**Barnsley CAMHS Business Case to support Attention
Deficit Hyperactivity Disorder ADHD waiting list initiative**

Claire Strachan: General Manager

Annette Taylor: Head of Business Development/Contracting

December 2018

1.	<p>PURPOSE/SCOPE:</p> <p>This proposal sets out the offer that SWYPFT can make with regards to identifying resource and building capacity to support Barnsley CCG in a Specialist CAMHS ADHD treatment waiting list initiative.</p> <p>The offer has been based on the provision of treatment post diagnosis for 100 existing cases.</p> <p>Addressing the waiting list of 100 cases on the Barnsley Specialist CAMHS ADHD treatment waiting list up to their scheduled 26 week/ 6 month follow up would require an investment of £185,551 which is a cost of £1856 per case.</p> <p>The price relates to 100 cases being titrated onto medication with monitoring up until the 6 month review as per NICE guidance. At this point a 26 week / 6 month review would be required before transition into the generic CAMHS enduring ADHD caseload or a shared care agreement with their GP.</p> <p>All cases will have a core offer of 10 appointments (including the 26 week appointment) which consist of an initial treatment appointment followed by four 2 weekly follow up appointments, three 4 weekly appointments a single follow up at 12 weeks and a further one at 26 weeks prior to ongoing follow up within the enduring caseload clinic / shared care arrangements.</p> <p>This will enable 60 patients to commence the treatment pathway in the first 4 weeks and all 100 will have commenced by week 20. By week 52 all 100 would still be outstanding their 6 month follow up as the clinic model indicates that it would take up to week 78 to complete all the 26 week/ 6 month follow ups. At week 59 patients will begin to be the scheduled offer of a 26 week/ 6 month follow up.</p> <p>The trajectory of work is in excess of 12 months duration and therefore spans two financial years 2018/19 and 2019/20. The investment split required between the two years (based on a January 2019 start) is:</p> <p>18/19 £34,519 19/20 £151,032</p> <p>Note: Although the total trajectory of work is to week 78 we have quoted for up to week 59 for 100 cases based on 100% of cases commencing medication. This assumes that ongoing review and investment is required</p>
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	<p>through the existing ADHD strategy group to provide a sustainable solution. This means that all 100 cases would then require a 6 month review.</p> <p>There may be a minority of children for whom there is a delay commencing medication where for example cardiac problems require an opinion from paediatrics / cardiology before medication can be initiated. In addition some patients such as those with comorbid conditions may, as per NICE guidance, require slower titration and more frequent follow up. In addition the benefits of the prescribing pharmacist are yet to be tested and realised. A contingency for catching up with DNA's has not been approved however there are some clinic capacity options in some scheduled weeks which would be utilised to address these unpredictable clinical issues.</p> <p>The scope of the work is post diagnosis only via an MDT approach and includes a baseline assessment of presenting difficulties and symptoms using a rating scale, physical observations (Height, Weight, Blood Pressure) and full medical assessment and cardiovascular examination to inform treatment options before prescribing. All subsequent appointments will also include evaluation of progress via review using the rating scale, physical observations and medical review and prescribing of medication.</p> <p>The pathway MDT will ensure liaison with all local services as part of treatment initiation via distribution of the medical care plan and wider service liaison as required.</p>
2.	<p>STRATEGIC CASE / LOCAL CONTEXT</p> <p>Barnsley Specialist CAMHS is experienced in delivering assessment, diagnostic and intervention pathways for ADHD. There are a large cohort of children being open to the service who are being treated for ADHD. Approximately 75% of each CAMHS consultant caseload is made up of children and young people with ADHD which leads to a significant amount of their time being allocated to medication reviews.</p> <p>The Barnsley Specialist CAMHS service has been unsuccessful in attempts to recruit non-medical prescribers to the service at Agenda for Change Band 7. The service is currently looking at alternative recruitment options to deliver the ADHD pathway as part of a recurrent ADHD business case following a whole pathway review.</p> <p>An inaugural ADHD multi agency strategy meeting was held on 10th September 2018 to explore potential challenges and solutions. In addition Prescribing/Shared Care meetings are held with the CCG and Specialist</p>

	<p>CAMHS to explore opportunities to increase the uptake of shared care in Barnsley. Subsequent meetings are to be convened to progress proposals and actions.</p> <p>As at October 2018 there were 100 children on the waiting list to commence medication and the delay from diagnosis to treatment is unacceptably long. This results in a number of complaints to the service regarding waiting times and also high volumes of calls for support via the CAMHS Single Point of Access (SPA).</p> <p>The service continues to provide ADHD assessment and as such the number of children being diagnosed continues. This waiting list initiative is one of a number of actions underway to inform the review of the demand and capacity for assessment, diagnosis and treatment of children with ADHD in Barnsley.</p>
<p>3.</p>	<p>SERVICE MODEL/PATHWAY</p> <p>See Appendix 1 Note: this model is for treatment only. The full pathway model forms part of the recurrent ADHD Business Case being prepared.</p>
<p>4</p>	<p>MANAGEMENT CASE – PROPOSED IMPLEMENTATION PLAN</p> <p>SWYPFT has the ability to build capacity from January 2019 to support the initiative. This additional capacity is utilising existing CAMHS staff willing to increase their current contracted hours to create the additional capacity and recruitment of a suitable agency CAMHS clinician / nurse. We will draw from an experienced team including Consultant Psychiatrist, Specialty Doctors, Nurses, Prescribing Pharmacists and Medical Secretaries.</p> <p>The prescribing pharmacist is a new and innovative role that we anticipate will demonstrate potential cost and time savings. A prescribing pharmacist will assist with scoping out and assisting with drug expenditure such as product choices. It is anticipated that the role will have a positive impact on waiting times by:</p> <ul style="list-style-type: none"> • Helping to support shared care arrangements • Auditing and reviewing patients to move them on to shared care so that CAMHS Consultants do not have to prescribe for them • Educating and supporting GPs so that they may be more prepared to take on shared care • Triaging phone calls from GPs around dose changes etc therefore

	<p>releasing consultant time</p> <ul style="list-style-type: none"> • Potentially providing medicine start and review clinics – once a patient has a diagnosis they can see the pharmacist to discuss all treatment options and be started on appropriate medication and also medication review clinics once a patient has been started to ensure optimal treatment. This has the potential to release medical time. <p>As the service creates capacity from January 2019 it can offer 4 PA's / Clinic sessions each week by a Consultant Psychiatrist or a Speciality Doctor.</p> <p>The provision of 0.2 wte Medical secretarial time per clinic day (0.4 wte in total) will ensure timely communication with GP's and recording of medical care plans.</p> <p>The service will also provide 0.5 wte Band 6 CAMHS Clinician to support the clinic and ensure liaison with families and wider agencies to provide the holistic care required for a child with ADHD and their family. They will be a point of contact for the family during treatment start and support the assessment and holistic care of the child and family. We will also offer 0.4 wte Prescribing Pharmacist.</p> <p>The planning assumptions used are that:</p> <p>100 % of cases waiting will want to pursue medication</p> <p>100% of cases will progress to full titration and continue medication as treatment</p> <p>(As prior note : the clinic schedule is to full titration week 78 however costs are presented to week 59)</p> <p>SWYPFT can increase the capacity of the service to clear the waiting list for 100 cases over the full period January 2019 to January 2020 and then provide the 26 week / 6 month review until June 2020.</p>
5.	<p>RISK MANAGEMENT</p> <p>Some of the resource required to provide the additional capacity to undertake the clinic will come from a Consultant Psychiatrist who already works full time in the service. This requires a long term commitment to the clinic based on the profiling.</p> <p>Medical Secretary support is dependent on existing staff continuing to want to support the clinic via additional hours and / or bank staff being recruited.</p> <p>Nurse support is dependent on successful bank / agency availability of staff.</p>

	<p>The work is only costed to week 59 when patients will begin the scheduled offer of a 26 week/ 6 month follow up. This assumes that ongoing review and any investment required will be determined through the wider review of the existing ADHD pathway which is being undertaken to provide a sustainable solution. This means that all 100 cases would then require a 26 week / 6 month review.</p> <p>The anticipated benefits of the prescribing pharmacist and overall sustainability of the ADHD pathway is dependent on GPs feeling more supported and enabled to take on shared care for these children. This is a recognised and identified need in Barnsley.</p>																																																																																																																																																								
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APPENDIX 1:
THE SERVICE MODEL/PATHWAY

Note: this model is for treatment only. The full pathway model forms part of the recurrent ADHD Business Case being prepared. The model is based on appointment weeks:

Week 1: Initial Treatment Appointment

Based on the specialist knowledge and experience gained by the service delivery is via an MDT approach. A rating scale can inform a greater understanding of symptoms and support the evaluation of treatment and enable the child and family to consider the 'bigger picture' about the child's behaviour. As a result our prescribing treatment pathway includes a face to face pre medical section of the appointment with a clinician to complete and review (with the family) an ADHD rating scale¹.

A baseline assessment of presenting difficulties and symptoms is captured using the rating scale, physical observations (Height, Weight, Blood Pressure) and full medical assessment (by a Consultant Psychiatrist or Specialty Doctor) is then undertaken with cardiovascular examination to inform treatment options before prescribing.

All subsequent appointments will also include evaluation of progress via review using the rating scale, physical observations and medical review and prescribing of medication. The pathway MDT will ensure liaison with all local services as part of treatment initiation via distribution of the medical care plan and wider service liaison as required.

Weeks 3, 5, 7, 9: Follow up 2 weekly intervals

As above face to face medical time reduced to 45 minutes

Weeks 13, 17, 21: Follow up 4 weekly intervals

As above face to face medical time reduced to 30 minutes

Week 33: Follow up at 12 weeks

As above face to face medical time reduced to 30 minutes

Week 59: Follow up at 26 weeks / 6 months

As above face to face medical time reduced to 30 minutes

¹ SNAP -1V Swanson, Nolan and Pelham Teacher and Parent Rating Scale Questionnaire

Governing Body
10 January 2019

Improving Cancer Early Diagnosis/ Screening Delivery Proposal
PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR							
	<i>Decision</i>	<input checked="" type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
2.	REPORT OF							
		Name	Designation					
	SRO	Jeremy Budd	Director of Commissioning					
	Executive / Clinical Lead	Dr Kadarsha	Lead for Cancer					
	Author	Siobhan Lenzionowski	Lead Commissioning and Transformation Manager					
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					
	Governing Body	8/11/18	requested proposal to be tabled at January Governing Body that outlines plan to improve uptake of screening and earlier cancer diagnosis					
	Clinical Forum	6/11/18	Approved in principle stage one options 1, 2, 3 except for extended services cancer clinic. Recommended develop this after tested cervical screening extended service viability. Requested further information on improvement Nurse role and post to focus on supporting specific practices; recommended re-audit practices progression.					
	Senior Management Team	19/12/18	Recommended that options be presented to Governing body for approval to be developed further					

			and presented back to governing body as required and when options at firmer proposal stage. Recommended governing body make a decision about funding Cancer Be Safe work if Cancer Alliance unable to fund. To begin 1 st April 2019.
4.	EXECUTIVE SUMMARY		
	<p>This report outlines a number of opportunities the CCG can take to improve the uptake of screening and earlier cancer diagnosis. These proposed opportunities are focused on supporting activity in Primary Care and supplementing activities being undertaken by the Cancer Alliance and colleagues within NHS England Screening Programme. This will provide more time for care in primary care by providing additional access points for patients. They will focus on prevention; screening; early recognition and increasing appropriate referrals in order that there is a step change in ensuring people are diagnosed at an earlier stage.</p> <p>The delivery of the activities recommended in this paper will be via the CCG's Cancer Programme governance routes.</p> <p>The overarching aim of implementing the proposed activities are to:</p> <ul style="list-style-type: none"> • ensure the CCG is commissioning high quality health care that meets the needs of individuals and groups in Barnsley • increase and improve how the population of Barnsley access early diagnostic and screening services • increase the number of people who are diagnosed at an earlier stage of cancer • to deliver a programme of work that will make a difference to Barnsley populations quality of life and mortality • to strengthen and accelerate the CCG delivery of the World Class Cancer Outcomes Strategy. 		
5.	GOVERNING BODY IS ASKED TO:		
	<ul style="list-style-type: none"> • Make a decision about whether the Be Cancer Safe option is funded from April 2019 by the CCG (if the Cancer Alliance is unable to do this) • Approve the action that the CCG continues to develop further the options outlined within the paper • Agree that when the business case is developed further on the options outlined in the paper that they are presented to Governing Body for funding decision and approval. 		
6.	APPENDICES / LINKS TO FURTHER INFORMATION		
	<ul style="list-style-type: none"> • Appendix A: BHF proposal – Primary Care Cancer Improvement and Liaison Nurse • Appendix B: BHF proposal- Extended Service • Appendix C: Cancer Safe proposal 		

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:	Priority area 3-cancer
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	
	3 - Cancer	Y
	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	
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?	Yes
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	
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

PART 2 – DETAILED REPORT**1. INTRODUCTION/ BACKGROUND INFORMATION**

The aim of this paper is to propose to the governing body a number of activities that the CCG can take that will contribute to improving the early diagnosis and screening rates for the population of Barnsley. It is also to ask the governing body to make the decision to allocate funding for the Be Cancer Safe project if the Cancer Alliance is unable to provide this.

To improve the early diagnosis of cancer NHS England commissions a screening programme that aims to maximise people survival rates by screening people at risk. For Barnsley although the screening rates are above the national average this hides the large variation of uptake between different GP practices. The table below shows this variation:

Screening	Barnsley Average	National Average	Barnsley 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%

The aim of diagnosing cancer early is to improve the survival rates of people who have cancer. This is measured is by monitoring 1 year and 5 years survival rates after having cancer.

To judge the effectiveness of diagnosing people earlier this can be evaluated by measuring the proportion cancer diagnosed at stage 1-2. At this time Barnsley's current rates for this metric are not meeting the national average which is 54%. Barnsley rate is 52.3% per 100,000 populations. For stage 4 presentations at BHNFT Barnsley performance is 50% whereas the national average is 62%.

It is also important that people for early diagnosis that people with suspected cancer are identified early and referred. For Barnsley there is a variation in the rates for the number of two week wait referrals for suspected cancer by GP's and for the number of these referrals that have resulted in a cancer diagnosis. The table below shows the current rates and performance variation:

Measure	Barnsley	National Average	World class cancer outcomes target 2020
Two week wait referrals for suspected cancer per 100,000 population (2017/18)	2960	3263	range across practices 5203 - 1140
Two week referrals resulting in cancer diagnosis conversion rate (2017-18)	7.7%	7.6%	range across practices 1.5%-11.5%

	The proposed options in this paper aim to improve and address this variation; increase early diagnosis and increase screening rates.																																		
2.	DISCUSSION/ISSUES																																		
	<p>The proposal is that the following options be approved by the Governing body as areas that can be developed further by the CCG and considered at a future date by the governing body. For the Be Cancer Safe option a decision is required from the governing body at this point about allocating funding for the project if the Cancer Alliance is unable to do this.</p> <p>April 2019 – April 2020</p> <table border="1"> <thead> <tr> <th>Opportunity</th> <th>Option</th> <th>Summary</th> <th>Estimated Cost</th> </tr> </thead> <tbody> <tr> <td>Be Cancer Safe</td> <td>1</td> <td>Continuation of existing Cancer Alliance Funded project provided by Voluntary Action Rotherham.</td> <td>£100,000</td> </tr> <tr> <td>Extended Hours Screening</td> <td>2</td> <td>Cervical Screening Clinics at I-Heart current venues</td> <td>£45,000</td> </tr> <tr> <td>Primary Care Cancer Improvement and Liaison Nurse</td> <td>3</td> <td>Supporting GP's and practice staff to increase screening and early diagnosis through practice education and targeted support</td> <td>£75,000 based on BHF proposal</td> </tr> <tr> <td>Communication Resources</td> <td>4</td> <td>Targeting specific populations and maximising communication opportunities at practice and community level</td> <td>£10,000</td> </tr> <tr> <td>Increase MRI capacity within BHNFT activity plan</td> <td>5</td> <td>Increase MRI capacity for 2 sessions a month. This is based on actual current activity that is being funded by NHS England until April 2019.</td> <td>indicative cost £95,000 via Tariff</td> </tr> <tr> <td>Health Check / Prevention</td> <td>6</td> <td>Lung Health Clinic – targeting high risk populations in specific geographical areas. To be determined through Integrated Care Networks</td> <td>Unknown as expected to developed with Cancer Alliance. It is expected that this will be a NHS 10 Year plan deliverable.</td> </tr> <tr> <td>Early Diagnosis - Straight to Test provision within community healthcare clinics (LIFT)</td> <td>7</td> <td>Providing early diagnostic tests via care closer to home provision ie. LIFT buildings. For e.g ultrasound, XRays via mobile facilities.</td> <td>Unknown – requires scoping; clinical input from Clinical Forum and need to define outcomes</td> </tr> </tbody> </table>			Opportunity	Option	Summary	Estimated Cost	Be Cancer Safe	1	Continuation of existing Cancer Alliance Funded project provided by Voluntary Action Rotherham.	£100,000	Extended Hours Screening	2	Cervical Screening Clinics at I-Heart current venues	£45,000	Primary Care Cancer Improvement and Liaison Nurse	3	Supporting GP's and practice staff to increase screening and early diagnosis through practice education and targeted support	£75,000 based on BHF proposal	Communication Resources	4	Targeting specific populations and maximising communication opportunities at practice and community level	£10,000	Increase MRI capacity within BHNFT activity plan	5	Increase MRI capacity for 2 sessions a month. This is based on actual current activity that is being funded by NHS England until April 2019.	indicative cost £95,000 via Tariff	Health Check / Prevention	6	Lung Health Clinic – targeting high risk populations in specific geographical areas. To be determined through Integrated Care Networks	Unknown as expected to developed with Cancer Alliance. It is expected that this will be a NHS 10 Year plan deliverable.	Early Diagnosis - Straight to Test provision within community healthcare clinics (LIFT)	7	Providing early diagnostic tests via care closer to home provision ie. LIFT buildings. For e.g ultrasound, XRays via mobile facilities.	Unknown – requires scoping; clinical input from Clinical Forum and need to define outcomes
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Community based Dermatology Clinic Pilot	8	Recording images in community health care clinics rather than at BHNFT and providing care closer to home	under review with BHNFT
Cancer Rapid Diagnostics and Assessment Clinic	9	It is expected that this will be a NHS 10 Year plan deliverable. At this stage this may be located 'At place' and/or in one area. CCG recommendation that place based.	Not known as at early stage of discussion and scoping. Will require clinical input from Clinical Forum and to define outcomes

Refer to appendix A, B and C for further information on options 1,2 and 3.

Procurement advice is that the projects could be commissioned in the following ways for a one year period :

Opportunity	Option	Commissioning Process	Period
Be Cancer Safe	1	Tender Waiver	April 2019-April 2020
Extended Hours Screening	2	Variation of contract for 1 year to test proof of concept. Delivered via BHF I-Heart service. This post could also be employed by CCG.	April 2019-April 2020
Primary Care Cancer Improvement and Liaison Nurse	3	Variation of contract to test proof of concept initiative via BHF or employed by CCG	April 2019-April 2020
Communication Resources	4	Not required as allocation to CCG	April 2019-April 2020
Increase MRI capacity within BHNFT activity plan	5	Variation of contract	April 2019-April 2020

If the options are developed after a 6 month delivery period they will be evaluated to determine if they should be continued, as shown proof of concept. If the proposal is that they should continue a paper will be presented to Governing body proposing a continuation and a procurement process will be undertaken if required.

It is proposed that the following options be supported by Governing body to be developed into firmer proposals. These would be presented for approval to be implemented to the Senior Management Committee and to Governing body for approval. Before this occurs engagement will be undertaken with Clinical Forum; Primary Care Workstream and Integrated Care Networks.

Engagement

Engagement has been undertaken in order to identify the opportunities outlined above. This has been by:

- Talking to the Be cancer safe and NHS screening teams about the specific problems for Barnsley e.g. low screening rates for cervical cancer 25-35; via patient stories
- talking to CCG's who have undertaken similar work e.g. Primary Care Cancer Improvement and Liaison Nurse is being delivered by Sheffield CCG
- Talking to Cancer Alliance and Cancer Research UK about project being advocated by NHS England e.g. lung clinic; Cancer Rapid Diagnostics and Assessment Clinics
- Gaining information about existing services to increase access points for screening and early referrals e.g. South Tees CCG example
- research evidence from the work undertaken by NHS England; Cancer Research UK e.g. primary care cancer diagnosis audit; Jo's Cervical Cancer Be Cervix Savvy Roadshow Report (2017)

The programme will be evaluated by :

- monitoring improvement in variation of performance rates of Practices two week wait referrals; conversion rates and screening rates
- via the PDA auditing of number of non-responders for screening who have been contacted and via NHS England screening figures identifying DNA rates.
- increase in number of cancers diagnosed at stage 1 and 2
- uptake of women attending the extended hours provision
- Via Be Cancer Safe regional evaluation patient stories identifying main improvement themes and using these as locally determined outcome measures for Be Cancer safe work
- Measuring number of non-clinical champions educated and impact on GP's practices working practices via Primary Care Cancer Improvement and Liaison Nurse
- Identifying locally determined patient reported measures
- Identifying financial savings and if there has been an impact on releasing time for care for Primary Care

A number of these evaluation measures will not be available until after the projects have finished e.g. screening rates due December 2020. It may also be challenging to prove that the activities outlined in the paper were directly responsible for an increase in the metrics outlined above. This is because there are multiple variables and inputs within this programme and attributing the programme impact may be challenging for e.g. screening rates increased due to the activities. This programme is therefore likely to generate an 'Invest to Save' return rather than an actual financial return. The projects where possible will aim to deliver services via the CCG's LIFT venues in accordance with the CCG estates strategy.

The options proposed in this paper will improve screening and improving early diagnosis by targeting specific tumour sites and communities. This recognises the needs identified by GPs, CCG clinical forum and the cancer steering group in

	<p>supporting a wider understanding of, and access to, cancer pathways, including screening.</p> <p>Governance</p> <p>Governance will be provided by the Cancer Steering Group and will complement the work being undertaken by the CCG's Macmillan GP, Primary Care and Quality and Safety Teams. It will also support the development of the Integrated Care Networks by being a route of engagement and delivery, as these options have been developed from the evidence from population based management.</p> <p>The CCG will also continue to support the Public Health Programme at Barnsley Metropolitan Council to ensure preventative wider public health actions are reducing the incidents of cancer. This includes supporting the development of Alcohol Reduction Strategy; Tobacco Control Strategy and initiatives being developed at neighbourhood level.</p> <p>In addition to these opportunities other activities are being pursued and developed as follows:</p> <p>1. Practice Development Agreement</p> <p>The proposed inclusion of a number of cancer related objectives within the 2019/20 PDA including:</p> <ul style="list-style-type: none"> • Screening DNAs primary care follow up • Improving Screening uptake by people with Learning Disabilities <p>2. Communication and Engagement Programme</p> <p>A robust communication and engagement programme will be delivered to ensure that options outlined are maximised. This will be in addition to the local implementation of the national Be Clear On Cancer campaigns throughout the year. The programme is proposing to undertake: additional activity focusing on improving cervical screening uptake in women aged 25-35; geographically targeted work with men across the borough in relation to early detection. Both campaigns will be driven by data outlining areas of low uptake and later detection. In addition it will be trialling the use of social media and text from general practice in the wider communications mix. A budget of £10,000 is requested to support this work. Spend will be on advertising with a smaller amount on artwork/printing costs.</p>								
4.	RISKS TO THE CLINICAL COMMISSIONING GROUP								
	<p>There are a number of risks to the CCG:</p> <table border="1" data-bbox="268 1753 1425 2085"> <thead> <tr> <th data-bbox="268 1753 810 1794">Risk</th> <th data-bbox="810 1753 1425 1794">Mitigation</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 1794 810 1906">raising awareness of early diagnosis will generate an increase in two week wait referrals</td> <td data-bbox="810 1794 1425 1906">Monitor activity and ensure referrals are appropriate</td> </tr> <tr> <td data-bbox="268 1906 810 2051">increase the demand for diagnostic services that cannot be met</td> <td data-bbox="810 1906 1425 2051">Work with BHNFT to monitor demand and ensure straight to test new pathways effective and GP referrals appropriate</td> </tr> <tr> <td data-bbox="268 2051 810 2085">options outlined in the paper will</td> <td data-bbox="810 2051 1425 2085">Via Macmillan GP post, Primary Care</td> </tr> </tbody> </table>	Risk	Mitigation	raising awareness of early diagnosis will generate an increase in two week wait referrals	Monitor activity and ensure referrals are appropriate	increase the demand for diagnostic services that cannot be met	Work with BHNFT to monitor demand and ensure straight to test new pathways effective and GP referrals appropriate	options outlined in the paper will	Via Macmillan GP post, Primary Care
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	<p>increase the demand for appointments at GP practices</p>	<p>Cancer Improvement and Liaison Nurse, Be Cancer safe project ensure there is effective sign posting in order that GP appointment used effectively</p>
<p>There are risk associated with failing to act on the current issues:</p> <p>There has been a significant increase in 2 Week wait referrals over recent months. This has impacted on performance waiting times for key indicators (62 GP referral / 2WW). Failure to improve the appropriateness and timeliness of referrals will result in system failure including:</p> <ul style="list-style-type: none"> • Waiting time breaches • Escalating costs • Inability to recruit a workforce 		
<p>5. APPENDICES TO THE REPORT</p>		
<ol style="list-style-type: none"> 1. Appendix A: Primary Care Cancer Improvement and Liaison Nurse 2. Appendix B: BHF proposal- Extended Services proposal 3. Appendix C: Cancer Safe proposal 		
<p>6. CONCLUSION</p>		
<p>In conclusion Governing body are requested to:</p> <ul style="list-style-type: none"> • Make a decision about whether the Be Cancer Safe option is funded by the CCG if the Cancer Alliance is unable to do this • Approve the action that the CCG continues to develop further the options outlined within the paper • Agree that when the business case is developed further on the options outlined in the paper that they are presented to governing body for funding decision and approval. 		

1. Primary Care Cancer Improvement Nurse

Barnsley Healthcare Federation has recently employed a Diabetes Nurse to help improve the management of patients with Diabetes in General Practice. This role provides targeted support for those Practices whose associated performance with managing diabetes is lower than the majority of Practices in Barnsley.

We proposed to deliver a similar model to help Practices diagnose and screen cancer at the earliest opportunity. A Cancer Improvement Nurse would be able to promote the use of new tools to support diagnosis for example, the use of an online tool for cervical screening. Our aim would be to increase the uptake of breast, bowel and cervical screening.

The Nurse would be able to lead on health promotion/lifestyle across Practices and deliver an education programme to both clinical and non-clinical staff.

Based on our work with Diabetes an Improvement Nurse would be able to provide in-depth support for between 5 and 10 Practices across a 12 month period. We plan to work with those Practices that have the lowest uptake of screening and early diagnosis.

Benefits for practices

- Improved early diagnosis and screening of patients
- Improved management of patients with cancer
- Help with SEAs
- Learning would be used to support Practices in the new diagnosis of cancer

Benefits for patients

- Earlier diagnosis and screening of cancer
- Improved population health through healthier lifestyle promotion
- Improved management of patients with cancer and cancer survivors

10 High Impact Action Link

- Partnership working
- Developing the team

Indicative Price – £75,000

Barnsley Healthcare Federation - Primary Care @ Scale proposals

Barnsley Healthcare Federation is seeking to work with Barnsley CCG to enhance the services that are provided outside of core hours, with a particular focus on the provision of care over the weekend.

The project below has been suggested by Clinical Leads from across Primary Care.

Cancer Screening in i-HEART Barnsley 365 (Extended Hours)

Whilst data and evidence is not always easy to access, there has been significant anecdotal evidence that some people struggle to access for example cervical screening during normal surgery hours. The difficulty of accessing appointments during the day has a negative impact on the uptake of screening. It is felt that since new commissioning arrangements by council for sexual and contraception services women have experienced reduced access to smears.

We would like to undertake a screening test to understand the impact that screening over the weekend and in evenings has on the uptake of screening in Barnsley. In order to achieve this we plan to appoint a nurse to i-HEART's extended hour's team who can provide cervical screening.

Cervical screening, also known as a smear test, is a free, simple, routine test available to all women aged 25 to 64, every three to five years.

Cervical screening prevents 75% of cervical cancers from developing in the UK, yet one in four women do not attend cervical screening when invited, normally due to fear or embarrassment or not understanding its importance.

Many women are also put off attending due to GP appointments being unavailable at times convenient to them. It is hoped uptake will increase now that women can schedule their appointments on evenings or weekends at one of i-HEART's Hubs.

These are located at:

- Woodland Drive Medical Centre
- Chapelfield Medical Centre
- Barnsley Hospital

However we would suggest utilising Woodland Drive or Chapelfield due to the volume of patients already attending Barnsley Hospital.

i-HEART appointments are each weekday evening between 6:30pm – 10:30pm and 10am – 1pm over the weekends and Bank Holidays. We would work with Barnsley CCG to determine the most appropriate days to deliver screening. However, we would suggest the following:

One clinic on an evening and one on a Sunday (providing no bank holiday) the next day and each clinic will be for 3-4 hours, comprising 20 min appointments with last one blocked off for admin.

We would work closely with the CCG regarding an extension to this service if there is sufficient demand.

To maximise uptake of appointments we would like to test a combination of pre-bookable and opportune appointments. We plan to allow practices to book directly into slots they have for their patients pro rata based on their list size and if they can't use them we will open to others.

The results from the tests will go back to the usual GP, we will complete audits for our clinicians to ensure the effectiveness of the service.

We would like to explore the use of direct booking or utilising the NHS e-Referral system; this will enable Practices to be able to provide patients with an appointment whilst they are in the Practice. All tests will be read coded and confirmed to the Practice.

To raise awareness of this service change and promote the importance of cervical cancer screening we would link with the Be Cancer SAFE movement, to actively engage communities and members of the public.

BHF will work with the CCG to evaluate the effectiveness of this provision and to identify further extensions that could be implemented for example, blood tests and immunisations.

We would plan to deliver this service extension for a period of 12 months.

Benefits for practices

- Improved early diagnosis and screening of patients
- Improved management of patients with cancer

Benefits for patients

- Earlier diagnosis and screening of cancer
- Improved population health through healthier lifestyle promotion

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

More people in South Yorkshire are diagnosed with cancer than the England average. **Our most deprived patients are more likely to be diagnosed with cancer at a late stage and die of cancer.** They are **more likely to have the diagnosis made during an emergency admission and are less likely to attend for screening.** Social movement or Be Cancer SAFE is one of a number of regional interventions designed to raise public awareness of the signs and symptoms of cancer and the benefits of screening with the aim of increasing the proportion of cancers diagnosed at an earlier stage. Here in Barnsley the social movement is very much underway with more than 1700 Cancer Champions created (by the end of October 2018); a far reaching and diverse network of 'boots on the ground' made up of small community groups, formal Voluntary and Community Sector Organisations, public sector partners, businesses big and small and individuals from all walks of life who are committed to their own self-care and supporting others within their network to take control of their own health. With continuation funding we would be able to maintain momentum, sustain and extend existing networks to cascade cancer awareness messages (possibly other local health messages in time) and develop new initiatives which would support better outcomes for Barnsley patients.

Phase 1 2018-2019 Achievements:

- Annual target of 1776 Cancer Champions created ahead of time (after 7 months)
- Relationship and collaboration with Barnsley Screening and Immunisation Coordinator. Be Cancer SAFE is now embedded into the current Barnsley Screening & Immunisation Improvement Plan and the team recently joined the new Barnsley Screening and Immunisation Operational Group as a valued partner and contributor.
- Extensive networks created across the Voluntary and Community Sector, Public and Private Sectors and notably within the target communities of Dearne, St.Helen's and Stairfoot where the greatest inequalities exist (see Appendix 1).
- Good knowledge and understanding of the barriers facing hard to reach communities and patient groups and what would make the difference.
- Developed innovative resources to support delivery, tailored to the needs of particular patient groups.
- Creation of a local Be Cancer SAFE Facebook page and Twitter page (jointly with the Rotherham Be Cancer SAFE team).
- Actively shared learning with and receptive to shared learning from Be Cancer SAFE partners across South Yorkshire, Bassetlaw and North Derbyshire.
- Effective coordination of Be Cancer SAFE activity across the SYBND Cancer Alliance footprint
- Evidence that the informal 'not blue badge' is working i.e. clinics are busier, more 2WW referrals are coming through

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Phase 1 Detail:

We have been delivering #becancerSAFE messages in both Rotherham and Barnsley since January 2018 and also co-ordinating the wider footprint partners across North Derbyshire, Sheffield, Doncaster and Bassetlaw. The aim of the project has been to create a social movement around cancer messages to increase the uptake of screening in targeted communities and reduce the numbers of late presentations either through A&E or primary care, therefore giving people a better chance of survival, reduce the health inequalities in some of the most deprived neighbourhoods and increase knowledge about cancer symptoms and screening across the whole footprint.

Through the #becancerSAFE work we agreed to:

- Create an agreed number of cancer champions to contribute to a total of 12,000 cancer champions targeting communities with the greatest inequalities in outcomes across the Cancer Alliance footprint over an 18-month period (by April 2019)
- Work with local partners, including CCGs and Public Health teams, to identify communities with the greatest inequalities in outcomes
- Maximise the potential provided via digital platforms to connect people, utilising digital applications and connected through social media to create virtual communities and networks
- Work to understand the issues and barriers faced by communities in the lifestyle choices they make, the uptake of screening and understanding risks/symptoms related to cancer
- Co-ordinate the activity at a footprint level supporting all teams to understand the messages, link in with other professionals, work within the Cancer arena and grow the social movement.

Outcome measures:

- Number of people who have been provided with health promotion and detection information by Champions
- Change in number/proportion of people attending cancer screening
- Activities provided to support people at risk of secondary cancers and for people living with and beyond cancer
- Number of champions recruited (based on the locality %) – 1,680 in Rotherham; 1,560 in Barnsley; 90% of which are 'local people' i.e. they have lived experience of the local community.

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

We have worked across Rotherham and Barnsley within our existing networks, created new networks, forged relationships with public sector colleagues and members of the private sector to expand our reach. We currently employ 2 workers specifically for the Barnsley footprint covering approximately 60 hours per week.

Our work in Barnsley has included a variety of talks to community groups, attending local events and businesses and working with other professionals to raise the awareness of cancer and screening. The project has been very successful and already reached the target set for March 2019 with 1770 Barnsley cancer champions recorded to date. (October 2018)

We have done this by:

- Developing local Be Cancer SAFE social media platforms (Facebook and Twitter), populating these with content 7 days a week, generating and maintaining a strong membership, creating interest and campaigns which local Voluntary and Community Sector groups, public sector partners, businesses and individuals can support and cascade. We also feature Voluntary and Community Sector groups visited and give other partners and contacts a mention in recognition of their support and so that they can extend their reach.
- Developing innovative resources to support delivery.
- Working with the local Voluntary and Community Sector in Barnsley (in particular Voluntary Action Barnsley and Healthwatch Barnsley) to harness the energy of volunteers, staff, individuals and other professionals to raise awareness and promote early detection. This has been through developing short workshops that can be delivered within activities provided by other agencies, attending events to promote the messages, coaching peer support volunteers, coaching ambassadors (these are other professionals/staff/volunteers) to deliver the messages through their everyday life.
- Working creatively to ensure all communities are able to access the messages/programme by developing appropriate resources, using existing organisations to extend our reach, translate and support where needed.
- Working with the Patient Council to grow the project and reach into GP surgeries.
- Working closely and collaboratively with local stakeholders including Screening, CRUK, Macmillan, Breast Screening Unit. Indeed, Be Cancer SAFE is now embedded in the Barnsley Screening & Immunisation Improvement Plan. The team have also joined the new Screening and Immunisation Operational Group for Barnsley as a valued partner. This group has helped us

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support



cement existing relationships with the aforementioned stakeholders and forge new connections with Public Health and other Trust colleagues.

Key engagement activities have included having a presence at Barnsley Pride, where we were successful in attracting a number of champions and engaging hard to reach individuals. Working with Athersley Cares to engage hard to reach groups in Athersley and New Lodge both of which are key target areas. We have targeted a diverse range of organisations within the Dearne including the Faith sector through Salvation Army and social enterprises/community HUBs such as the Snap Tin Café. The team have also presented to the Patient Council. We have also targeted key individuals including the Mayor of Barnsley who shared connections and local knowledge and who agreed to do a joint press article regarding his call for bowel screening (September 2018).

In Barnsley we have targeted particular cancer types and specific geographic areas, including Breast Cancer, Bowel, Cervical, Lung and Urology and concentrate our efforts in the areas with higher incidences of cancer in particular Stairfoot, St Helens and the Dearne. 242 visits have been made to Barnsley groups, organisations, businesses, community venues etc to deliver a series of stands, events, talks, network opportunities and other grassroots activities. 172 of these visits have been made to targeted areas and 70 visits to non-targeted areas.

We have developed case studies to evidence the impact of this work and have been proactive in producing appropriate literature to support the delivery working alongside the CCG. As we are concentrating on existing groups/gatherings, then it is relatively straightforward to re-visit these groups after a period of time to ask if anyone has acted on the information given – either doing something themselves or sharing this information with family and friends. This is proving invaluable in gathering follow up data, picking up complex issues regarding attending screening or accessing GP's so that we may feed this back to the surgeries etc.

Impact Case Study: The team recently returned to a Mencap group that they had delivered a planned session to previously: '...one service user came to tell us that she had had her breast screening letter and following our talk; encouraged her carer to help her book her appointment. She is having her mammogram later in the week. Another service user told us that following the talk, her carer had taken her for her cervical screening. She said it was painful but understands why she needs to go and will go back. She shows people her Be Cancer SAFE wristband to show them that she was brave.'

Impact Case Study 2: 'While at Priory Campus we had a conversation with a cleaner who we had met on a previous visit. She informed us that she has now been for her cervical smear test, which was great news. This lady is in her late thirties and hasn't attended for screening before. This was a direct result of having a chat with the BCS team.'

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

The #becancerSAFE social movement model is being evaluated by ScHARR but the final evaluation will not be ready until Spring 2019 however it is clear from feedback we are receiving from members of the public, case studies, interim evaluation results and feedback from professionals that the social movement has influenced the numbers of people presenting for screening across Barnsley. The non-blue badge approach has increased the number of conversations we have been able to have with the community, people have at times been brutally honest about why they have not previously attended screening, or what has put them off if they have been. We have developed good frameworks to be able to feed this by through our partners in primary care to ensure issues identified can be resolved to increase patient experience.

The role of the co-ordinator has proved beneficial in the development of the model across the footprint to ensure consistency of message and to co-ordinate monitoring against outcomes, however it has also been a crucial role within our local team, providing the strategic link between the community, our workers and health professionals at all levels. Hosted by Voluntary Action Rotherham the co-ordinator:

- Coordinates monthly meetings for Project Leads to share learning across local delivery partners
- Works closely with the Early Diagnosis Programme Team
- Established good relationships with local delivery partners / stakeholders e.g. CCGs, CRUK, Macmillan, Screening Teams
- Established monitoring and reporting framework; provides monthly highlight reports for all providers
- Develops and maintains social media channels i.e. Twitter, Facebook
- Working with ScHARR to support the project evaluation

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Phase 2 April 2019 – March 2021:

Due to the success of the programme in such a short time we are looking to extend the project in Barnsley to allow for a reasonable timeframe to have the biggest impact and to push the social movement further. With continuation funding we would be able to keep momentum and maintain existing networks whilst forging a much closer relationship with primary care colleagues and supporting other developments including cancer awareness sessions and a Cancer Information Hub in Barnsley town centre. **Collectively our programme of work aims to support more individuals to take up screening or to present with signs and symptoms; increasing the proportion of cancers diagnosed at an earlier stage and reducing health inequalities in communities.** In summary we will:

1. **Continue to engage communities** experiencing the greatest health inequalities; creating champions and networks who can cascade key health messages to individuals who might otherwise fall between the cracks.
2. **Work more closely with primary care** colleagues to increase screening uptake and achieve better outcomes for patients.
3. **Deliver a programme of cancer awareness sessions** to both non-clinical staff and the wider Health and Social Care workforce.
4. **Develop a Hub in Barnsley Indoor Market;** taking health messages directly to communities who ordinarily don't engage with health messages or with health services
5. **Co-produce a bi-monthly GP Cancer Awareness Blog** in line with national campaigns and local developments

Cross cutting all of the above, we will continue to record and report patient experience to inform learning and service delivery.

1. Community Engagement:

Project Workers would continue to engage specific geographic communities where screening uptake is low and where health inequalities are greatest i.e.

- Dearne
- Stairfoot
- St.Helen's
- Other communities as directed by the CCG and/or key stakeholders such as the Breast Screening Unit

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Within and beyond these communities, activity will be aimed at those patient groups who are less likely to engage in screening programmes and/or health services including:

- men
- older people
- BME population
- adults with Learning Difficulties and Disabilities
- people in long term residential care

The team will continue to champion the simple message which transcends all cancer types: know your own body, recognise when something is persistently different for you and check your symptoms out with a GP sooner rather than later. In addition to this, the team will continue to raise awareness of the signs and symptoms associated with the most prevalent cancer types or those linked to the national screening programmes i.e.

- Breast
- Bowel
- Cervical
- Prostate
- Lung

The team will continue to create Cancer Champions (1200 in Year 2) primarily in target communities but the work will be more focussed and aimed at maximising impact in terms of behaviour change rather than reach. Champions have the potential to drive a significant shift in behaviour and represent 90% of local people with lived experience of the local community. Champions:

- who are already compliant are motivated to act as role models; to share their positive experiences of accessing health services and provide peer support as required.
- who are cancer *survivors* are supported to share their story and champion their positive outcome.
- who share their good/bad experience of accessing health services, inform our learning and have the potential to inform how services are delivered in the future.

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- who share their fears/anxieties/reasons for not completing screening or going to see their GP early, support our understanding of barriers facing communities and help identify solutions which support behaviour change.
- are supported to think about their own self-care; to know their own body and by doing so recognise when something is different for them, ready to start a conversation with their GP.
- are energised to spread key messages through their networks; reaching individuals and communities who the project may not come into with.

We will continue to capture key information:

- to enable us to map engagement activity against key deliverables; ensuring that activity addresses rather than exacerbates existing health inequalities (routine collection of postcode data in Year 1 has helped to demonstrate this).
- to enable us to demonstrate the diversity of the champions engaged; routinely recording ethnicity where possible as the local BME population is a key target group moving forward.
- linked to patient experience, capturing the name of the surgery where possible and where 'scary stories' are reported

A partial profile of our champions is helpful as a measure of reach and impact but must not be a barrier to conversations in communities. Much of the success of the project owes itself to the informal and non-judgemental approach which is taken and we wouldn't want to lose this by introducing too many formalities moving forward. Furthermore, a closer relationship with Primary Care colleagues may provide the evidence of impact we seek; for instance, surgeries may be able to tell us that clinics are busier, that more patients are being booked into the Hubs (and in the future booked into Hubs for screening), fewer DNAs are being reported for breast screening, more women are booking in for their cervical screening, more bowel kits are being requested etc. etc.

- Where we come across individuals affected by cancer with a story to tell we will signpost to local and national support services where possible.
- Where individuals feel let down and may want to take things further, possibly as a complaint, we will signpost them to Healthwatch Barnsley.
- We need to be mindful of the accumulative effect on Project Workers of sometimes troubling stories. Currently Project Worker have the option of accessing informal supervision as required and peer support is in place. Moving forward if Be

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Cancer SAFE no longer operates as a footprint, we may need to source and put in place a similar offer of informal supervision by a local partner.

2. Primary Care:

Be Cancer SAFE will in the next phase support the shift towards greater ownership of not just patients but communities:

- Be Cancer SAFE have developed local networks and gained the trust and acceptance of target communities ready to support a conversation about signs and symptoms of cancer or the benefits of screening.
- The team have a good understanding of the blockers and barriers and what would make the difference.
- Be Cancer SAFE already routinely provide valuable insight linked to patient experience at all stages of the patient journey from diagnosis to living with and beyond cancer and moving forward this insight will inform professional development programmes, changes to service delivery and ultimately improve patient experience.

The Project Coordinator will work closely with the Screening and Immunisation Lead for Barnsley and the Macmillan GP to identify GP surgeries with low uptake and/or poor outcomes and co-produce with individual GP surgeries a programme of engagement activity which will bring about positive change including:

- Recruitment of Cancer Champions within these surgeries to ideally include a Lead GP, a non-clinical Champion and a Patient Champion. Be Cancer SAFE activity will provide a pathway for Cancer Champions who want to do more as Patient Champions. The Coordinator will work closely with the Macmillan GP to support the development of practice champions. For instance, linking champions in to cancer awareness sessions, supporting access to Macmillan training as required, sharing learning/insight linked to Be Cancer SAFE activity and linking into informal peer support if appropriate. The Coordinator will also attend regular cluster meetings as required.
- Making the Be Cancer SAFE animation available on screens in GP surgeries.
- Developing a Be Cancer SAFE display/area/board utilising available literature. Supporting Cancer Champions in surgeries with information about national campaigns so that they can utilise these opportunities to engage their patients in key messages.
- Adoption of a Be Cancer SAFE Care Navigation Template which includes key information about all the national screening programmes and signs and symptoms. The Template also equips Care Navigators with information (web links and

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telephone numbers) about local and national services so that they can support and signpost patients with greater confidence. This will be a valuable tool and 'building block' for nominated Cancer Champions.

- Increased take up of breast screening. With the help of the Screening and Immunisation Lead, the team will have sight of the breast screening rounds for the year ahead and work with individual GP surgeries to target patient populations accordingly.
- Increase take up of bowel screening. Work with the Bowel Screening Hub and individual GP surgeries to target patient populations according to the roll out of FIT (Faecal Immunochemical Test) for screening and generally support the transition from FOB (Faecal Occult Blood) to FIT.

3. Cancer Awareness Sessions:

The Coordinator will work with the Macmillan GP to develop a programme of bi-monthly cancer awareness sessions based loosely on the Sheffield model (in Sheffield the Macmillan Primary Care Lead Nurse for Cancer has established a year round programme of monthly one-day Cancer Awareness sessions aimed at Health and Social Care staff and volunteers. Cancer awareness is the focus of the morning and signposting is the focus of the afternoon with partners from across the city pitching their services. There is no charge to attend these courses). It is envisaged that the programme will be co-produced and co-delivered by the Macmillan Lead GP, Be Cancer SAFE, CRUK Non-GP Facilitator and the Screening Lead in the hope of developing a model which reflects people's expertise and existing relationships and which is sustainable into the future. Sessions will be half a day and tailored to the needs of the following target audiences:

- **Non-Clinical Surgery Staff:** these sessions will be aligned to the existing development programme which sees non-clinical staff released from duties six times per year to undertake professional development. The session will be tailored to include local signposting information. Macmillan Lead GP and CRUK may be better placed to lead on these sessions given their existing role/relationship with surgeries.
- **Health & Social Care Workforce:** like the Sheffield model the workshop will be aimed at front line H&SC staff and volunteers who can then cascade the information to the wider team and to service users as appropriate. BCS team and Screening may be better placed to lead on these sessions given their existing role/relationship with VCS and Public Sector networks. Where possible these sessions will be hosted by a VCS organisation within a target locality.

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It may be that we secure one venue for the full day and facilitate a morning session with the Health and Social Care workforce and an afternoon session with surgery staff in line with their professional development programme.

4. Be Cancer SAFE Barnsley Hub:

The team using learning from the Sheffield and Rotherham Market Hub's will explore the possibility of a similar Hub for Barnsley; most likely a fixed unit in the Indoor Market in Barnsley Town Centre. Macmillan colleagues based at Barnsley Hospital have already expressed an interest in developing a Hub in Barnsley and may well like to collaborate/support this development in some way. The idea of the Hub is to take health messages directly to communities; communities who may not ordinarily engage in health messages and health services. In Rotherham the Be Cancer SAFE team, after an initial period of investment gaining the trust and acceptance of other traders, have settled to providing two weekly Drop-Ins on Tuesdays and Thursdays 10am-2pm to include guest slots which give partners such as screening colleagues, Macmillan Information Service, Breast Screening Unit, Extended Hours provider etc. the welcome opportunity to participate in outreach activity. This weekly routine enables the Be Cancer SAFE Project Workers to maintain a wider programme of engagement activity beyond the Hub. Looking ahead the Hub could have a much broader Health and Well-Being theme and closer collaboration with key partners may enable broader access beyond that envisaged initially.

5. Regular GP Blog in the Around Town Magazine:

The Coordinator will partner with the Macmillan GP to co-produce a bi-monthly Cancer Blog/article in this popular and far reaching local magazine. Around Town is South Yorkshire's Premier Lifestyle magazine with 20,000 copies produced and more than 200 pick-up points across Barnsley and Rotherham. We have secured a free half page spread to promote Be Cancer SAFE messages according to national campaigns starting with the Jan/Feb 2019 edition and an article about cervical cancer awareness (Cervical Cancer Awareness Month in January) but maintaining a regular schedule of articles throughout 2019 and hopefully beyond.

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Voluntary Action Rotherham (VAR) has delivered services to Rotherham communities for over 30 years and has a strong volunteer base, hosting the accredited Volunteer Centre for Rotherham and having a membership of over 850 local VCS organisations. There are a further 400 VCS organisations who are not members of VAR but who we support in a variety of ways. Our work with small groups is at the forefront of what we do and it is these groups who often engage with initiatives that directly impact on individuals, such as BME groups, those with Dementia, groups supporting homeless issues, domestic violence and those facing multiple issues of deprivation. VAR also developed the first Social Prescribing Service in the country which has won national awards for the work. This programme gives us direct and credible access into every GP practice in Rotherham.

VAR has supported the CCG to deliver health messages through a Health Volunteer Ambassador programme, working within and outside our networks to promote self-care, Right Care First Time and managing medicine waste.

VAR is able to:

- Have strong financial procedures and protocols followed by our Finance and Operations Director supported by the Treasurer who also does spot checks on financial matters.
- Manage budget through quarterly Executive meetings and full Board meetings with cash flow; budget v actuals and future forecast
- Regularly review full costs of the organisation to understand exactly how much each area of service costs against the income we receive for each service.
- Have a clear understanding of the costs of the service as have been delivering it for over 9 months.

Please turn the page for details of costings.

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support



Costing for 1 year from April 2019

Project workers	2 x post at 30 hours each
Admin support	based on 1.5 days per week
Co-ordinator Post	based on 3 days
Running costs	
Overhead and management costs	

Total project costs **£99,690*** Per annum

*Evaluation is not included in these costs so would need adding in.

2 years from April 2019 until March 2021: Total project cost: £199, 380

Appendix 1 Key Connections made across Barnsley

Voluntary & Community Sector Partners & Links:

- Voluntary Action Barnsley
- Healthwatch Barnsley
- Refugee Council
- Athersley Cares
- Athersley Community Shop
- Goldthorpe Community Shop
- Goldthorpe Salvation Army
- Goldthorpe Snap Tin
- Macmillan Project Lead for Living Well & Beyond
- Macmillan GP
- Reds in the Community
- Barnsley Mencap
- Priory Campus
- U3A
- Thurnscoe Big Local
- Polish Library
- Monk Bretton Methodist Church
- New Lodge Community Centre
- Foodbank

Public Sector Partners:

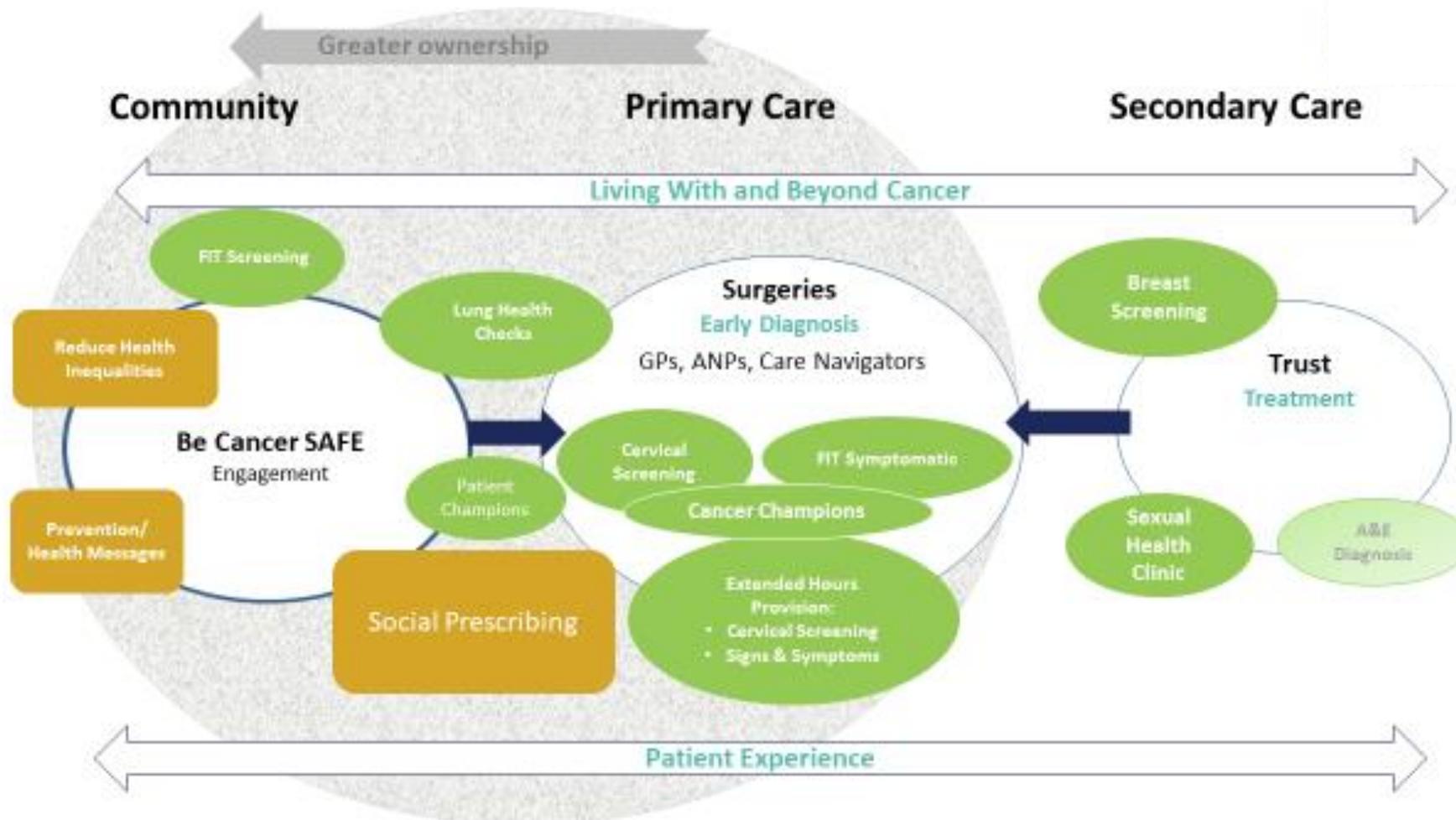
- Barnsley CCG
- Screening & Immunisation Lead
- Screening & Immunisation Comms & Engagement
- Breast Screening Unit Barnsley Hospital
- Barnsley Job Centres
- BMBC Local Area Teams in Dearne, Stairfoot and St.Helen's
- Mayor of Barnsley & Councillors across the Borough
- Patient Council
- Barnsley Libraries
- Northern College
- Barnsley College

Private Sector Partners:

- Tesco stores Stairfoot, Hoyland, Wath, Penistone
- Morrisons Cortonwood
- B&Q Cortonwood
- Around Town Magazine
- Barnsley Chronicle
- Barnsley FC

Be Cancer SAFE, a Social Movement in Cancer Prevention, Awareness and Support

Appendix 2: Be Cancer SAFE – Supporting the Vision for the Future



NAME OF GOVERNING BODY / COMMITTEE

10 January 2019

EU Exit Operational Readiness
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.	REPORT OF		
		Name	Designation
	Executive / Author	Jamie Wike	Director of Strategic Planning and Performance
3.	SUMMARY OF PREVIOUS GOVERNANCE		
3.1	The matters raised in this paper have not been subject to prior consideration within the CCG.		
4.	EXECUTIVE SUMMARY		
4.1	The purpose of this paper is to bring to the attention of the Governing Body, the recently published EU Exit Operational Readiness Guidance and highlight the specific actions for Commissioners. The Guidance was published and issued alongside a letter from Sir Chris Wormald, the Permanent Secretary at the Department for Health and Social Care. The letter and guidance document are appended at Appendix 1 and Appendix 2.		
4.2	The guidance document provides information on plans in place and being developed in relation to: <ul style="list-style-type: none"> • Supply of medicines and vaccines • Supply of medical devices and clinical consumables • Supply of non-clinical consumables, good and services • Workforce • Reciprocal healthcare • Research and clinical trials • Data sharing, processing and access 		
4.3	In addition the guidance sets out the expected role of commissioners including CCG's particularly in ensuring that their contracted health and care services are		

	<p>ready to manage the risks arising in a ‘no deal’ exit. Details of the required actions for commissioners are included in Annex A of the guidance and are set out under the following themes in addition to those listed at 4.2</p> <ul style="list-style-type: none"> • Risk assessment and business continuity planning • Communication and escalation • Reporting, assurance and information • Finance
4.3	<p>The Director of Strategic Planning and Performance in their role as the Accountable Emergency Officer and Emergency Planning lead will ensure that all required actions are undertaken and will ensure that Governing Body are appraised of any issues and any further requirements as the arise in the lead up to the EU exit.</p>
5.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Note the content of the letter and guidance document, particularly the required actions for commissioners.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 – Letter EU Exit Operational Readiness Guidance for the health and care system • Appendix 2 - EU Exit Operational Readiness Guidance

Agenda time allocation for report:	<i>5 minutes.</i>
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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:	All
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	Y
	8 - Maternity	Y
	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

From the Permanent Secretary
Sir Chris Wormald



Department of Health & Social Care

39 Victoria Street
London
SW1H 0EU
permanent.secretary@dh.gsi.gov.uk

21 December 2018

To: All Providers and Commissioners of NHS Services

Dear Colleagues,

EU Exit Operational Readiness Guidance for the health and care system

Earlier this month, the Secretary of State for Health and Social Care [issued](#) information on the Government's revised border planning assumptions to industry and the health and care system. These letters focused on supply chain implications in the event that the United Kingdom (UK) leaves the European Union (EU) without a ratified agreement on 29 March 2019 – a 'no deal' exit.

As you will be aware, the Government and the EU have now agreed the basis upon which the UK will leave the EU in March 2019. 'No deal' exit is not the Government's policy, but it is our duty to prepare for all scenarios. Since the Secretary of State's [letter](#) in August, and with the assistance of our arm's-length bodies and industry, the Department for Health and Social Care has strengthened its national contingency plans for 'no deal'. With just over three months remaining until exit day, we have now reached the point where we need to ramp up 'no deal' preparations. This means the Department, alongside all other government departments, will now enact the remaining elements of our 'no deal' plans.

Delivering the deal remains the Government's top priority and is the best 'no deal' mitigation. But in line with the Government's principal operational focus on national 'no deal' planning, actions must now be taken locally to manage the risks of a 'no deal' exit.

To inform preparations, I have included the EU Exit Operational Readiness Guidance alongside this letter, which has been developed and agreed with NHS England and Improvement. This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit. The guidance will also be shared with colleagues in the devolved



administrations to assist them with their preparations as part of UK-wide contingency plans.

This guidance will be sent to all health and care providers, including adult social care providers. I recognise that, while health and social care face similar issues, there is some variation. I am therefore sending a letter in parallel to local authorities and adult social care providers.

The Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system.

The Operational Response Centre will also work closely with all of the devolved administrations to ensure a co-ordinated approach across the UK. The Operational Response Centre will not bypass existing regional reporting structures; providers and commissioners of NHS services should continue to operate through their usual reporting and escalation mechanisms.

NHS England and Improvement will also establish local, regional and national teams to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required.

NHS providers and commissioners will be supported by NHS England and Improvement local teams to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses.

In addition to operational support, I recognise the uncertainty that you face, and the Government will therefore continue to update you, as necessary, to inform your preparations for EU Exit.

I encourage you to view the relevant gov.uk [page](#) which contains all the relevant information published by the Department, as well as other government departments. This page will be updated regularly so that everyone is aware of developments and actions to take.

Finally, I would like to thank you and your teams for your continued hard work and for the efforts that lie ahead. I would also like to thank the many national organisations who are contributing to the Department's EU Exit work. Your dedication to

*From the Permanent Secretary
Sir Chris Wormald*



Department
of Health &
Social Care

implementing readiness plans for EU Exit and maintaining a world-leading health and care service are greatly appreciated.

Yours sincerely,

A handwritten signature in black ink that reads "Chris Wormald".

**SIR CHRIS WORMALD
PERMANENT SECRETARY**



Department
of Health &
Social Care

EU Exit Operational Readiness Guidance

**Actions the health and care system in England should
take to prepare for a 'no deal' scenario.**

Published on 21 December 2018

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Purpose

The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a ‘no deal’ exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario.

This guidance has been sent to all health and care providers, including adult social care providers, to ensure the health and care system as a whole is prepared. Adult social care providers are advised to use this guidance as a prompt to test their own contingency plans. A further letter has also been sent in parallel to local authorities and adult social care providers to address specific adult social care issues.

Overview

The EU Exit Operational Readiness Guidance summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for EU Exit.

All organisations receiving this guidance are advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. In addition, the actions in this guidance cover seven areas of activity in the health and care system that the Department of Health and Social Care is focussing on in its 'no deal' exit contingency planning:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and the Department is also developing contingency plans to mitigate risks in other areas. For example, the Department is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells (as detailed in the two technical notices on [blood](#) and [organs, tissues and cells](#) and the recent [letter](#) to the health and care system sent by the Secretary of State for Health and Social Care on 7 December 2018).

The actions in this guidance factor in the Government's revised border planning assumptions which were detailed in the Cabinet Office's [guidance](#) on 7 December 2018.

In preparation for a 'no deal' exit, the Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK-wide incidents.

The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

Working closely with the Operational Response Centre, NHS England and Improvement will also establish an Operational Support Structure for EU Exit. This will operate at national, regional and local levels to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. Contact details for the regional EU Exit leads are below:

Region	Contact details for regional EU Exit lead
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	England.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

NHS providers and commissioners will be supported by local NHS teams to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses.

This guidance and the planning assumptions within it represent the most up to date information available. Further operational guidance will be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019.

Summary

This section summarises seven areas where the government is focussing ‘no deal’ exit contingency planning in the health and care system, and where local action is required. Detailed actions for providers, commissioners and NHS England and Improvement regional teams are listed in Annex A (pages 15 to 33). Please read the summary and the action card that is applicable to your organisation.

Common to all of the groups of medical products listed below, it should be noted that government departments have also been working to design customs and other control arrangements at the UK border to ensure goods, including medical supplies, can continue to flow into the UK without being delayed by additional controls and checks.

However, the EU Commission has made clear that, in a ‘no deal’ exit, it will impose full third country controls on people and goods entering the EU from the UK. The cross-government planning assumption has therefore been revised to prepare for the potential impacts that the imposition of third country controls by member states could have. The revised assumption shows that there will be significantly reduced access across the short straits, for up to six months.

Supply of medicines and vaccines

- The Government recognises the vital importance of medicines and vaccines, and has developed a UK-wide contingency plan to ensure the flow of these products into the UK in a ‘no deal’ scenario.
- The plan covers medicines used by patients and service users in all four nations of the UK, as well as the UK Crown Dependencies. The Department is working very closely with the devolved administrations, the Crown Dependencies and other government departments to explore specific issues related to the various supply chains for medicines in the UK, as well as potential mitigations. The plan covers medicines used by all types of providers, including private providers.
- Earlier this year, the Department undertook an analysis using Medicines and Healthcare Products Regulatory Agency and European Medicines Agency data, on the supply chain for all medicines (including vaccines and medical radioisotopes). This identified those products that have a manufacturing touch point in the EU or wider EEA countries.
- In August 2018, the Department for Health and Social Care [wrote to pharmaceutical companies](#) that supply the UK with prescription-only and pharmacy medicines from, or via, the EU or European Economic Area (EEA) to prepare for a no deal scenario.

Companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019. Companies were also asked to make arrangements to air freight medicines with a short shelf life, such as medical radioisotopes.

- Since then, there has been very good engagement from industry to ensure the supply of medicines is maintained in a 'no deal' exit.
- The Department will support manufacturers taking part in the contingency planning and is already providing funding for the provision of additional capacity for the storage of medicines.
- In October, the Department invited wholesalers and pre-wholesalers of pharmaceutical warehouse space to bid for government funding to secure the additional capacity needed for stockpiled medicines, and funding for selected organisations has now been agreed.
- On 7 December 2018, the Department [wrote](#) to UK manufacturers of medicines currently using the short straits crossings of Dover and Folkestone as they will want to review supply arrangements in light of the Government's updated planning assumptions.
- Whilst the six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, it is now being supplemented by additional national actions.
- The Government is working to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK.
- The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019. This includes all medicines, including general sales list medicines.
- In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments.
- UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

- Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- The Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.
- The Department is putting in place a “Serious Shortage Protocol”. This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.
- Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. In addition to the national stockpiles that PHE has in place to ensure continued supply to the NHS, PHE continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.

Supply of medical devices and clinical consumables

- On 23 October 2018, the Secretary of State for Health and Social Care [wrote](#) to all suppliers of medical devices and clinical consumables updating them on the contingency measures the Department is taking to ensure the continuity of product supply.
- One of these measures is to increase stock levels of these products at a national level in England.
- The Department is working with the devolved nations and Crown Dependencies to ensure that national contingency arrangements are aligned and able to support specific preparedness measures necessary to meet the needs of their health and care systems.
- The Department is also developing contingency plans to ensure the continued movement of medical devices and clinical consumables that are supplied from the EU directly to organisations delivering NHS services in England.

- The Department has asked all suppliers that regularly source products from EU countries to review their supply chains and determine what measures they need to take to ensure the health and care system has access to the products it needs.
- NHS Supply Chain officials are also contacting suppliers who routinely import products from the EU to establish what measures are required to ensure they can continue to provide products in a 'no deal' scenario. Products are already being ordered.
- The Government is working to ensure there is sufficient roll-on/roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK. This will help facilitate the flow of products to both NHS and private care providers.
- The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of these products will continue unimpeded after 29 March 2019.
- There is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and, if the situation changes, will provide further guidance by the end of January 2019.
- The Department continues to engage directly with industry suppliers, trade associations, NHS providers and other government departments to develop its contingency planning approach and ensure the continued supply of medical devices and clinical consumables into the UK.

Supply of non-clinical consumables, goods and services

- The Department has identified categories of national suppliers for non-clinical consumables, goods and services that it is reviewing and managing at a national level. Examples of relevant categories include food and laundry services.
- For these categories, the Department is engaging with suppliers and industry experts to identify and plan for any supply disruption. Where necessary, there will be cross-government work to implement arrangements at the point of EU Exit to ensure continued supply.
- On food, for example, the Department is engaging with both suppliers and health experts to identify and plan for any food items that might suffer supply disruption in the event of a 'no deal'. Standard guidelines will be developed for health and adult social care providers on suitable substitution arrangements for any food items identified as being at risk.

- The Department is also conducting supply chain reviews across the health and social care system to assess commercial risks. This includes reviews for high-risk non-clinical consumables, goods and services, and a self-assessment tool for NHS Trusts and Foundation Trusts. The results of these self-assessments were received at the end of November, and the Department is conducting analysis of the data, that will be used to provide additional guidance to Trusts and Foundation Trusts in January 2019.

Workforce

- The current expectation is that there will not be a significant degree of health and care staff leaving around exit day. Organisations can escalate concerns through existing reporting mechanisms to ensure there is regional and national oversight.

EU Settlement Scheme

- Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than five years. This will ensure the rights of EU citizens are protected in the UK after EU Exit, and guarantee their status and right to work.
- Some EU citizens working in the health and care system would have been able to register for EU settled status under the pilot scheme that was open between the 3rd and 21st December 2018. People that did not register under the pilot scheme do not need to worry as the scheme will be fully open by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register.
- More information, including where to register, can be found on this [website](#).

Professional regulation (recognition of professional qualifications)

- Health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.
- Health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019 will be subject to future arrangements.

Reciprocal healthcare

- These plans are without prejudice to the rights and privileges available to Irish citizens in the UK, and UK citizens in Ireland, under the Common Travel Area arrangements.
- In a 'no deal' scenario, UK nationals resident in the EU, EEA and Switzerland may experience limitations to their access to healthcare services. The Government is therefore seeking to protect current reciprocal healthcare rights through transitional bilateral agreements with other member states.
- The Government has recently introduced the [Healthcare \(International Arrangements\) Bill](#) to ensure we have the legal powers to enter into such agreements in a 'no deal' scenario. The Bill could support a broad continuance of the existing reciprocal healthcare rights under current EU regulations (such as the European Health Insurance Card).
- The Government will issue advice via www.gov.uk and www.nhs.uk to UK nationals living in the EU, to UK residents travelling to the EU and to EU nationals living in the UK. It will explain how the UK is working to maintain reciprocal healthcare arrangements, but this will depend on decisions by member states. It will set out what options people might have to access healthcare under local laws in the member state they live in if we do not have bilateral agreements in place, and what people can do to prepare. These pages will be updated as more information becomes available.
- As is currently the case, if UK nationals living in the EU face changes in how they can access healthcare, and if they return permanently to the UK and take up ordinary residence here, they will be entitled to NHS-funded healthcare on the same basis as UK nationals already living here.
- It is not possible to quantify how many people might return due to changes in reciprocal healthcare, and it is important to note that people might return to the UK for many other reasons such as changes in legal status or costs of living.

Research and clinical trials

EU research and innovation funding schemes

- The Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after EU Exit, until the end of 2020.

- This means that successful bids for EU programme funding until the end of 2020 will receive their full financial allocation for the lifetime of the project.

Clinical networks

- In a 'no deal' scenario, UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019. However, the UK will seek to strengthen and build new bilateral and multilateral relationships – including with the EU – to ensure clinical expertise is maintained in the UK.
- The Department and NHS England are in contact with the ERNs and no action is required at this stage. Further information will be communicated to the NHS and professional bodies in due course.

Clinical trials and clinical investigations

- The Government has issued [guidance](#) on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario.
- The Department continues to engage with the life sciences industry regarding contract research and clinical trials of IMPs and medical devices. The Department is working closely with the NHS and is undertaking a comprehensive assessment of the potential impact of 'no deal' exit on clinical trials and investigations, to gain a greater understanding of those which might be affected by supply issues. This includes examining supply chains for IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA. This assessment aims to conclude in January 2019 and, if necessary, further guidance will be issued thereafter.
- All organisations participating in and/or recruiting patients to clinical trials or clinical investigations in the UK should contact their relevant trial sponsors for confirmation of plans for supply chains for IMPs and medical devices as soon as possible.
- The Department has communicated with Sponsors of trials to emphasise their responsibility for ensuring the continuity of IMP supplies for their trials. The Government will monitor for any clinical trials or clinical investigations impacted due to disruptions to clinical trial supplies. Organisations should therefore continue to participate in and/or recruit patients to clinical trials and clinical investigations from 29 March 2019, unless they receive information to the contrary from a trial sponsor, organisation managing the trial or investigation, or from formal communications.

Clinical Trial Regulation

- For EU-wide trials, the new EU Clinical Trial Regulation (CTR) will not be in force in the EU on 29 March 2019 and so will not be incorporated into UK law.
- However, the Government has stated the UK will align where possible with the CTR without delay when it does come into force in the EU, subject to usual parliamentary approvals. This will provide certainty for organisations conducting trials in the UK.
- Those organisations carrying out clinical trials should follow the normal process for seeking regulatory approval.

Data sharing, processing and access

- It is imperative that personal data continues to flow between the UK, EU and EEA member states, following our departure from the EU. The Department for Digital, Culture, Media and Sport and the Information Commissioner's Office (ICO) have released guidance on data protection in a 'no deal' scenario, which can be viewed on [gov.uk](https://www.gov.uk) and the ICO [website](#).
- The European Commission is unlikely to have made a data protection adequacy decision regarding the UK before EU Exit. An adequacy decision is where the European Commission is satisfied that a transfer of personal data from the EU/EEA to a country outside the EU/EEA would be adequately protected.
- Transfers of personal data from the UK to the EU/EEA should not be affected in a 'no deal' scenario. This is because it would continue to be lawful under domestic legislation for health and adult social care organisations to transfer personal data to the EU/EEA and adequate third countries in the same way we do currently.
- At the point of exit, EU/EEA organisations will consider the UK a third country. This will mean the transfer of personal data from the EU/EEA to the UK will be restricted unless appropriate safeguards are put in place.
- In order to ensure that personal data can continue to be transferred from organisations in the EU/EEA to the UK in the event there is no adequacy decision, alternative mechanisms for transfer may need to be put in place. This is the case even if organisations are currently compliant with the GDPR.
- One solution you could consider, which the ICO states that most businesses find to be a convenient safeguard, particularly when dealing with non-public organisations, is to use one of the standard contractual clauses (SCCs) approved by the EU Commission. Guidance on these SCCs can be found in the links to [gov.uk](https://www.gov.uk) and the [ICO website](#)

EU Exit Operational Readiness Guidance

above. Further information will be issued in due course. For now, health and adult social care organisations should follow the instructions detailed in Annex A to identify data flows that may be at risk in a 'no deal' exit.

ANNEX A – Action cards

Card	Audience	Page
1	Providers: <ul style="list-style-type: none"> • NHS Trusts and Foundation Trusts (acute, mental health, community and ambulance services) • Independent providers of NHS services • GP practices • NHS dentists • Community pharmacies • Opticians • NHS 111 providers 	16
2	Commissioners: <ul style="list-style-type: none"> • Clinical Commissioning Groups • Sustainability and Transformation Partnerships/Integrated Care Systems • Specialised commissioning regional teams and hubs • Health and Justice national and regional teams • Armed Forces and their families commissioning team • Local authorities commissioning NHS services 	25
3	NHS England and Improvement regional teams	33

Card 1 – Action card for providers

Role

All providers of NHS services – including NHS Trusts and Foundation Trusts, primary care organisations and independent sector organisations who provide NHS services – must consider and plan for the risks that may arise due to a ‘no deal’ exit.

All providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues to regional NHS EU Exit or departmental mailboxes listed in this guidance. Officials monitor these mailboxes and will respond to queries. Contact details for the regional NHS EU Exit Teams are included in the overview on page 5.

Clinical Commissioning Groups and NHS England should agree the handling of communications with general practice in line with existing delegation arrangements.

Actions for providers

Local EU Exit readiness preparations

Risk assessment and business continuity planning

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
 - The seven key areas identified nationally and detailed below.
 - Potential increases in demand associated with wider impacts of a ‘no deal’ exit.
 - Locally specific risks resulting from EU Exit.
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.
- Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

Communications and escalation

All providers to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.

NHS providers to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview on page 5).
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Reporting, assurance and information

NHS providers to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS

organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topic areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox

Supply of medicines and vaccines

All health and adult social care providers to:

- Follow the Secretary of State's [message](#) not to stockpile additional medicines beyond their business as usual stock levels. No clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the continued supply of medicines and vaccines from the moment we leave the EU is being developed alongside pharmaceutical companies and other government departments.
- Note that there is no need to contact suppliers of medicines directly.
- Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home.
- Note that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Note that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that UK-wide contingency plans for medicines supply are kept under review, and the Department will communicate further guidance as and when necessary.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

Supply of medical devices and clinical consumables

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.

Supply of non-clinical consumables, goods and services

All providers to:

- Be aware that NHS Trust and Foundation Trust procurement leads have been asked to undertake internal reviews of purchased goods and services to understand any risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously.
- Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.
- Continue to update local business continuity plans to ensure continuity of supply in a 'no deal' scenario. Where appropriate, these plans should be developed in conjunction with your Local Health Resilience Partnership. All health organisations should be

engaged in their relevant Local Health Resilience Partnership, which should inform Local Resilience Forum(s) of local EU Exit plans for health and care.

- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.
- Await further advice from the Department on what actions should be taken locally.

NHS Trusts and Foundation Trusts to:

- Submit the results of their self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk, if not done so already.
- Act upon further guidance to be issued by the Department in January 2019. This will be based on analysis of NHS Trusts and Foundation Trusts' self-assessments.

Workforce

- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.
- Publicise the EU Settlement Scheme to your health and care staff who are EU citizens. The scheme will open fully by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your workforce regularly and develop contingency plans to mitigate a shortfall of EU nationals in your organisation, in addition to existing plans to mitigate workforce shortages. These plans should be developed with your Local Health Resilience Partnership, feed into your Local Resilience Forum(s) and be shared with your local commissioner(s). Consider the implications of further staff shortages caused by EU Exit across the health and care system, such as in adult social care, and the impact that would have on your organisation.
- Undertake local risk assessments to identify any staff groups or services that may be vulnerable or unsustainable if there is a shortfall of EU nationals.
- Ensure your board has approved business continuity plans that include EU Exit workforce planning, including the supply of staff needed to deliver services.
- Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services.

- Escalate concerns through existing reporting mechanisms.
- Send queries on workforce to WorkforceEUExit@dhsc.gov.uk.

Professional regulation (recognition of professional qualifications)

- Inform your staff that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.
- Inform your staff that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

Reciprocal healthcare

All providers to:

- Note that, in a no deal scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).
- Note that the Department will provide updates and further information on reciprocal healthcare arrangements prior to 29 March 2019.

NHS Trusts and Foundation Trusts to:

- Maintain a strong focus on correctly charging those who should be charged directly for NHS care. Information on implementing the current charging regulations can be viewed on the webpage [here](#).
- Ensure there is capacity available for any further training that may be required if there are changes to the reciprocal healthcare arrangements. This should be undertaken by the Overseas Visitor Management team, and guidance and support materials will be made available to support this training.

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- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

GP practices to:

- Promote completion of the supplementary questions section of the GMS1 form, and then, as appropriate, send the form to NHS Digital (NHSDigital-EHIC@nhs.net) or the Department for Work and Pensions' Overseas Healthcare Team (overseas.healthcare@dwp.gsi.gov.uk). The response on a person's non-UK EHIC/S1 helps the Department seek reimbursements from EU member states for those who are covered by the reciprocal healthcare arrangements. More information on the GMS1 form can be found [here](#). Further information for primary care staff on providing healthcare for overseas visitors from the EU/EEA can be found [here](#).

Research and clinical trials

EU research and innovation funding schemes

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after exit, until the end of 2020.
- Provide information about your Horizon 2020 grant [here](#). This should be actioned as soon as possible. Further guidance can be found [here](#) and all queries should be sent to EUGrantsFunding@ukri.org.
- Contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding your Third Health Programme grant, and any queries that you have, as soon as possible.

Clinical trials and clinical investigations

- Follow the Government's [guidance](#) on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or clinical investigations in the UK.
- Consider your supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical

consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA as soon as possible if you sponsor or lead clinical trials or investigations in the UK.

- Liaise with trial and study Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs, medical devices, IVDs, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA, are guaranteed in the event of any possible border delays. If multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Respond to any enquires to support the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk

Data sharing, processing and access

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on [gov.uk](https://www.gov.uk) and on the ICO [website](#), in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance

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with the 10 Data Security Standards is mandatory to complete by the end of March 2019, but completing it early will enable health and adult social care providers to more quickly identify and address any vulnerabilities.

- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

Finance

- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team. Feedback from providers will inform decisions on whether further guidance on cost collection is required.

Queries

For queries relating to specific topics areas, providers should contact the departmental mailboxes listed in this guidance:

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk.
- Workforce to WorkforceEUExit@dhsc.gov.uk.
- Third Health Programme grants to EU-Health-Programme@dhsc.gov.uk.
- [Horizon 2020 grants to EUGrantsFunding@ukri.org](mailto:Horizon2020grants@ukri.org)
- IMPs or clinical devices to imp@dhsc.gov.uk.

Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.

Card 2 – Action card for commissioners

Role

In addition to current responsibilities, commissioners – including Clinical Commissioning Groups, Primary Care Commissioning and specialised commissioning – should ensure that their contracted health and care services are ready to manage the risks arising in a ‘no deal’ exit.

Commissioners should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments and escalating any points of concern on specific issues to the relevant mailboxes.

Commissioners should also liaise with providers of services that they commission, to ensure they are taking account of the actions for providers outlined in this guidance. EU Exit and its implications on health and care services should be discussed at commissioner board level on a regular basis to ensure sufficient oversight.

Actions for commissioners

Local EU Exit readiness preparations

Risk assessment and business continuity planning

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
 - The seven key areas identified nationally and detailed below.
 - Potential increases in demand associated with the wider impacts of a ‘no deal’ exit.
 - Locally specific risks resulting from EU Exit.
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, including taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.
- Support providers to test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

Communications and escalation

All commissioners to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019.

NHS commissioners to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit, into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview at page 5).
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Reporting, assurance and information

NHS commissioners to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS

organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topics areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox.

Supply of medicines and vaccines

- Promote the Secretary of State's [message](#): healthcare providers should not stockpile medicines beyond their business as usual stock levels, and no clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the supply of medicines and vaccines is being developed alongside pharmaceutical companies and other government departments.
- Advise providers that there is no need to contact suppliers of medicines directly.
- Ensure providers are encouraging staff to reassure patients that they should not store additional medicines at home as the Government is working with industry to ensure a continued supply of medicines from the moment we leave the EU.
- Inform providers that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Inform providers that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that the UK-wide contingency plan for medicines and vaccines is kept under review, and the Department will communicate further guidance as and when necessary.
- Share letters from the Department aimed at an NHS and wider health and care provider audience (such as the third sector, private sector and home care).

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- Note that the Department has engaged directly with specialist commissioning leaders about prisons and defence. This is to address their specific needs and concerns relating to medicine supply.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

Supply of medical devices and clinical consumables

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, we will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.

Supply of non-clinical consumables, goods and services

- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care, adult social care and public health services.

- Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.
- Check your providers continue to update their local business continuity plans to ensure continuity of supply in a 'no deal' scenario.
- Await further advice from the Department on where actions should be taken locally by commissioners and providers of NHS-commissioned services.

Workforce

- Ensure healthcare providers that deliver your commissioned services publicise the EU Settlement Scheme to their health and care staff who are EU citizens, and support them to apply for the scheme.
- Monitor the workforce impacts of EU Exit in your primary and secondary care providers' business continuity plans and highlight risks to WorkforceEUExit@dhsc.gov.uk.
- Ensure your providers' board-approved business continuity plans include workforce planning.
- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.
- Publicise the EU Settlement Scheme to your staff who are EU nationals and actively support them to apply for the scheme when it opens in March 2019. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your own workforce regularly, and update your local business continuity plans as necessary.
- Send workforce queries to WorkforceEUExit@dhsc.gov.uk

Professional regulation (recognition of professional qualifications)

- Inform your staff and healthcare providers that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

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- Inform your staff and healthcare providers that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

Reciprocal healthcare

- Note that, in a 'no deal' scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Inform NHS Trusts and Foundation Trusts that they should continue to maintain a strong focus on correctly charging those who should be charged directly for NHS care.
- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

Research and clinical trials

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after Exit, until the end of 2020.
- Ensure your providers who receive Horizon 2020 grants input basic information about their awards into a portal, which can be accessed [here](#), as soon as possible. Further guidance can be found [here](#) and all queries should be sent to EUGrantsFunding@ukri.org.
- Ensure your providers who receive Third Health Programme grants contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding their awards and any queries that they have, as soon as possible.

Clinical trials and clinical investigations

- Support your providers to respond to the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Support your providers who run clinical trials or investigations in the UK to consider their supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA as soon as possible. Providers should contact relevant trial Sponsors, and if multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Support your providers to participate in and/or recruit to clinical trials and investigations up to and from 29 March 2019. This should occur unless providers receive information to the contrary from a trial Sponsor, organisation managing the clinical trial or investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk.

Data sharing, processing and access

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on gov.uk and on the ICO [website](#), in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected, by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory, to be completed by end March

EU Exit Operational Readiness Guidance

2019, but early completion will enable health and adult social care organisations more time to identify and quickly address any vulnerabilities.

- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

Finance

- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Commissioners should discuss these costs with their regional NHS EU Exit support team. Feedback from commissioners will inform decisions on whether further guidance on cost collection is required.

Queries

For queries relating to specific topics areas, commissioners should contact the departmental mailboxes listed in this guidance:

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk.
- Workforce to WorkforceEUExit@dhsc.gov.uk.
- Third Health Programme grants to EU-Health-Programme@dhsc.gov.uk.
- [Horizon 2020 grants to EUGrantsFunding@ukri.org](mailto:Horizon2020grants@ukri.org)
- IMPs or clinical devices to imp@dhsc.gov.uk.

Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.

Card 3 – Action card for NHS England and Improvement regional teams

Role

In addition to current responsibilities, NHS regional teams will be required to provide regional system oversight in a 'no deal' scenario. The forthcoming NHS EU Exit Operational Support Structure will operate at a national and regional level, and support existing regional teams. Its functions will include monitoring local preparations, responding to the escalation of issues, and co-ordinating assurance and reporting arrangements at regional level.

NHS regional teams should communicate the necessary actions to providers and commissioners, and ensure that these instructions are being followed. This assurance should be gained through reporting on resilience and business continuity plans, and through existing meetings with providers and commissioners in your area. Once the dedicated NHS EU Exit regional teams are established, they will undertake assurance of local business continuity plans in relation to EU Exit.

Regional NHS leads and mailboxes for EU Exit have been established. Further details of the structure and function of the regional operational support teams will be communicated as the functions are implemented.

EU Exit Operational Readiness Guidance

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Global and Public Health Directorate / EU and International Health / EU Exit Preparedness

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OGL

GOVERNING BODY

10 January 2019

QUALITY HIGHLIGHTS REPORT - 13 December 2018

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
2.	REPORT OF									
	<table border="1"> <thead> <tr> <th></th> <th><i>Name</i></th> <th><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>M Tune</td> <td>Chief Nurse (Acting)</td> </tr> <tr> <td><i>Author</i></td> <td>H Fitzgerald</td> <td>Quality Facilitator</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	M Tune	Chief Nurse (Acting)	<i>Author</i>	H Fitzgerald	Quality Facilitator
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	M Tune	Chief Nurse (Acting)								
<i>Author</i>	H Fitzgerald	Quality Facilitator								
3.	EXECUTIVE SUMMARY									
	<p>Provide the January 2019 Governing Body with the agreed highlights of the December 2018 Quality & Patient Safety Committee.</p> <p>The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.</p> <p>Three quality issues are highlighted and rated:</p> <ul style="list-style-type: none"> • Increasing levels of out of stock medicines - Red • Safeguarding People Policy – Green • General Practice Staff Guidance on Children and Young People Who Are Not Brought To Healthcare Appointments - Green 									
4.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:									
	<ul style="list-style-type: none"> • Note the Quality Highlights identified 									
5.	APPENDICES									
	<ul style="list-style-type: none"> • Appendix A – Quality Highlight Report 									

Agenda time allocation for report:

5 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:	6.1 & 9.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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

Issue	Consideration	Action
Supplies of Medicines	The Head of Medicines Optimisation informed QPSC about increasing levels of out of stock medicines both locally and nationally and the potential impact upon the CCG's prescribing budget.	QPSC noted the efforts by the Medicines Management Team to mitigate the effects of any shortage.
Safeguarding People Policy	QPSC received the Safeguarding People Policy which has been updated to reflect changes in terminology following the introduction of the Care Act for adults.	QPSC approved the policy to go forward to Governing Body with a recommendation to adopt the policy.
General Practice Staff Guidance on Children and Young People Who Are Not Brought To Healthcare Appointments	QPSC received guidance developed to help ensure that appropriate measures are taken when children or young people are not brought to health appointments with consideration to their welfare.	QPSC approved the guidance and agreed that it should be promoted in primary care.

Green = positive assurance

Amber = concern being monitored, for information

Red = articulated risk or escalation

GOVERNING BODY

10 January 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.	REPORT OF							
		<i>Name</i>						<i>Designation</i>
	<i>Executive Lead</i>	Richard Walker					Head of Governance & Assurance	
	<i>Author</i>	Alison Edwards					Governance, Risk & Assurance Facilitator	
3.	EXECUTIVE SUMMARY							
	<p>Introduction</p> <p>This report presents to the Governing Body a number of matters, specifically:</p> <ul style="list-style-type: none"> • Governing Body Assurance Framework • Corporate Risk Register • Amendments to Terms of Reference of the Equality & Engagement Committee and the Remuneration Committee • Review of Emergency Planning, Resilience and Response (EPRR) Policy and Business Continuity Policy • Co-option of Dr Ibrar Ali onto Quality & Patient Safety Committee. <p>Governing Body Assurance Framework</p> <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 Assurance Framework (GBAF) at every other meeting with a summary being brought to intervening meetings. In line with these reporting timescales a summary of the GBAF is therefore presented to the January 2019 meeting of the Governing Body (Appendix 1). There are currently no risks on the GBAF 2018/19 rated as 'red' extreme risk.</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 exception report of the Corporate Risk Register (Appendix 2).</p>							

Red (extreme) risks:

There are currently 7 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:

- 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 CCG 18/03 (rated score 15, 'extreme') - If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to poor quality or unsafe services for the people of Barnsley; reputational /brand damage; strategic implications for the CCG; risks to continuity of service; and a risk of patients and practices not accessing services provided by BHF.
- 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 13/3 (rated score 20 'extreme') – If the system, via the Urgent and Emergency Care Delivery Board fails to deliver and sustain improvement in BHNFT's performance against the target that 95% of A&E patients are treated or discharged within 4 hours and address the increasing demand (attendances & admissions) there is a risk that the Trust will not meet the level of performance required to achieve its Provider Sustainability Funding and also that the CCG will fail to deliver the NHS constitution standard and not achieve the Urgent Care element of the Quality Premium.
- 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

Additions / Removals

At its meeting on 3rd January 2019 Finance & performance Committee agreed that in the light of recent good performance against the A&E 4 hour target the likelihood score for risk 13/3 should be reduced from 5 to 3 reducing the overall risk rating from 'red' to 'amber'. The Committee will continue to monitor performance on a monthly basis.

Governing Body is asked to approve this change.

Changes to Committee Terms of Reference

The Committees of the Governing Body review their terms of Reference from time to time. Any proposed changes are brought back to Governing Body for approval. Two of the CCG's Committees have requested that the Governing Body approves some relatively minor changes to their Terms of Reference as follows:

Committee	Summary of proposed changes
Equality & Engagement Committee	<ul style="list-style-type: none"> Added 'and Inclusion' to references to 'Equality & Diversity' at various points in the ToR
Remuneration Committee	<p>NHS England has published a New Model Constitution with supporting notes and FAQs, which has provided some corrections and clarifications relevant to the functions and operation of Remuneration Committees. The following changes to the ToR are proposed to reflect this new guidance:</p> <ul style="list-style-type: none"> Clarify that it is the responsibility of the Governing Body to make decisions about pay of employees, acting on the advice of the Remuneration Committee – this function cannot however be delegated to the Remuneration Committee. Since the Lay Member for Governance (Audit Committee Chair) cannot be Chair of the Remuneration Committee it is therefore proposed that going forward the Lay Member for Patient and Public Engagement and Primary Care chairs the Committee. Notes that Committee must follow best practice in making decisions about individuals' pay, including that individuals cannot be present when their remuneration is under discussion.

Review of Emergency Planning, Resilience and Response (EPRR) Policy and Business Continuity Policy

The CCG's EPRR and Business Continuity Policies were both due for review in October 2016. Both policies have been reviewed by the Director of Strategic Planning and Performance (Accountable Emergency Officer) to ensure that they continue to be in line with the current legislation and with the NHS England EPRR Framework and Business Continuity Management Framework. Both policies continue to be in line with the frameworks and meet the requirements of NHS England's EPRR Core Standards and therefore it is proposed to roll forward both policies with review periods set in line with the corporate standard of 3 years.

Should there be any changes to national requirements or frameworks or changes to EPRR and Business Continuity arrangements locally, the policies will be reviewed and updated accordingly.

Co-option of Dr Ibrar Ali onto Quality & Patient Safety Committee

Dr Ibrar Ali has recently stepped down as Practice Representative for Hollygreen Practice, meaning that he is no longer eligible to attend Quality & Patient Safety Committee (QPSC) as a Membership Council representative. At its meeting in December 2018 QPSC therefore decided to co-opt Dr Ali as an expert clinical adviser until such a time as a Membership Council representative can be found to fill this role on the Committee.

4.	THE GOVERNING BODY IS ASKED TO:
	<ul style="list-style-type: none"> • Review the summary of the GBAF for 2018/19, and consider whether the risks are appropriately described and scored, and whether there is sufficient assurance that they are being effectively managed as 10 January 2019 • Identify any additional positive assurances relevant to the risks on the GBAF • Review the extract of the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks • Approve the reduction in the overall rating for risk 13/3 from 20 (red) to 12 (amber) • Approve the proposed amendments to the Terms of Reference of the Equality & Engagement Committee and the Remuneration Committee • Note the outcome of the review of the Emergency Planning, Resilience and Response (EPRR) Policy and Business Continuity Policy • Approve QPSC’s decision to co-opt Dr Ibrar Ali as an expert clinical adviser.
5.	APPENDICES
	<ul style="list-style-type: none"> • Appendix 1 – Summary GBAF 2018/19 • Appendix 2 – Corporate Risk Register – Summary

Agenda time allocation for report:	10 minutes
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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:	All
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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 CCG: Summary of Governing Body Assurance Framework 2018-19

Introduction

The Governing Body Assurance Framework aims to identify the principal or strategic risks to the delivery of the CCG’s strategic objectives and key operational priorities. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and hence the key mitigating actions required to reduce the risks towards the target or appetite risk score. It also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG. The table below sets out the priorities, lists the principal risks that relate to them, and highlights where gaps in control or assurance have been identified. Further details can be found on the support pages for each of the Principal Risks.

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>URGENT & EMERGENCY CARE</p> <ul style="list-style-type: none"> Enhance front door clinical streaming Improved patient flow Free up hospital beds - Reduce non-elective activity and length of stay More GP appointments evenings & weekends Increased clinical assessment of calls to NHS 111 & CAS Delivery of 4 hour A&E standard (90% by Sept 2018, 95% March 2019) Delivery of ambulance targets / conveyance 	<p>If partners locally and across the ACS 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>	FPC	15	12	12	<p>RR 13/3: Failure to deliver 4 hour A&E waits target. Target not achieved in 2017/18.</p> <p>RR 15/07: 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> <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</p>

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
						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.
PRIMARY CARE Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: <ul style="list-style-type: none"> • 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. 	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: <ul style="list-style-type: none"> • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice 	PCCC	12	12	12	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: <ul style="list-style-type: none"> • Some practices may not be viable, • Take up of PDA or other initiatives could be inconsistent • The people of Barnsley will receive poorer

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none"> • Every practice implements at least 2 of the high impact 'time to care' actions • Deliver delegated Primary Care functions 	<ul style="list-style-type: none"> • Inadequate investment in primary care • Independent contractor status of General Practice. 					<p>quality healthcare services</p> <ul style="list-style-type: none"> • Patient services could be further away from their home. <p>RR 18/03: If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to:</p> <ul style="list-style-type: none"> • poor quality or unsafe services for the people of Barnsley • reputational /brand damage • Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale • Continuity of service • Risk of patients and practices not accessing services provided by BHF
CANCER	<ul style="list-style-type: none"> • Risk to delivery of the 62 day wait NHS 	FPC	12	12	12	Cancer services are have

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none"> Reduced Inequalities especially those diagnosed at emergency admission Better cancer survival to be diagnosed at stage 1 or 2 Implement rapid assessment and diagnosis pathways for lung, prostate & colorectal cancers Roll out of FIT in bowel screening Access to the most modern cancer treatment Improve Patient Experience along pathways and LWBAC Deliver Survivorship Program (LWABC) including recovery package Stratified follow up pathways breast, prostate and urology rolled out Commissioning for Value adopted if appropriate Implement new cancer waiting times system & begin data collection Achieve 8 waiting time standards including the 62 day referral-to-treatment cancer standard. The '10 high impact actions' implemented in the Trust. Cancer transformation funding will be linked to delivery of the 62 day cancer standard. 	<p>Constitution standard if clear pathways from cancer diagnosis to treatment are not developed and shared by partner</p> <ul style="list-style-type: none"> Risk to delivery of early diagnosis if: <ul 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. 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 . 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>detailed and copious volumes of data from a variety of areas including Dr Foster, PHE and NHSE, as well as local BI and Provider data in Open Exeter. Whilst we do not believe that additional information will be required to identify compliance additional information will be brought to bear as appropriate and necessary to interrogate specific areas.</p>
<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> Increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing By Q4 2018/19 to improve access to 	<p>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</p>	FPC & QPSC	12	12	12	

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>psychological therapies (IAPT) to 19% of the local prevalent population and to 25% by 2021.</p> <ul style="list-style-type: none"> • Improve the IAPT moving to recovery rate to an ambitious targets of 60% acknowledging the national target is 50% • Improve pre and post mental health crisis care support • Crisis care: extend the Liaison Mental Health service in A&E to include children and young people • Reduce the numbers of suicides in Barnsley to the national average as a minimum • Continue to Improve perinatal mental health • Develop a South Yorkshire and Bassetlaw sustainable regional ASD /ADHD diagnosis and treatment service for adults • Meet the Mental Health Investment Standard (MHIS) • Improve access to healthcare and deliver annual physical health checks for the population 	<p>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>					
<p>INTERGRATED CARE SYSTEM (ICS) 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</p>	<p>The effectiveness of the ICS will be undermined if any of the member parties is unable to sign up to the system MOU, the direction of travel, and the mechanisms for collective decision making.</p>	ICS CPB JCCC of CCG	9	9	12	

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>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>						
<p>INTEGRATED CARE AT PLACE LEVEL</p> <ul style="list-style-type: none"> Development of Integrated care arrangements in Barnsley bringing Barnsley service providers and commissioners together to plan and deliver care. 	<ul style="list-style-type: none"> 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 Planned consultation on the NHS contract for integrated care resulting in technical barriers The new integrated support and assurance process (ISAP) impacts on the process for securing integrated services and the overall scope of ambition. Maturity of the local provider partnership, financial and operating pressures in the system affect their ability to implement transformational change There is also a specific risk in relation to the GP Federation following on from the recent CQC inspection, which may impact on their capacity to invest time and resource in development of integrated service solutions 	TBC	9	9	12	RR 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.

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<p>EFFICIENCY PLANS</p> <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 Financial accountability and discipline for all trusts and CCGs 	<p>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.</p>	FPC	12	12	12	
<p>TRANSFORMING CARE FOR PEOPLE WITH LEARNING DIFFICULTIES AND / OR AUTISTIC SPECTRUM CONDITIONS</p> <p>Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by:</p> <ul style="list-style-type: none"> Reducing inappropriate hospitalisation 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 	<p>If the CCG and its partners are unable to provide focussed case management and wrap around services there is a risk that:</p> <ul style="list-style-type: none"> 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. 	FPC QPSC	12	12	12	

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
Review (CTR) as appropriate						
MATERNITY 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) and: - Deliver the continuity of carer - 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	<ul style="list-style-type: none"> Dependent upon implementing the outcomes of the Hospital Services Review Lack of investment in additional staff resources to enable 'continuity of carer' Dependent on ICS maternity services therefore failure of the ICS providers to integrate working practices fully to implement the LMS Lack of staff rotation between hospital and community based services may reduce the likelihood of fully delivering continuity of carer. 	FPC QPSC	12	12	12	
COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS <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 	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.	Various	10	10	12	RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters

Barnsley CCG: Summary of Governing Body Assurance Framework 2018-19

Priority Area	Principal Threats To Delivery	Risk Owner	Initial score	Current score	Risk app.	Current gaps in control / asse
<ul style="list-style-type: none">Adhere to good governance standards						

RISK REGISTER – December 2018

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)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	15	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 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. CCG funding identified to	Director of Strategic Planning & Performance (Finance & Performance Committee)	Contract and Performance Monitoring	4	4	16	12/18	December 2018 Position remains similar to October however admissions have started to increase above plan. Winter schemes including additional GP streaming, intermediate care, IHEART and home visiting are in place to help to manage demand over winter. (Subject to discussion at F&P on 03.01.19)	01/19

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.				support winter planning and resilience with a specific focus on avoiding A&E attendance and reducing emergency admissions. Process has commenced to identify schemes/proposals for investment. CCG commissioned Out of Hospital Services in place e.g. Intermediate Care & Rightcare Barnsley, Neighbourhood Nursing, BREATHE, IHEART								
CCG 18/03	1, 2, 5, 6, 8	If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to: poor quality or unsafe services for the people	3	5	15	BHF has an action plan in place as required by the CQC and CCG to achieve compliance no later than 6 months from date of publication of reports Progress against the action plan is to be reported to CCG/BHF contract monitoring meeting CCG has provided a package of support to BHF to assist in the development of the action plan	SK (Clinical Lead) JH (Exec Lead) (Quality & Patient Safety Committee)	CQC inspection	3	5	15	12/18	December 2018 Report arising from the CQC inspection expected soon – risk to be reviewed in light of its findings (which are expected to be positive) November 2018 BHF had a CQC revisit recently and got positive	01/19

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>of Barnsley;</p> <p>reputational /brand damage;</p> <p>Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale.</p> <p>Continuity of service</p> <p>Risk of patients and practices not accessing services provided by BHF</p>				<p>Support includes senior management input from the CCG Medical Director and CCG Head of Delivery (out of Hours and Primary Care).</p> <p>Support to BHF by BCCG Communications Team The CCG continues to make financial investment in primary care at scale.</p> <p>QPSC and PCCC are both fully sighted on the issues and the action plan. Regular update reports will be provided</p> <p>Primary Care Quality Improvement Group are to complete a full Quality Review Profile for BHF and will also provide the mechanism to ensure a co-ordinated approach to the support for BHF and also monitoring of the CQC action plan and will update QPSC/PCC as appropriate.</p> <p>CQC will re inspect within 6 months of publication of</p>						<p>outcomes (the official CQC report not yet published).</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			
					16	report Ongoing monitoring of delivery of the iHeart 365 service through routine contract management arrangements					16			
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	12/18	December 2018 Explore potential of a Joint Commissioning Board with BMBC. August 2018 Formal escalation of concerns by Chief Officer to Chief Executive BMBC July 2018 GB agreed to add this consolidated risk to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC	01/19

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 13/3	1,3, 5,6, 8	If the system, via the Urgent and Emergency Care Delivery Board fails to deliver and sustain improvements in urgent care services which in turn improve BHNFT's performance against the target that 95% of A&E patients are treated or discharged within 4 hours there is a risk that the Trust will not meet the level of performance required to achieve its Provider Sustainability Funding (PSF) and also that the CCG will fail to deliver the NHS constitution standard and not achieve the Urgent Care element	4	5	20	<p>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.</p> <p>Analysis of A&E activity data is being undertaken to understand the drivers behind attendances and changes in patterns and trends</p> <p>UEC Delivery Board representatives participating in the NHSE/I Action on A&E programme – Developing and implementing plans to improve in hospital patient flow.</p> <p>Daily Reporting and SitRep calls including local health and care partners</p>	Director of Strategic Planning & Performance (Finance & Performance Committee)	Risk Assessment	5	4	20	12/18	<p>commissioned services notably:</p> <ul style="list-style-type: none"> • 0-19 • Health Checks • Weight management & smoking cessation. <p>December 2018 Performance against the A&E standard remains strong and continues to be above 95% for Q3 (Subject to discussion at F&P on 03.01.19)</p> <p>October 2018 Performance in October continues to be good, in line with the 95% standard and above the Q3 PSF trajectory of 90%</p> <p>September 2018 Performance in August and September has</p>	01/19

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			
		of the Quality Premium.			9	<p>Winter & Bank Holiday Planning arrangements</p> <p>CCG funding identified to support winter planning and resilience. Process has commenced to identify schemes/proposals for investment.</p> <p>IHEART Barnsley established and operational offering out of hours GP appointments on evenings and Saturdays</p> <p>Strengthened GP Streaming adjacent to ED in place. BHF commenced provision of service in September 2017 in ED but with a GP providing the service and from December 2017 in new separate primary care area adjacent to ED.</p> <p>IHEART 365 service established, bringing together extended access and OOH GP services.</p>							exceeded the 95% standard and the PSF trajectory (94%) for Q2 has been achieved.	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable	3	3	9	NHS England's Primary Care Strategy includes a section on workforce planning	Senior Primary Care Commissioni	Governing Body	4	4	16	12/18	December 2018 No updates to report	01/19

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>& sufficient Primary Care clinical workforce there is a risk that:</p> <p>(a) Some practices may not be viable,</p> <p>(b) Take up of PDA or other initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>				<p>The CCG's Primary Care Development Programme has a workforce workstream and Primary Care workforce Strategy is in development.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The successful PMCF (now known as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</p> <p>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley.</p> <p>The CCG has also funded 14 Apprentices to provide</p>	ng Manager. (Primary Care Commissioning Committee)					<p>November 2018 No changes to report</p> <p>October 2018 There are no changes to report</p> <p>September 2018 Practices continue to report their workforce figures and these are presented and monitored through each practices quality dashboard. In 2018/19 15 lots of resilience funding have been approved for Barnsley practices which will support recruitment and future resilience.</p> <p>August 2018 No change to report</p> <p>June 2018</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			
					16	<p>additional capacity in Primary Care.</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>GP Forward View includes a section on workforce, with additional funding being made available to support Primary Care sustainability.</p>					15		<p>Update to be provided at 26 July PCCC meeting</p> <p>May 2018 No change to report</p> <p>April 2018 No change to report</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 reasons, creates a patient safety risk	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>A working Group (with reps</p>	<p>Head of Medicines Optimisation</p> <p>(Quality & Patient Safety Committee)</p>	<p>Risk Assessment & audit of discharge letters</p>	3	5	15	12/18	<p>Dec 2018 Provisional BHNFT D1 audit results available for 14th Jan 19 meeting . Draft 2017/18 primary care D1 re-audit report showed improvement over 2014 and 2016 audits. Agreed to combine BHNFT and primary care audit results into</p>	01/19

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>when post discharge medicines reconciliation is being undertaken by the GP practice. The risk being that the GP practice may either accept inappropriate changes when all the patients' risk factors have not been accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines</p>				from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.							<p>one 2019 report.</p> <p>D1 summit has been planned for 31st Jan 2019.</p> <p>Sept 2018 MD audit across secondary and primary care using same criteria was not possible due to information access. Format of D1 medicines information section was changed by Trust in August 2018. Primary Care audit data collection was undertaken between Nov 17 and Dec 17 and a report is being compiled for Nov 18 APC. A joint meeting (11th Sept) chaired by Trust Medical Director took</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			
		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.											<p>place where the Trust has agreed to plan and undertake internal audit of quality of D1 medicines information during Autumn 18. Meeting scheduled for 23rd Oct to finalise the Trust audit criteria and plan.</p> <p>May 2018 The audit has been delayed until June/July to prioritise QIPP at year end.</p> <p>April 2018 No change to report</p> <p>March 2018 Primary Care Audit coming to APC on 11 April / 9 May 2018</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			
CCG 15/07	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	12/18	<p>December 2018 Escalated to Assurance Framework as a gap in control. - Monitoring and reporting YAS SI's separately - YAS 111/999/IUEC on agenda in Clinical Governance and Quality Steering Group and Contract Management Meeting</p> <p>September 2018 The CCG continues to monitor the level of serious incidents reported by YAS in their quarterly South Yorkshire & Bassetlaw YAS 111 / 999 / IUEC Clinical Governance & Quality Steering</p>	01/19

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			
												Group & Contract Management Meeting. June 2018 Risk to be reviewed at 19 July QPSC meeting		

GOVERNING BODY

10 January 2019

Management of Serious Incidents Policy

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
2.	REPORT OF									
	<table border="1"> <thead> <tr> <th></th> <th><i>Name</i></th> <th><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>Martine Tune</td> <td>Chief Nurse (Acting)</td> </tr> <tr> <td><i>Author</i></td> <td>Hilary Fitzgerald</td> <td>Quality Facilitator</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Martine Tune	Chief Nurse (Acting)	<i>Author</i>	Hilary Fitzgerald	Quality Facilitator
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Martine Tune	Chief Nurse (Acting)								
<i>Author</i>	Hilary Fitzgerald	Quality Facilitator								
3.	EXECUTIVE SUMMARY									
	<p>The Quality Team has reviewed and completed a comprehensive re-write of the CCG's Management of Serious Incidents Policy to clarify its purpose and scope and take into account the following:</p> <ul style="list-style-type: none"> • General Data Protection Regulations 2018; • NHS England Never Event Policy and Framework issued in January 2018; • Barnsley CCG's updated serious incident review processes 2018; • The CCG'S Policy on Policies issued in September 2017. • Updated NHS England Serious Incident Framework released in March 2015. <p>The Quality and Patient Safety Committee agreed to adopt this policy on 11 October 2018, subject to formal ratification by the Governing Body.</p>									
4.	THE GOVERNING BODY IS ASKED TO:									
	<ul style="list-style-type: none"> • Formally approve the updated policy in accordance with the CCG's formal governance processes set out in the Policy on Policies - for the Development and Management of Procedural Documents 									
5.	APPENDICES									
	<ul style="list-style-type: none"> • Appendix A – Management of Serious Incidents Policy Version 1.2 									

Agenda time allocation for report:

<i>5 mins</i>

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:	1.1, 2.1,7.1, 8.1, 9.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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?	Y
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



MANAGEMENT OF SERIOUS INCIDENTS POLICY

Version	1.2
Approved By	Governing Body
Date Approved	TBC
Name of Author	Hilary Fitzgerald, Quality Facilitator
Name of Responsible Committee	Governing Body (Approval) Quality & Patient Safety Committee (Review)
Name of Executive Lead	Martine Tune, Chief Nurse (Acting)
Date Issued	TBC
Review Date	3 years from approval
Target Audience	Barnsley CCG Staff

MANAGEMENT OF SERIOUS INCIDENTS POLICY

DOCUMENT CONTROL

Version No	Type of change	Date	Description of change
V1	New Policy		
V1.1	Amendment	September 2014	Amended former PCT Policy
V1.2	Bi-annual review/amendment	August 2018	<p>Comprehensive re-write to clarify purpose and scope of the policy and take into account the following:</p> <ul style="list-style-type: none"> • Updated NHS England Serious Incident Framework released in March 2015; • NHS England Never Event Policy and Framework issued in January 2018; • Barnsley CCG's updated serious incident review processes; • General Data Protection Regulations 2016; and • The CCG'S Policy on Policies issued in September 2017.

MANAGEMENT OF SERIOUS INCIDENTS POLICY

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1. INTRODUCTION

- 1.1. This policy is relevant to staff employed by Barnsley Clinical Commissioning Group (BCCG), NHS England, providers of NHS funded healthcare commissioned by or on behalf of BCCG.
- 1.2. NHS England is the organisation that maintains oversight and surveillance of serious incident management within NHS-funded care, and the organisation that seeks assurance that CCGs have systems in place to appropriately manage serious incidents in the care they commission. This document should be read in conjunction with the NHS England's *Serious Incident Framework, Supporting learning to prevent recurrence*, March 2015. <https://www.england.nhs.uk/patientsafety/serious-incident/> and *Never Events Policy and Framework* – revised January 2018 https://improvement.nhs.uk/documents/2265/Revised_Never_Events_policy_and_framework_FINAL.pdf
- 1.3. BCG recognises that, on occasions, incidents, serious incidents (SIs) or near misses (where there has been no actual injury or loss) may occur and that it is important to identify causes to ensure that organisations are learning from experience in ways that prevent harm to future patients. Fortunately, serious incidents are not common, but when they do occur, everyone must make sure there are systematic measures in place for safeguarding people, property, NHS resources, and reputation in responding to them.
- 1.4. This policy outlines BCCG's system for managing serious incidents within NHS funded care that affect Barnsley residents. The definition of 'serious incident' is as per the NHS England Serious Incident Framework (March 2015) - see section 4, Definitions, below.
- 1.5. This policy **does not include** the management of incidents which do not meet the 'serious incident' definition. In addition, all incidents (including serious incidents) that occur **within** the CCG should be dealt with in accordance with the CCG's Incident Reporting and Management Policy <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Policies/V2%20Incident%20Reporting%20and%20Management%20Policy%20RW%20KH%20IP%20JH%20BR.pdf>
- 1.6. This policy has been developed in accordance with the CCG's *Policy on Policies – the Development and Management of Procedural Documents*.
- 1.7. This policy should be read in conjunction with its associated documents which are listed in Section 9.

2. PURPOSE

2.1. This policy is not meant to act as a duplication of the comprehensive NHS England Serious Incident Framework (March 2015) and Revised Never Events Policy and Framework (January 2018). Rather, this policy explains the processes used by BCCG to ensure these frameworks are followed. The main purpose is to:

- 2.1.1. Ensure that all staff have a clear understanding of their responsibilities and that they **respond effectively** to serious incidents
- 2.1.2. Ensure BCCG's internal processes for the management of serious incidents are clearly documented for CCG staff and Providers of NHS funded care to follow.
- 2.1.3. Ensure that all serious incidents which occur within NHS funded health care commissioned on behalf of Barnsley residents are reported, investigated and closed as per the requirements of the NHS England Serious Incident Framework.
- 2.1.4. Ensure providers of NHS funded healthcare for Barnsley residents can understand the declaration and closure process that BCCG follows when a serious incident is declared.
- 2.1.5. Document how BCCG will use lessons learnt to inform learning and improvement so that staff can see that the effort they make to report incidents is worthwhile and results in safer services.
- 2.1.6. Encourage an open and fair-but-accountable reporting culture.

3. THE RISKS OF NOT HAVING THIS POLICY IN PLACE

3.1. The following risks may arise if this Policy is not in place:

- 3.1.1. The CCG may not achieve its statutory obligations
- 3.1.2. There is a lack of clarity about what measures staff should take when a serious incident within a commissioned service is reported to the CCG, which may lead to inconsistent levels of serious incident management in the CCG.
- 3.1.3. The CCG cannot effectively demonstrate that it has robust governance arrangements to help ensure that serious incidents that occur within the services it commissions are appropriately investigated, and learning from incidents is shared across the wider health economy.

- 3.1.4. The roles and responsibilities of commissioned service providers in relation to reporting and investigating serious incidents are not communicated clearly.

4. DEFINITIONS

4.1. Serious Incident

- 4.1.1 In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patient, families and carers, staff or organisations are so significant that they warrant our particular attention to ensure these incidents are identified correctly, investigated thoroughly and most importantly, learned from to prevent the likelihood of similar incidents happening again. Serious incidents can extend beyond incidents that affect patients directly and include incidents that may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. Serious incidents can be isolated, single events or multiple linked or unlinked events signalling systemic failures within a commissioning or health system.
- 4.1.2 A serious incident is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including, process and systems that have weakened, therefore increasing the inevitability that errors will happen. Learning from serious incidents can only take place when they are reported and investigated in a positive, open and structured way.
- 4.1.3 There is no definitive list of events/incidents that constitute a serious incident and the NHS England's Serious Incident Framework states that lists should not be created locally as this may lead to an inconsistent approach. Every incident must be considered on a case-by-case basis however the list below sets out circumstances in which a serious incident **must** be declared:-
- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
 - Unexpected or avoidable death of one or more patients, staff, visitors or members of the public. This includes suicide/self-inflicted death; and homicide by a person in receipt of mental health care within the recent past
 - Unexpected or avoidable injury to one or more people that has resulted in serious harm;

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service user; or serious harm. Also where an incident has resulted in prolonged pain or psychological harm
- Actual or alleged abuse: sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where: healthcare did not take appropriate action/ intervention to safeguard against such abuse occurring; or where abuse occurred during the provision of NHS-funded care. This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident.
- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death (see definition and further information in the definition of a Never Event at 4.2 below).
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
 - Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues;
 - Property damage;
 - Security breach/concern;
 - Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;
 - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
 - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- Activation of Major Incident Plan (by provider, commissioner or relevant agency)
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.
- A Near Miss - It may be appropriate for a 'near miss' to be classed as a serious incident because the outcome of an incident does not always reflect the potential severity of harm that could be caused should the incident (or a similar incident) occur again. Deciding whether or not a 'near miss' should be classified as a serious incident should therefore be based on an assessment of risk that considers:
 - The likelihood of the incident occurring again if current systems/process remain unchanged; and
 - The potential for harm to staff, patients, and the organisation should the incident occur again.
- Safeguarding Serious Incident – where the incident involves a vulnerable adult or child, consideration should be given to raising the alert as an adult or child safeguarding concern. For adult safeguarding incidents please refer to the South Yorkshire Safeguarding Adult Procedures and for children, Barnsley Safeguarding Children Board procedures/Working Together to Safeguard Children.

4.2. Never Event

4.2.1 Never Events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. For more detailed information about what constitutes a never event see NHS England's Never Events Policy and Framework (January 2018).

4.2.2 Most 'Never Events' occur within providers and if a 'Never Event' does occur it must be reported immediately as a serious incident to Barnsley CCG.

4.3. Strategic Executive Information System (STEIS)

4.3.1 STEIS (Strategic Executive Information System) is the NHS's web-based serious incident management system used to report serious incidents.

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 4.3.2 Not all commissioned Providers of NHS funded care have access to STEIS to notify BCCG that a serious incident (or suspected serious incident) has occurred. When a serious incident occurs in a Provider which does not have access to STEIS, the CCG can log the serious incident on STEIS on behalf of the Provider.

5. PRINCIPLES

5.1. The 7 key principles for managing Serious Incidents as set out in NHS England's Serious Incident Framework 2015 are as follows:

- Open and Transparent
- Timely and Responsive
- Objective
- Collaborative
- Preventative
- Proportionate
- Systems Based

6. ROLES AND RESPONSIBILITIES

6.1 Internal

Organisations

- 6.1.1. Barnsley CCG is accountable for quality assuring the robustness of their Providers' serious incident investigations and the development and implementation of effective actions, by the Provider, to prevent recurrence of similar incidents.
- 6.1.2. To help ensure that this happens, BCCG Serious Incident Review Group is responsible for ensuring a robust quality assurance process is in place for the closure of serious incidents on behalf of the CCG Governing Body.
- 6.1.3. **Involvement of Multiple Commissioners** – Where BCCG co-commissions a service, or a service is commissioned on their behalf, a flexible approach to serious incident management is required. The NHS England Serious Incident Framework requires the use of a RASCI (Responsible, Accountable, Supporting, Consulted, Informed) model. Further information about this can be found in Appendix 5 of NHS England's Serious Incident Framework.

CCG Staff

- 6.1.4. All CCG staff need to understand what constitutes a serious incident and follow appropriate processes as outlined in the flowchart in section 7 and in more detail in BCCG's Quality Team's Procedures for Management of Serious Incidents.
- 6.1.5. **Chief Officer** has overall accountability for incident management within BCCG, including establishing and maintaining an effective management system for serious incidents reported by Barnsley CCG commissioned service providers, sharing lessons learnt and ensuring that this policy is effectively communicated to all staff. This is formally delegated to the Chief Nurse.
- 6.1.6. **Chief Nurse** provides executive responsibility for ensuring that BCCG has the necessary processes and procedures to support effective implementation of serious incident reporting by providers of commissioned services and independent contractors.
- Chairs the Serious Incident Review Group
- 6.1.7. **Medical Director** provides clinical and professional practice advice to the Serious Incident Review Group.
- 6.1.8 **Head of Contracting** – Ensures that specific references to the reporting and investigation of serious incidents are included in all NHS Standard contracts and monitors compliance against the required reporting requirements.
- 6.1.9 **Head of Governance and Assurance** - Provides expertise on information governance matters to the Serious Incident Review Group.
- 6.1.10 **Designated Nurse Safeguarding Adults & Patient Experience** – Ensure that safeguarding adults serious incidents are managed in line with the Barnsley Safeguarding Adults Board serious incident performance management process as appropriate.
- 6.1.11 **Designated Nurse Safeguarding Children** – Ensure that safeguarding children serious incidents are managed in line with the CCG's Management of Serious Incidents Policy taking into account Barnsley Safeguarding Children's Board safeguarding procedures.

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 6.1.12 **Quality Team Facilitator** – Responsible for the operational management of the administration of serious incidents reports, and BCCG's serious incidents monitoring process.
- 6.1.13 **Quality Team Administrator** - Provides the administrative support needed to operate a robust system for the management of serious incidents that occur in commissioned services.

Groups

- 6.1.14 **Serious Incident Review Group** – responsible for ensuring a robust quality assurance process is in place for the closure of serious incidents on behalf of the CCG Governing Body.
- 6.1.15 **Quality and Patient Safety Committee** - Ensure information from serious incident investigations is used for continuous improvement across the wider health economy to enhance patient outcomes and experience.
- 6.1.16 **Quality Operational Group** – Ensure that serious incidents investigations are managed in a responsive manner by monitoring progress of investigation reports.
- 6.1.17 Review information gathered from serious incidents to identify trends and themes and compare this information with other sources of data to support decision-making at the QPSC.

6.2 External

- 6.2.1 **Our Providers** - The primary responsibility in relation to serious incidents is from the provider of the care to the people who are affected and/or their families/carers.
- 6.2.2 Providers of healthcare commissioned for Barnsley residents by BCCG are required to report to Barnsley CCG those incidents that fulfil the serious incident criteria outlined within this policy.
- 6.2.3 The Chief Executives of the provider organisations are required to identify an Executive Lead for the management of incidents.
- 6.2.4 The providers take the lead in investigating serious incidents that occur in their organisations. Providers are expected to follow the guidance in the NHS England Serious Incident Framework March 2015.
- 6.2.5 BCCG expects that all providers of BCCG commissioned services or services commissioned on behalf of BCCG will have their own serious incident policy and procedures in place to ensure that:

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- staff and managers are aware of the provider's policy and procedure via staff induction and in-house policy;
- staff and managers have had training in reporting serious incidents, root cause analysis, investigation, and reporting writing as appropriate to their role; and
- staff and managers are aware of how and when to report serious incidents to BCCG.

6.2.6 BCCG expects all providers to demonstrate "being open" principles, and implement Duty of Candour for incidents that occur during care provided under the NHS Standard Contract and that result in moderate harm, severe harm or death.

6.2.7 **Involvement of more than one Commissioned Provider** - When more than one provider is involved in a serious incident, it is the responsibility of the organisation identifying the serious incident to liaise with the other commissioned provider(s) to agree which organisation will report on STEIS, undertake the investigation, present the findings and agree action plan implementation. The commissioned provider with the most significant involvement in the serious incident will take the lead in investigating it.

7. PROCEDURE

7.1 A flowchart outlining the process for managing serious incidents/near misses that involve providers of commissioned services is set out below. This should be viewed in conjunction with the additional notes on the next page. **NB Detailed procedures are held by the Quality Team.**

Serious Incident Occurs within Service Commissioned by or on behalf of BCCG

PROVIDER PROCEDURES

Day 1 - Provider alerts BCCG within **2 working days** by logging incident on STEIS or via email to Safehaven inbox

Provider informs patient/family/carer as soon as possible following 'Being Open' principles and Duty of Candour.

Relevant staff are notified of the serious incident and the investigation is allocated to an investigating team. If the patient has been cared for by more than 1 provider then a joint investigation is carried out

A summary of the incident and immediate actions taken are presented at Weekly Patient Safety Panel and any additional actions required before completion of investigation identified.

The serious incident investigation is commenced.

The report is compiled by the provider and signed off via their quality assurance process **within 60 working days**.

Report is submitted to CCG for review.

When agreement to close is received, provider updates STEIS form with actions/ learning

Provider implements required actions from investigation report and shares learning from incident.

COMMISSIONER PROCEDURES

Every day Quality team check Safehaven mailbox to check whether there are any STEIS notifications relating to serious incidents **NB** If provider does not have access to STEIS, provider email details of incident to Safehaven inbox and Quality Team log incident on STEIS.

On receipt of notification, **Quality Team within 1 working day**

- Set up electronic case file for incident using case file structure and save STEIS report into case file.
- Log incident on SI Database
- Notification email is sent by Quality Team to Chief Nurse (or in his/her absence, the nominated lead for quality) informing them of the incident. Copy of email is saved in incident case file.

During the 60 days, any requests for extensions to the investigation process and subsequent approvals are saved into the SI case file and recorded on the SI Monitoring Database.

If the CCG receives more than 3 requests, this will be flagged at the weekly Quality Operational Group meeting, so that it can be escalated to a senior officer within the Trust via the Chief Nurse (or in his/her absence, the nominated lead for quality).

By day 60, or by agreed extension date, investigation report received by Quality Team via the Safehaven inbox.

- Copy of the report is saved in electronic case file.
- Receipt is logged on the SI Monitoring Database.
- Report is listed on weekly Quality Operational Group agenda for allocation, and then allocated for review.

Report reviewed **within 20 calendar days** and in accordance with CCG's SI review process. If further information required, report returned to provider. Audit trail of actions logged on SI database.

Closure agreed by reviewer. Quality Team informs provider, and requests completion of STEIS form with recommendations/actions.

Quality Team check STEIS form has been completed. When completed, SI closed on STEIS and SI database updated.

MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 7.2 The first consideration following a serious incident is that the patient must be cared for, and their and other patients' health and welfare secured with any further risk(s) mitigated. Patients must be fully involved in the response to the serious incident.
- 7.3 For all types of serious incident, the Lead Investigator is responsible for ensuring that the patient/family/carer of those affected have the opportunity to inform the Terms of Reference for the investigation.
- 7.4 Where a patient has died or suffered serious harm, their family/carers must be similarly cared for and involved.
- 7.5 There will be different levels of oversight depending on a range of local circumstances. For example, closer monitoring involving more step-by-step information and assurance around the response to individual incidents may be required for smaller providers.
- 7.6 The Serious Incident Framework states that "an initial review (characteristically termed a '72 hour review') should be undertaken and uploaded onto the STEIS system by the Provider. This should be completed within three working days of the incident being identified." Barnsley CCG has taken a pragmatic view on this requirement, as for some serious incidents, a 72 hour review will not 'add value'. Agreement has been reached with the local Providers that a 72 hour review will not be routinely requested for serious incidents subject to concise and comprehensive investigations, but will be provided only when:
- The serious incident is a Never Event;
 - Independent investigations are to be undertaken;
 - At the specific request of the CCG, when additional information can be readily obtained and may significantly expand early knowledge of the incident and why it occurred to quickly prevent further incidents.

8. INFORMATION GOVERNANCE

- 8.1 All NHS organisations must comply with the Data Protection Act 2018. When reporting an SI, the investigation reports must not contain names or identifiable patient information as any reports submitted will be returned to the provider organisation. Copies shared with other organisations must be transported safely (physically or electronically) between organisations and in accordance with Barnsley CCG's local policies and procedures.
- 8.2 Any communications relating to serious incidents should be via the secure Safehaven email account safehaven.riskmanagement@nhs.net to ensure that confidential patient data is transmitted securely.
- 8.3 Records relating serious incidents should be kept secure and retained for 20 years as per the Records Management Code of Practice for Health

MANAGEMENT OF SERIOUS INCIDENTS POLICY

and Social Care 2016 after which the CCG should review and consider transfer to a Place of Deposit.

9. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THE POLICY

- 9.1 The Chief Nurse will ensure that a process is in place to monitor compliance and effectiveness of this policy.
- 9.2 This will include a quarterly audit of a random sample of incidents selected by the Quality Facilitator from the serious incident monitoring database to ensure that they have been managed in line with this policy and that it is operating effectively.
- 9.3 The audit will be undertaken by the Quality Administrator with the results reviewed by the Quality Facilitator.
- 9.4 The results of the quarterly audit will be reported to the Quality Operational Group

10. ASSOCIATED DOCUMENTS/ REFERENCES

- 10.1 This policy should also be read in conjunction with the following BCCG policies, which can be found on the CCG's website:
 - Complaints Policy
 - Safeguarding Vulnerable Clients Policy
 - Whistleblowing Policy
 - Records Management Policy
 - Confidentiality Code Of Conduct
 - Information Governance Policy and Management Framework
 - Information Security Policy
- 10.2 Guidance from other organisations
 - NHS England - Serious Incident Framework 2015/16 – frequently asked questions. Crown Copyright, 2015
 - Information Governance Alliance – Records Management Code of Practice for Health and Social Care 2016

11. REVIEW OF THIS POLICY

- 11.1 This policy will be reviewed 2 years from the date of approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

APPENDIX 1 – Glossary of Terms

Term / abbreviation	What it stands for
Abuse	A violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation, of the person subjected to it.
Being Open	Open communication of patient safety incidents that result in harm or the death of a patient while receiving healthcare.
Carer	Family, friends or those who care for the patient. The patient has consented to them being informed of their confidential information and to their involvement in any decisions about their care.
Child	The Children Act 1989 and the Children Act 2004 define a child as being a person up to the age of 18 years. The Children Act 2004 states that safeguarding, protection and cooperation between services may, in certain circumstances, be continued through to a young person’s 19th birthday or beyond.
Clinical Commissioning Group -	Clinically-led organisation that commissions most NHS-funded healthcare on behalf of its relevant population. CCGs are not responsible for commissioning primary care, specialised services, prison healthcare, or public health services.
Commissioner	An organisation with responsibility for assessing the needs of service users, arranging or buying services to meet those needs from service providers in either the public, private or voluntary sectors, and assuring itself as to the quality of those services.

MANAGEMENT OF SERIOUS INCIDENTS POLICY

Data Protection	<p>Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:</p> <ul style="list-style-type: none"> • used fairly, lawfully and transparently • used for specified, explicit purposes • used in a way that is adequate, relevant and limited to only what is necessary • accurate and, where necessary, kept up to date • kept for no longer than is necessary • handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage
Duty of Candour	A statutory requirement introduced to ensure health care providers operate in a more open and transparent way.
Information Governance	How information is managed in an organisation.
Patient Outcomes	Results from medical care that are important to patients.
Providers of NHS Funded Care	Organisations that deliver healthcare that is partially or fully funded by the NHS, regardless of the provider or location.
Providers	Organisations acting as a direct provider of publicly funded health care services.
Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on empowerment, independence and choice.
Statutory Obligations	When an organisation or person is bound or obliged to do certain things, and which arises from law or custom.
Working Day	Days that exclude weekends and bank holiday

MANAGEMENT OF SERIOUS INCIDENTS POLICY

Appendix 2 – EQUALITY IMPACT ASSESSMENT

Title of policy or service:	Management of Serious Incidents Policy	
Name and role of officer/s completing the assessment:	Martine Tune, Chief Nurse (Acting)	
Date of assessment:	14.12.18	
Type of EIA completed:	Initial EIA ‘Screening’	

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The main purpose of this policy is to ensure that all staff have a clear understanding of their responsibilities and that they respond effectively to serious incidents that occur within NHS funded health care commissioned on behalf of Barnsley residents, ensuring that such incidents are investigated, and closed as per the requirements of NHS England’s Serious Incident Framework 2015.</p> <p>The aim of the policy is to comply with statutory requirements, legislation and best practice. Neutral impact, therefore “Full” EIA not required.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process

MANAGEMENT OF SERIOUS INCIDENTS POLICY

2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	√	<input type="checkbox"/>		
Age	<input type="checkbox"/>	√	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	√	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	√	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	√	<input type="checkbox"/>		
Race	<input type="checkbox"/>	√	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	√	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	√	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	√	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	√	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	√	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	√	<input type="checkbox"/>		

MANAGEMENT OF SERIOUS INCIDENTS POLICY

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HR Policies only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Part or Fixed term staff					

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
N/a				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Chief Nurse (Acting)	Date of next Review:	3 Years

Martine Tune's Signature
Date of Sign Off

M. Tune
14.12.18

GOVERNING BODY

10 JANUARY 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.	REPORT OF		
		Name	Designation
	<i>Executive Lead</i>	Roxanna Naylor / Jamie Wike	Chief Finance Officer / Director of Strategic Planning and Performance
	<i>Author</i>	Roxanna Naylor/ Jamie Wike	Chief Finance Officer/ Director of Strategic Planning and Performance
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
	Finance and Performance Committee	3/1/19	Noted current position and agreed reporting to Governing Body
4.	EXECUTIVE SUMMARY		
4.1	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 November 2018.		
4.2	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 November 2018 or the latest available position.		

4.3	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.
4.4	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.
4.5	<p>Performance continues to be generally strong for Barnsley patients with key standards in relation to A&E, referral to treatment, diagnostics and mental health all being achieved for the latest performance period.</p> <p>There are however a number two cancer standards which have not been achieved in October. The indicators falling below the standard include:</p> <ul style="list-style-type: none"> • The number of people waiting longer than 31 days for treatment following diagnosis. • The number of people waiting longer than 31 days for subsequent treatment, where that treatment was surgery. <p>Also highlighted in the exception reported is 1 reported patient who has been treated in October following a period of waiting which exceeded 52 weeks. This has previously been reported and it therefore included confirming that the patient has now been treated.</p>
4.6	The detailed finance report, attached at Appendix 2, provides an assessment of the current financial performance of the CCG up to 30 November 2018, together with forecasts for the year end. The report contains the headline messages along with monthly financial monitoring.
4.7	<p>As at 30 November the CCG is forecasting to achieve all financial duties and planning guidance requirements, with an in-year balanced budget. Reflected within this position is a £1m increase to the CCGs surplus as agreed at November private Governing Body and with NHS England. The forecast position as at Month 8 shows 'headroom' of £832k which will be utilised to manage further in-year pressures. 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 November is that planned schemes are expected to deliver £11.6m against the £11.5m target. Governing Body are asked to note that whilst there is not an immediate need to identify further in year mitigations this may be required should the forecast position of the CCG deteriorate. The Governing Body will be kept informed of the financial position through this report which is a standing agenda item.</p>
4.8	Included in Appendix 3 is the Quarter 3 Financial Control, Planning and Governance self-assessment. This has been approved for submission on 11 January 2019 by the Chief Officer and Audit Chair as required. This is provided to the Governing Body for information and oversight.

5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • projected delivery of all financial duties, predicated on the assumptions outlined in this paper • the current forecast position on the CCG's efficiency programme • the Quarter 2 submission of the Financial Control , Planning and Governance self-assessment. •
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<p>Performance Section</p> <ul style="list-style-type: none"> • Appendix 1 – Barnsley CCG Monthly Performance Report to November 2018 <p>Finance Section</p> <ul style="list-style-type: none"> • Appendix 2 – Finance Report 2018/19 – Month 8 • Appendix 3 – Financial Control, Planning and Governance Self-Assessment

Agenda time allocation for report:	<i>10 minutes.</i>
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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:	1.1, 1.3, 1.4, 3.1 and 4.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	Y
	6 - Efficiency Plan	Y
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	Y
	8 - Maternity	Y
	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?	Section 4
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

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 2018/19

Key Performance Indicators by Exception				
Indicator	Target	Actual Period	Actual YTD	Period Performance
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00%	92.59%	95.97%	<p>During October 2 of 27 patients waited longer than 31 days for subsequent treatment where this treatment was surgery. Both breaches occurred while patients were waiting for treatment at Sheffield Teaching Hospital. The year to date position remains above the 94% standard.</p> <p>The breaches were due to elective capacity at Sheffield Teaching Hospital. The number of breaches is low however the CCG continue to work with Sheffield CCG as the lead commissioner for STH to support improvement.</p>
Cancer - % Patients seen within 31 days from referral to treatment	96.00%	94.44%	95.83%	<p>In October 8 of 144 patients waited longer than 31 days from diagnosis to first treatment. All patients were waiting at STH, with 3 being head and neck, 1 lower GI and 4 Urology. The majority of breaches were due to elective capacity.</p> <p>Urology performance continues to be having the biggest impact on overall performance.</p> <p>Plans are in place for Urology and being monitored by Sheffield CCG as the lead commissioner for STH. This includes additional capacity which remains in place.</p> <p>Barnsley CCG work with Sheffield CCG through contracting meetings to ensure that there is continued focus on improving performance.</p>
Number of 52 week Referral to Treatment Pathways Non Admitted (Commissioner)	0	1	1	<p>One Barnsley patient treated in October had waited longer than 52 weeks for treatment. The patient was treated at Blackpool Teaching Hospital under the cardiology specialty. This was initially reported on the incomplete pathway in June 2018.</p> <p>The CCG has a very low number of patients who wait over 52 days from referral to treatment. This patient was waiting at Blackpool and the delays to treatment were due to the patient not attending planned appointments for treatment. The patient has now been treated so there is no proposed further action at this point.</p>



Governing Body Report 2018/19

Performance					
Outcomes	Target	Actual Period	Actual YTD	Period	Trend
Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.53%	● 1.62%	● 1.58%	Nov-18	
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.00%	● 50.68%	-	Nov-18	
Estimated diagnosis rate for people with dementia	67.83%	● 70.50%	● 68.80%	Nov-18	
% Patient experience of primary care - GP Services	-	80.98%	-	Aug-18	
% Patient experience of primary care - GP Out of Hours services	-	67.72%	-	Aug-18	
% 4 hour A&E waiting times - seen within 4 hours - CCG (Monthly)	90.01%	● 96.44%	● 93.60%	Nov-18	
% 4 hour A&E waiting times - seen within 4 hours (Type 1 BHNFT) (Monthly)	90.01%	● 97.44%	● 94.07%	Nov-18	
% Patients on incomplete non-emergency pathways waiting no more than 18 weeks (Commissioner)	92.00%	● 94.69%	● 93.53%	Oct-18	
Number of 52 week Referral to Treatment Pathways Incomplete (Commissioner)	0	● 0	● 4	Oct-18	
% Patients waiting for diagnostic test waiting > than 6 wks from referral (Commissioner)	1.00%	● 0.61%	● 0.53%	Oct-18	
Cancer - % Patients seen within 2wks referred urgently by a GP	93.00%	● 93.49%	● 95.28%	Oct-18	
Cancer - % Patients referred with breast symptoms seen within 2 wks of referral	93.00%	● 93.86%	● 92.89%	Oct-18	
Cancer - % Patients seen within 31 days from referral to treatment	96.00%	● 94.44%	● 95.83%	Oct-18	
Cancer - % Patients seen within 31 days for subsequent treatment (Surgery)	94.00%	● 92.59%	● 95.97%	Oct-18	
Cancer - % Patients seen within 31 days for subsequent treatment (Drugs)	98.00%	● 100.00%	● 100.00%	Oct-18	
Cancer - % Patients seen within 31 days for subsequent treatment (Radiotherapy)	94.00%	● 100.00%	● 96.54%	Oct-18	
Cancer - % Patients seen within 62 days of referral from GP	85.00%	● 86.67%	● 84.62%	Oct-18	
Cancer - % Patients seen from referral within 62 days (Screening Service: Breast, Bowel & Cervical)	90.00%	● 100.00%	● 89.80%	Oct-18	
Cancer - % Patients being seen within 62 days (ref. Consultant)	85.00%	● 69.23%	● 82.14%	Oct-18	
Category1 - YAS Mean Response Time	07:00	● 07:02	● 07:39	Nov-18	
Category2 - YAS Mean Response Time	18:00	● 20:29	● 21:03	Nov-18	
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100.00%	● 96.72%	● 96.36%	Q2 18/19	
Urgent operations cancelled for a second time	0	● 0	● 0	Sep-18	
Ambulance handover delays of over 30 mins	0	● 108	● 726	Nov-18	
Ambulance handover delays of over 1 hour	0	● 2	● 35	Nov-18	
Satisfaction with accessing primary care	70.96%	● 62.00%	-	Aug-18	
% Patient experience of primary care - GP Services	-	80.98%	-	Aug-18	
Trolley waits in A&E -zero waits from decision to admit to admissions over 12 hours - BHNFT (Month)	0	● 0	● 0	Nov-18	
Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95.00%	● 100.00%	-	Nov-18	

Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75.00%	● 95.24%	-	Nov-18	
Cancelled operations rebooked within 28 days	0	● 0	● 0	Sep-18	

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	● 3	Oct-18	
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - BHFT	0	● 0	● 2	Oct-18	
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	YTD Target - 35	3	● 23	Oct-18	
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - BHFT	YTD Target - 7	3	● 9	Oct-18	
Number of mixed sex accomodation breaches (Commissioner)	0	● 0	● 3	Oct-18	

NHS Barnsley Clinical Commissioning Group

Finance Report 2018/19

Month 8



1 Headline Messages and contents

Headline Messages	Contents	
<ul style="list-style-type: none"> As at 30 November, the CCG forecasts to achieve all financial duties and planning guidance requirements, with an in-year balanced budget. Reflected within this position is an increase to the CCGs surplus of £1m as agreed at November private Governing Body. This is also now confirmed with NHS England. This position is predicated on the continued delivery of the CCG's £11.5m efficiency programme and in year forecast position which continues to be forecast above planned levels. Further information on the CCG's financial performance targets is provided in section 2. Acute contract activity data has been received for Month 7. The forecast position shows an overtrade position of £2.5m; with the main forecast overtrade of £5.3m being with Barnsley Hospital NHS Foundation Trust (BHNFT). The BHNFT position has increased by £1m from Month 7 reporting due to the impact of winter pressures and Get Fit First now being reflected in the forecast position. This is a CCG forecast at this stage and may be subject to variation once discussions with the Trust commence. Non elective continues to be above plan with activity 4.38% above YTD plan and expenditure 6.61% above YTD plan. The Trust maintain that the improvement in coding in addition to that which has already taken place and is reflected in the expenditure increase above, will have a further financial impact on the forecast before the year end. This forecast also includes £1m of support to ensure that the Trust can achieve its control total and a £795k reduction for theatre closures due to refurbishment. Activity across most associate contracts is below planned levels across all points of delivery, with Mid Yorkshire, Sheffield Children's Hospital and Sheffield Teaching & Leeds Teaching being above planned levels. Primary Care prescribing data has been received to Month 6 from NHS Business Services Authority (BSA). The current forecast including income, and underutilised 2017/18 accruals is a £2.1m underspend. The impact of this profiling and the delivery of the CCGs efficiency programme will continue to be monitored against these budgets. The forecast includes pressures relating to Category M Drug of £475K and no cheaper obtainable stock of £722k. These are estimates at this and will continue to be closely monitored with the Head of Medicines Optimisation and Head of Finance to ensure an accurate forecast position is reported. The CCG's Efficiency Programme Management Office (PMO) will continue to monitor and review delivery of the CCG's £11.5m efficiency programme. The forecast position on planned schemes, as reported by project managers shows a £128k over achievement against the £11.5m target. It is important to note however that this position may need to be reviewed if the forecast position significantly deteriorates during the remaining part of the year. Risks and Mitigations were considered by the Finance and Performance Committee. The current projections in the 'Most Likely' scenario indicate a potential net mitigation of £759k, this together with a forecast underspend of £73k reported in section 3 provides 'headroom' of £832k. Work will continue to assess risk and further potential mitigations and this will be reported on an on-going basis to the Finance and Performance Committee. 	1	Headline Messages and Content
	2	Financial Performance Targets
	3	Monthly Finance Monitoring Statement – Executive Summary
	4	Resource Allocation

2 Financial Performance Targets

1) Financial Duties

NHS Act Section	Duty	2018/19 Target £'000	2018/19 Actual Performance £'000	2018/19 Actual Achievement
223H (1)	Expenditure not to exceed income	421,850	420,850	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	421,298	420,298	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	5,598	4,505	YES

2) Financial targets/NHS England Business Rules requirements

Target/Business Rule Requirement	2018/19 Target	2018/19 Actual Performance £'000	2018/19 Actual Achievement
Delivery of in year balanced position	0	0	YES
0.5% Contingency to manage in-year pressures	2,106	2,106	YES

Comments

The CCG is currently forecasting to achieve all financial duties/targets and NHS England (NHSE) Business Rules, this is however predicated on the delivery of the CCG's efficiency programme and in year forecast position. Financial Performance targets represent an in year financial balanced budget, with the CCG planning to utilise £1,093k of administration resource to cover additional spending on commissioned services for the population of Barnsley.

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 2018/19 of £600k and the CCG has further increased its surplus by £1m as agreed at November Governing Body. The historic surplus balance in 2018/19 now totals £14,532k. The CCG will have access to at least £2m of this surplus in 2019/20 as agreed with NHS England; however access to resource above this is unlikely to be accessed without NHSE approval and consideration to the national financial position across the NHS.

3 Monthly Finance Monitoring Statement – Executive Summary

PROGRAMME AND RUNNING COST AREAS	ANNUAL BUDGET RECURRENT £000	ANNUAL BUDGET NON RECURRENT £000	TOTAL ANNUAL BUDGET £000	YTD BUDGET £'000	YTD ACTUAL £'000	YTD VARIANCE OVER / (UNDER) £	FORECAST OVERTURN £'000	OVERTURN VARIANCE OVER / (UNDER) £
PROGRAMME EXPENDITURE								
Acute	208,513	(1,135)	207,378	137,706	137,417	(289)	209,853	2,474
Mental Health	32,743	87	32,830	22,293	22,261	(32)	32,857	27
Community Health	46,206	729	46,935	31,456	31,081	(375)	46,601	(333)
Primary Medical Services (Co-Commissioning)	36,193	0	36,193	23,517	23,525	8	35,722	(471)
Primary Care Other	57,672	1,242	58,914	39,724	37,485	(2,239)	56,712	(2,202)
Continuing Health Care	19,326	270	19,596	13,064	12,433	(631)	19,957	361
Other Programme Costs	8,073	970	9,043	6,156	5,311	(846)	9,832	788
TOTAL COMMISSIONING SERVICES (INCLUDING PRIMARY CARE RESERVES)	408,726	2,163	410,889	273,916	269,513	(4,403)	411,533	644
Corporate Costs	2,523	0	2,523	1,682	1,362	(319)	2,269	(253)
Depreciation / Property Charges	1,059	0	1,059	706	460	(246)	689	(370)
TOTAL CORPORATE COSTS	3,582	0	3,582	2,388	1,822	(566)	2,958	(624)
TOTAL PROGRAMME COSTS (INCLUDING PRIMARY CARE RESERVES)	412,308	2,163	414,471	276,304	271,335	(4,969)	414,491	20
RUNNING COSTS								0
Pay	3,332	(9)	3,324	2,216	1,713	(503)	2,576	(748)
Non Pay	2,314	91	2,404	1,603	1,199	(403)	2,140	(265)
Income	(130)	0	(130)	(87)	(156)	(70)	(211)	(81)
TOTAL RUNNING COSTS	5,516	82	5,598	3,732	2,756	(976)	4,505	(1,093)
Other Plans required to deliver Target Efficiency Programme	0	0	0	0	0	0	0	0
CCG Reserves	2,156	(927)	1,229	0	0	0	1,229	0
NHS England Planning Guidance Reserves	0	0	0	0	0	0	0	0
In year surplus	0	(1,000)	(1,000)	(667)	0	667	0	1,000
In Year (Over)/underspend	0	0	0	(667)	5,945	6,611	73	73
TOTAL RESERVES/CONTINGENCY (EXCL. PRIMARY CARE RESERVES)	2,156	(1,927)	229	(1,333)	5,945	7,278	1,302	1,073
TOTAL EXPENDITURE	419,980	318	420,298	278,702	280,035	1,333	420,298	0
Programme	414,804	896	415,700	276,304	276,304	0	415,700	0
Running Costs	5,516	82	5,598	3,732	3,732	0	5,598	0
RESOURCE ALLOCATIONS	420,320	978	421,298	280,035	280,035	0	421,298	0
SURPLUS/(DEFICIT)	340	660	1,000	1,333	0	(1,333)	1,000	(0)

Comments

- Acute contract activity data has been received for Month 7. The forecast position shows an overtrade position of £2.5m; with the main forecast overtrade of £5.3m being with Barnsley Hospital NHS Foundation Trust (BHNFT). The BHNFT position has increased by £1m from Month 7 reporting due to the impact of winter pressures and Get Fit First now being reflected in the forecast position. This is a CCG forecast at this stage and may be subject to variation once discussions with the Trust commence. Non elective continues to be above plan with activity 4.38% above YTD plan and expenditure 6.61% above YTD plan. The Trust maintain that the improvement in coding in addition to that which has already taken place and is reflected in the expenditure increase above, will have a further financial impact on the forecast before the year end. This forecast also includes £1m of support to ensure that the Trust can achieve its control total and a £795k reduction for theatre closures due to refurbishment. Activity across most associate contracts is below planned levels across all points of delivery, with Mid Yorkshire, Sheffield Children's Hospital and Sheffield Teaching & Leeds Teaching being above planned levels.
- Community Services are forecasting an underspend position due to the release of £400k non recurrent budget which is not expected to be utilised.
- Prescribing forecasts are projecting a forecast underspend of £2.1m, this position includes pressures relating to Category M drugs, no cheaper obtainable stock and pressures on prescribing costs. This will continue to be closely monitored to ensure any further pressures are captured and reported appropriately.
- Primary Care Services (Co-Commissioning) – This underspend relates in the main to underutilisation of 2017/18 accruals.
- Continuing Care forecasts continue to be reviewed due to the volatile nature of these budgets. A full review of all care packages is currently being undertaken.
- Other programme costs are forecasting an overspend due to the contribution to BMBC for the Prevention section 75 agreement.
- Running Costs are forecasting a significant underspend due to a number of vacancies currently being held and other non recurrent savings. A full review of running costs will be undertaken to assess the impact of the expected reduction in running costs for 2019/20 and 2020/21.

Notes on populating the template

The Assessment is to be repeated Quarterly & Annually. There is a separate tab for each quarter (Q1, Q2, Q3, Q4) and one for the Annual assessment.

Completion of each of the tabs should be undertaken at the appropriate time - cumulatively within the same template. I.e. by the end of the year all tabs within the template will be fully completed.

In response to each question, answer Yes - where all assessment criteria are fully met, Partial - where some but not all are fully or partially met, No - where none of the criteria are met and NA - where the assessment criteria is identified as not applicable.

On the sign off sheet select the period this return relates to.

Complete the sign off details and ensure responses are signed off by the DoF/CFO before submission to the NHS England local team

Period

Q2

<<Select Period

Completion Overview

Assessments	52
Completed	52
Incomplete	0
Error	N

Dashboard Summary

% Score

Detailed Financial Planning	100%
In year Financial Performance	100%
Contracts	100%
System-wide Performance	100%
Financial Control	100%
Risk Management	100%
Audit	100%
Finance & Investment Committee	100%
Governing Body (GB)	100%
Capability and Capacity	67%
PMO Function (QIPP)	100%
CSU Support	100%

Sign off details

	Name	Email	Contact Number
Completed by	Roxanna Naylor	roxanna.naylor@nhs.uk	01226433638
Signed off by	Lesley Smith	lesleyjane.smith@nhs.uk	01226433730

Signature

Separate e-mails have been received to confirm sign-off by the AO and Audit Committee Chair

CCG Financial Control, Planning and Governance Self-Assessment

Table below demonstrates % of answers equating to a Yes

Domain	Q1	Q2	Q3	Q4	Annual
Detailed Financial Planning	100%	100%	100%	0%	91%
In year Financial Performance	100%	100%	100%	0%	100%
Contracts	67%	100%	100%	0%	N/A
System-wide Performance	100%	100%	100%	0%	N/A
Financial Control	100%	100%	100%	0%	100%
Risk Management	100%	100%	100%	0%	N/A
Audit	100%	100%	100%	0%	100%
Finance & Investment Committee	100%	100%	100%	0%	100%
Governing Body (GB)	100%	100%	100%	0%	100%
Capability and Capacity	100%	67%	67%	0%	100%
PMO Function (QIPP)	100%	100%	100%	0%	100%
CSU Support	100%	100%	100%	0%	N/A

Checklist for completion	Q1	Q2	Q3	Q4	Annual
Assessments	52	52	52	52	33
Completed	52	52	52	0	33
Status					
Yes	47	47	47	0	32
No	1	1	1	0	1
Partial	0	0	0	0	0
Not Applicable	4	4	4	0	0
Incomplete	0	0	0	52	0

CCG Financial Control, Planning and Governance Self-Assessment

Domain	#	Assessment Criteria	Frequency	Q1	Q2	Q3	Q4	Annual
Detailed Financial Planning and Budget Setting	1	Is the CCG planning to meet all business rules in 2018 - 19 as set by NHS England? (In-year control total compliant, achieving 1% cumulative surplus, contingency set aside for unforeseen events, Admin spending contained within technical limits, Mental Health Investment Standard compliant)	Annual					Yes
	2	Is the CCG planning compliance with all additional expectations in 2018 - 19 as defined by NHS England? (Meeting Mental Health Investment expectations across all metrics (e.g. C&YP Year on Year growth), Compliant with requirement to invest £3per head in primary care over 2 years (2017-19), Meeting requirement to reinvest Non-Elective Marginal rate benefit, reinvesting readmissions penalties (where levied)).	Annual					Yes
	3	Is the CCG plan meeting good practice expectations in preparation of 2018 - 19 financial plans? (underlying position maintained (balanced or in surplus - e.g. by deploying some expenditure on a non-recurrent basis), Plan is realistically profiled, QIPP target is ambitious but not unrealistic (i.e. >2% and <4% of CCGs total allocation and in line with historic delivery), QIPP plan is not unduly profiled towards the last quarter of the year (i.e. <65% of QIPP is due to be delivered in months 7-12), plan templates analysed and completed in required level of granularity (new requirement for 18/19 Acute PODs & MH).	Annual					Yes
	4	Has the CCG utilised and modelled year on year assumptions as per NHS England Planning Guidance? including activity growth broadly in line with National trend assumptions, tariff efficiency and inflation etc. If not, please clearly specify rationale and impact of alternative assumptions.	Annual					Yes
	5	Is the CCG unidentified QIPP less than 15%? if no, state value, % of allocation and process/timescales to close this gap	Annual					Yes
	6	CCG can confirm key risks are identified and quantified with clear and credible mitigations in place?	Annual					Yes
	7	Can the CCG confirm it has reasonable contingencies or reserves set aside to respond to unforeseen events and they are phased appropriately?	Annual					Yes
	8	CCG can confirm they have a high confidence that the plan is achievable and the CCG has the capacity and capability to deliver it?	Quarterly	Yes	Yes	Yes		
	9	Budgets are prepared with involvement of trained budget holders with guidance on assumptions (e.g. growth, efficiencies and inflation provided by CCG CFO); budgets are formally agreed / signed off including any budget adjustments/virements	Annual			Yes		Yes
	10	All areas of expenditure are budgeted at a sufficiently detailed level to facilitate understanding of actual performance and enable robust financial control?	Annual			Yes		Yes
	11	Is the finance function actively involved in service developments, procurements and wider commissioning agenda?	Annual			Yes		Yes
	12	Is the CCG within 5% above/below target funding?	Annual			Yes		No
In year Financial Performance	13	Is the CCG reporting FOT equal to or better than plan?	Quarterly	Yes	Yes	Yes		
	14	Is the CCG's underlying position equal to or better than plan, i.e. no emerging deficit or deterioration in-year?	Quarterly	Yes	Yes	Yes		
	15	CCG to confirm that all identified risks have been fully quantified within the reported position? If no, please specify	Quarterly	Yes	Yes	Yes		
	16	Is the CCG reporting nil net risks? i.e. gross risks identified and quantified with fully identified mitigating actions that are clear and developed and fully off-set identified risks, .	Quarterly	Yes	Yes	Yes		
	17	The CCG to positively confirm that it is not relying on any unconfirmed outstanding allocations as in-year mitigation to deliver forecast? If unable to confirm, please specify type of allocation, amount and anticipated funding source?	Quarterly	Yes	Yes	Yes		
	18	Is the CCG unidentified QIPP less than 15%? if no, state value and actions being taken	Quarterly	Yes	Yes	Yes		
	19	Is year to date QIPP delivery in line with planned profile?	Quarterly	Yes	Yes	Yes		
	20	The CCG has robust process in place to provide timely realistic forecasts?	Annual	Yes		Yes		Yes
	21	Can the CCG confirm that there is consistency in financial reporting and that this is signed off by the CFO? (including but not limited to; internally and externally reported, across ledger system and related financial reporting such as agreement of balances and finance reports).	Quarterly	Yes	Yes	Yes		
	22	If the CCG is subject to a Financial Recovery Plan (FRP), the CCG can confirm that this is 'owned' by the whole CCG and not just finance? (potential evidence - as a minimum is an update provided to the Governing Body on a monthly basis, named leads)	Quarterly	Not Applicable	Not Applicable	Not applicable		
	23	Does the expenditure run rate triangulate with the cash run rate allowing for reasonable reconciling items? If no, state material causes	Quarterly	Yes	Yes	Yes		
Contracts	24	The CCG can confirm, all contracts signed for 2018-19 including; any MOUs, secondment agreements, BCF, pool agreements etc and any contract variations required for 2018-19	Quarterly	Yes	Yes	Yes		
	25	The CCG can confirm they have no identified / outstanding contractual disputes (formal or informal)?	Quarterly	Yes	Yes	Yes		
	26	The CCG can confirm that there are currently no Novel or contentious contract procurements planned (1-3 year pipeline)?	Quarterly	No	Yes	Yes		
System-wide Performance	27	The CCG can confirm that it has a positive working relationship with its key stakeholders? including main NHS providers, GPs and local authority/ies? If no, please specify	Quarterly	Yes	Yes	Yes		
	28	The CCG has strong engagement with its main provider Trusts, including where the CCG is not the lead commissioner?	Quarterly	Yes	Yes	Yes		
	29	The CCG can confirm that it is operating within a system where the main providers have accepted their in-year control totals and are forecasting to deliver control total compliant plans? i.e. no providers are reported as 'off plan' or in special measures/financial recovery? If no, please specify?	Quarterly	Yes	Yes	Yes		
	30	The CCG is reasonably confident in the delivery of the reported financial position of its providers or partners including main NHS providers, independent sector, other partner organisations etc.? If no, please specify.	Quarterly	Yes	Yes	Yes		
Financial Control & Process	31	The CCG can confirm Prime Financial Policies and the underpinning detailed financial policies and procedures are regularly reviewed and updated.	Annual			Not Applicable		Yes
	32	All staff including committee staff are trained on financial governance and training record is fully documented?	Annual			Yes		Yes
	33	Delegated authorities (as set out in the CCG scheme of delegation) are built into ISFE and are regularly reviewed and updated?	Annual			Yes		Yes
	34	The CCG has clear guidance documents in place for key processes of financial control such as procurement and recruitment?	Annual			Yes		Yes
	35	All Journals are fully documented and approved by appropriate level supervisor?	Annual			Yes		Yes
	36	CCG undertakes and can provide evidence of a process of internal financial management? this should include (but may not be limited to) detailed monthly financial reporting to budget managers / owners and review, evidence of challenge with the 'owner', and a process to seek Recover Action actual performance is adverse to plan.	Quarterly	Yes	Yes	Yes		Yes
	37	The CCG can evidence that the balance sheet is reviewed every month with full reconciliations and sign off of all control accounts?	Quarterly	Yes	Yes	Yes		Yes
	38	The CCG to confirm that robust processes are in place to support the completion of Agreement of balance returns and that they are completed on time and differences with NHS bodies are actively resolved?	Quarterly	Yes	Yes	Yes		Yes
	39	Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body?	Quarterly	Yes	Yes	Yes		Yes
	40	The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for?	Quarterly	Yes	Yes	Yes		Yes
	41	All cash forecast and drawdown requirements are agreed and signed off with appropriate governance e.g. CCG CFO	Quarterly	Yes	Yes	Yes		Yes
	42	The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid recurrence?	Quarterly	Yes	Yes	Yes		Yes
	43	CCG can confirm it received a 'No material issues' opinion in the last Internal Audit report rating for "Financial Control"?	Annual			No		Yes
Risk Management	44	CCG can confirm there are effective risk management processes in place? Including; the identification, quantification and mitigation of risk	Quarterly	Yes	Yes	Yes		Yes
	45	Where applicable, the CCG can confirm that risk sharing arrangements with other CCGs and trusts or other partners are fully documented and collectively agreed and the associated financial risks are evaluated monthly to inform CCG Forecasts.	Quarterly	Not Applicable	Not Applicable	Not applicable		Yes
	46	Where applicable, the CCG can confirm that financial controls are in place to ensure the CCG is not placed at undue financial risk as a result of CCG hosting/lead arrangements? e.g. where the CCG receives income for the provision of services commissioned by other organisations	Quarterly	Not Applicable	Not Applicable	Not applicable		Yes
	47	The CCG undertakes a Pro-active horizon scanning process with risks assessed in terms of likelihood and financial impact?	Quarterly	Yes	Yes	Yes		Yes
	48	The CCG Governing Body financially assesses all risks on risk register on a periodic and timely basis, a process which is supported by a robust risk tracking and reporting system regularly reporting to the appropriate committee.	Quarterly	Yes	Yes	Yes		Yes
Audit	49	The CCG Audit Committee Chair is a qualified accountant or is supported by an appropriately qualified Lay member?	Annual			Yes		Yes
	50	Audit Committee receives and follows up all internal audit reports and approves internal audit plan?	Annual			Yes		Yes
	51	Audit chair regularly meets with internal and external auditors without management present?	Annual			Yes		Yes
	52	Audit chair can confirm that lay members training needs are regularly reviewed and appropriately addressed?	Annual			Yes		Yes
	53	Where applicable, Audit Committee can confirm that service auditor reports are received from outsourced service providers and assurance is sought that the overall control environment of the CCG is not negatively impacted through the arrangement?	Annual			Yes		Yes
	54	Audit committee ensures responsibilities for implementing recommendations are appropriately assigned with timescales agreed and major items delivered on time.	Quarterly	Yes	Yes	Yes		Yes
	55	Audit Committee obtains direct evidence in key areas of concern where appropriate to reduce reliance on representations from senior management	Quarterly	Yes	Yes	Yes		Yes
	56	CCG can confirm it has no outstanding internal audit category 1 findings and recommendations and all lower level recommendations implemented on time and in full?	Quarterly	Yes	Yes	Yes		Yes
57	CCG can confirm it has no adverse external audit findings and recommendations in the last 12 months?	Annual		Yes			Yes	
Committee	58	Has the CCG a separate Finance & Investment Committee in place, if no what is in place to ensure strong financial governance?	Annual		Yes			Yes
	59	Is the Chair of the Finance & Investment Committee independent?	Annual		Yes			Yes

Domain	#	Assessment Criteria	Frequency	Q1	Q2	Q3	Q4	Annual
Finance & Investment Comm	60	CCG can evidence through reporting that there is a clear audit trail of reporting activity performance and the financial implications?	Quarterly	Yes	Yes	Yes		Yes
	61	Is there a robust process for investment decisions and monitoring of investment implementation and delivery?	Annual	Yes	Yes			Yes
	62	Does the investment process include a Post Implementation review stage that allows lessons learnt to be factored in to future investment proposals?	Annual	Yes	Yes			Yes
	63	The CCG can evidence that; the Finance & Investment Committee has met regularly as stipulated in terms of reference with agendas and minutes recording decisions, and robust monitoring and follow up of actions?	Quarterly	Yes	Yes	Yes		Yes
	64	The Finance & Investment Committee chair/s report to the governing body following each meeting and have an annual review of the committee's performance?	Annual	Yes	Not applicable			Yes
	65	The Committee report clearly articulates: in year and forecast position, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, key financial and related operational performance, procurement plan, committee work plan etc	Quarterly	Yes	Yes	Yes		Yes
Governing Body (GB)	66	The GB Finance report clearly articulates key financial performance information including; in year and forecast position, the budget is reconciled to the allocation, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, and key financial and related operational performance is evident?	Quarterly	Yes	Yes	Yes		Yes
	67	The CCG GB fulfil a role of constructive, focussed and relevant challenges with timely and robust monitoring and follow up of actions? This will include (but is not limited to) the reporting of the financial position of the CCG is a standing agenda item, there is sufficient time given to discuss finance, there is effective challenge, the whole of the GB takes collective responsibility for the finances and receive appropriate training	Quarterly	Yes	Yes	Yes		Yes
	68	CCG to confirm there is sufficient finance skills within the GB including lay members?	Annual		Yes			Yes
Capability and Capacity	69	CCG to confirm finance roles are all filled by substantive appointments? If no, state % wte vacancy and proportion covered by interim staffing arrangements	Quarterly	Yes	Yes	Yes		Yes
	70	Are the Executive Team all substantive appointments with no vacancies? If no, state which roles are currently vacant	Quarterly	Yes	No	No		Yes
	71	Do all staff have clear roles and responsibilities that are supported by an process of performance development? i.e. including having had PDPs within the last 12 months, a clear training and development plan with CPD up to date for all applicable staff members?	Annual	Yes	Yes			Yes
	72	The CCG staff turnover % based on the previous 12 months is 5% or less? If no, state the turn over % and whether the CCG considers this acceptable stating the rationale	Quarterly	Yes	Yes	Yes		Yes
73	CCG can confirm where relevant, shared management team recognises the organisational boundaries and allows sufficient time to focus on the separate issues of each constituent CCG?	Quarterly	Not applicable	Not Applicable	Not Applicable		Yes	
PMO Function (QIPP)	74	CCG can confirm there is a robust PMO function in place for QIPP delivery?	Quarterly	Yes	Yes	Yes		Yes
	75	CCG can confirm there is sufficient resource in place to ensure the delivery of the QIPP schemes?	Quarterly	Yes	Yes	Yes		Yes
	76	Where QIPP Schemes require consultation, the CCG confirms consultation guidance has been followed?	Annual	Yes				Yes
	77	Has the CCG agreed QIPP plans with its main providers as part of its agreed contract with clearly defined risk management?	Annual	Yes				Yes
	78	Can the CCG evidence clear clinical leadership and engagement in the development and delivery of QIPP plans?	Quarterly	Yes	Yes	Yes		
	79	Can the CCG confirm and evidence that they have extensively reviewed the "Financial Resilience Support Site" and "Difficult Decision" paper taking necessary steps to fully implement identified opportunities?	Quarterly	Yes	Yes	Yes		
	80	Can the CCG confirm that all QIPP schemes have associated, risk assessed business cases with key milestones identified for delivery?	Quarterly	Yes	Yes	Yes		
	81	CCG can confirm that QIPP performance is monitored at least monthly at individual initiative level with QIPP performance figures reconciling to reported I&E performance?	Quarterly	Yes	Yes	Yes		
CSU Support	82	CCG can confirm it has robust contracting arrangements in place with commissioning support service provider? This includes; a signed contract detailing all services to be delivered and related standards of performance, regular meeting to review performance against the contract, CCG acts as an intelligent customer with clear specifications, division of duties and responsibilities with effective escalation and dispute procedures.	Quarterly	Yes	Yes	Yes		
	83	The CCG is confident that the CSU provider is resilient and provides value add? i.e. Service provider delivers economies of scale and regularly demonstrates value for money. Service provider able to draw on support from a wider pool of commissioning support staff across a wider geography and not over-reliant on one or two key staff. Niche expertise available as required to address specific issues, rigorous approach, share	Quarterly	Yes	Yes	Yes		
	84	CCG can confirm it has an excellent working partnership with the service provider? i.e. roles and working arrangements clearly defined, shared purpose, mutual trust, customer service is routinely monitored, open communications with constructive challenge and joint organisational development	Quarterly	Yes	Yes	Yes		
	85	Commissioning support provider has the required Business Intelligence capability and capacity? i.e. capacity and expertise to handle and process large volumes of data and provide accurate, clean, relevant and timely information and intelligence. All data is stored and handled in accordance with required governance with full audit and tracking. Appropriate data and information held to support commissioning decisions	Quarterly	Yes	Yes	Yes		

CCG Financial Control, Planning and Governance Self-Assessment

Domain	#	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified	
Detailed	8	CCG can confirm they have a high confidence that the plan is achievable and the CCG has the capacity and capability to deliver it?	Quarterly	Yes			
	In year Financial Performance	13	Is the CCG reporting FOT equal to or better than plan?	Quarterly	Yes		
		14	Is the CCG's underlying position equal to or better than plan, i.e. no emerging deficit or deterioration in-year?	Quarterly	Yes		
		15	CCG to confirm that all identified risks have been fully quantified within the reported position? If no, please specify	Quarterly	Yes		
		16	Is the CCG reporting nil net risks? i.e. gross risks identified and quantified with fully identified mitigating actions that are clear and developed and fully off-set identified risks, .	Quarterly	Yes		
		17	The CCG to positively confirm that it is not relying on any unconfirmed outstanding allocations as in-year mitigation to deliver forecast? If unable to confirm, please specify type of allocation, amount and anticipated funding source?	Quarterly	Yes		
		18	Is the CCG unidentified QIPP less than 15%? if no, state value and actions being taken	Quarterly	Yes		
		19	Is year to date QIPP delivery in line with planned profile?	Quarterly	Yes		
		21	Can the CCG confirm that there is consistency in financial reporting and that this is signed off by the CFO? (including but not limited to; internally and externally reported, across ledger system and related financial reporting such as agreement of balances and finance reports).	Quarterly	Yes		
		22	If the CCG is subject to a Financial Recovery Plan (FRP), the CCG can confirm that this is 'owned' by the whole CCG and not just finance? (potential evidence - as a minimum is an update provided to the Governing Body on a monthly basis, named leads)	Quarterly	Not Applicable		
23	Does the expenditure run rate triangulate with the cash run rate allowing for reasonable reconciling items? If no, state material causes	Quarterly	Yes				
Contracts	24	The CCG can confirm, all contracts signed for 2018-19 including; any MOUs, secondment agreements, BCF, pool agreements etc and any contract variations required for 2018-19	Quarterly	Yes			
	25	The CCG can confirm they have no identified / outstanding contractual disputes (formal or informal)?	Quarterly	Yes			
	26	The CCG can confirm that there are currently no Novel or contentious contract procurements planned (1-3 year pipeline)?	Quarterly	No	ICP development, working with NHSE and commenced ISAP process, this will result in a new contract model.		
System-wide Performance	27	The CCG can confirm that it has a positive working relationship with its key stakeholders? including main NHS providers, GPs and local authority/ies? if no, please specify	Quarterly	Yes			
	28	The CCG has strong engagement with it's main provider Trusts, including where the CCG is not the lead commissioner?	Quarterly	Yes			
	29	The CCG can confirm that it is operating within a system where the main providers have accepted their in-year control totals and are forecasting to deliver control total compliant plans? i.e. no providers are reported as 'off plan' or in special measures/financial recovery? If no, please specify?	Quarterly	Yes			
	30	The CCG is reasonably confident in the delivery of the reported financial position of its providers or partners including main NHS providers, independent sector, other partner organisations etc.? If no, please specify.	Quarterly	Yes			
Financial Control & Process	36	CCG undertakes and can provide evidence of a process of internal financial management? this should include (but may not be limited to) detailed monthly financial reporting to budget managers / owners and review, evidence of challenge with the 'owner', and a process to seek Recover Action actual performance is adverse to plan.	Quarterly	Yes			
	37	The CCG can evidence that the balance sheet is reviewed every month with full reconciliations and sign off of all control accounts?	Quarterly	Yes			
	38	The CCG to confirm that robust processes are in place to support the completion of Agreement of balance returns and that they are completed on time and differences with NHS bodies are actively resolved?	Quarterly	Yes			
	39	Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body?	Quarterly	Yes	Finance and Performance Committee have delegated responsibility to review debtors/creditors		
	40	The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for?	Quarterly	Yes			
	41	All cash forecast and drawdown requirements are agreed and signed off with appropriate governance e.g. CCG CFO	Quarterly	Yes			
	42	The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid reoccurrence?	Quarterly	Yes			
Risk Management	44	CCG can confirm there are effective risk management processes in place? Including; the identification, quantification and mitigation of risk	Quarterly	Yes			
	45	Where applicable, the CCG can confirm that risk sharing arrangements with other CCGs and trusts or other partners are fully documented and collectively agreed and the associated financial risks are evaluated monthly to inform CCG Forecasts.	Quarterly	Not Applicable			
	46	Where applicable, the CCG can confirm that financial controls are in place to ensure the CCG is not placed at undue financial risk as a result of CCG hosting/lead arrangements? e.g. where the CCG receives income for the provision of services commissioned by other organisations	Quarterly	Not Applicable			
	47	The CCG undertakes a Pro-active horizon scanning process with risks assessed in terms of likelihood and financial impact?	Quarterly	Yes			
	48	The CCG Governing Body financially assesses all risks on risk register on a periodic and timely basis, a process which is supported by a robust risk tracking and reporting system regularly reporting to the appropriate committee.	Quarterly	Yes			
Audit	54	Audit committee ensures responsibilities for implementing recommendations are appropriately assigned with timescales agreed and major items delivered on time.	Quarterly	Yes			
	55	Audit Committee obtains direct evidence in key areas of concern where appropriate to reduce reliance on representations from senior management	Quarterly	Yes			
	56	CCG can confirm it has no outstanding internal audit category 1 findings and recommendations and all lower level recommendations implemented on time and in full?	Quarterly	Yes			
Finance & Investment Committee	60	CCG can evidence through reporting that there is a clear audit trail of reporting activity performance and the financial implications?	Quarterly	Yes			
	63	The CCG can evidence that; the Finance & Investment Committee has met regularly as stipulated in terms of reference with agendas and minutes recording decisions, and robust monitoring and follow up of actions?	Quarterly	Yes			
	65	The Committee report clearly articulates: in year and forecast position, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, key financial and related operational performance, procurement plan, committee work plan etc	Quarterly	Yes			
Governing Body (GB)	66	The GB Finance report clearly articulates key financial performance information including; in year and forecast position, the budget is reconciled to the allocation, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, and key financial and related operational performance is evident?	Quarterly	Yes			
	67	The CCG GB fulfil a role of constructive, focussed and relevant challenges with timely and robust monitoring and follow up of actions? This will include (but is not limited to) the reporting of the financial position of the CCG is a standing agenda item, there is sufficient time given to discuss finance, there is effective challenge, the whole of the GB takes collective responsibility for the finances and receive appropriate training	Quarterly	Yes			

Domain	#	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified
Capability and Capacity	69	CCG to confirm finance roles are all filled by substantive appointments? If no, state % wte vacancy and proportion covered by interim staffing arrangements	Quarterly	Yes		
	70	Are the Executive Team all substantive appointments with no vacancies? If no, state which roles are currently vacant	Quarterly	Yes		
	72	The CCG staff turnover % based on the previous 12 months is 5% or less? If no, state the turn over % and whether the CCG considers this acceptable stating the rationale	Quarterly	Yes		
	73	CCG can confirm where relevant, shared management team recognises the organisational boundaries and allows sufficient time to focus on the separate issues of each constituent CCG?	Quarterly	Not applicable		
PMO Function (QIPP)	74	CCG can confirm there is a robust PMO function in place for QIPP delivery?	Quarterly	Yes		
	75	CCG can confirm there is sufficient resource in place to ensure the delivery of the QIPP schemes?	Quarterly	Yes		
	78	Can the CCG evidence clear clinical leadership and engagement in the development and delivery of QIPP plans?	Quarterly	Yes		
	79	Can the CCG confirm and evidence that they have extensively reviewed the "Financial Resilience Support Site" and "Difficult Decision" paper taking necessary steps to fully implement identified opportunities?	Quarterly	Yes		
	80	Can the CCG confirm that all QIPP schemes have associated, risk assessed business cases with key milestones identified for delivery?	Quarterly	Yes		
	81	CCG can confirm that QIPP performance is monitored at least monthly at individual initiative level with QIPP performance figures reconciling to reported I&E performance?	Quarterly	Yes		
CSU Support	82	CCG can confirm it has robust contracting arrangements in place with commissioning support service provider? This includes; a signed contract detailing all services to be delivered and related standards of performance, regular meeting to review performance against the contract, CCG acts as an intelligent customer with clear specifications, division of duties and responsibilities with effective escalation and dispute procedures.	Quarterly	Yes		
	83	The CCG is confident that the CSU provider is resilient and provides value add? i.e. Service provider delivers economies of scale and regularly demonstrates value for money. Service provider able to draw on support from a wider pool of commissioning support staff across a wider geography and not over-reliant on one or two key staff. Niche expertise available as required to address specific issues, rigorous approach, share and continuously implement best practice.	Quarterly	Yes		
	84	CCG can confirm it has an excellent working partnership with the service provider? i.e. roles and working arrangements clearly defined, shared purpose, mutual trust, customer service is routinely monitored, open communications with constructive challenge and joint organisational development	Quarterly	Yes		
	85	Commissioning support provider has the required Business Intelligence capability and capacity? i.e. capacity and expertise to handle and process large volumes of data and provide accurate, clean, relevant and timely information and intelligence. All data is stored and handled in accordance with required governance with full audit and tracking. Appropriate data and information held to support commissioning decisions	Quarterly	Yes		

CCG Financial Control, Planning and Governance Self-Assessment

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Detailed	8	CCG can confirm they have a high confidence that the plan is achievable and the CCG has the capacity and capability to deliver it?	Quarterly	Yes			
	In year Financial Performance	13	Is the CCG reporting FOT equal to or better than plan?	Quarterly	Yes		
		14	Is the CCG's underlying position equal to or better than plan, i.e. no emerging deficit or deterioration in-year?	Quarterly	Yes		
		15	CCG to confirm that all identified risks have been fully quantified within the reported position? If no, please specify	Quarterly	Yes		
		16	Is the CCG reporting nil net risks? i.e. gross risks identified and quantified with fully identified mitigating actions that are clear and developed and fully off-set identified risks, .	Quarterly	Yes		
		17	The CCG to positively confirm that it is not relying on any unconfirmed outstanding allocations as in-year mitigation to deliver forecast? If unable to confirm, please specify type of allocation, amount and anticipated funding source?	Quarterly	Yes		
		18	Is the CCG unidentified QIPP less than 15%? if no, state value and actions being taken	Quarterly	Yes		
		19	Is year to date QIPP delivery in line with planned profile?	Quarterly	Yes		
		21	Can the CCG confirm that there is consistency in financial reporting and that this is signed off by the CFO? (including but not limited to; internally and externally reported, across ledger system and related financial reporting such as agreement of balances and finance reports).	Quarterly	Yes		
		22	If the CCG is subject to a Financial Recovery Plan (FRP), the CCG can confirm that this is 'owned' by the whole CCG and not just finance? (potential evidence - as a minimum is an update provided to the Governing Body on a monthly basis, named leads)	Quarterly	Not Applicable		
23	Does the expenditure run rate triangulate with the cash run rate allowing for reasonable reconciling items? If no, state material causes	Quarterly	Yes				
Contract	24	The CCG can confirm, all contracts signed for 2018-19 including; any MOUs, secondment agreements, BCF, pool agreements etc and any contract variations required for 2018-19	Quarterly	Yes			
	25	The CCG can confirm they have no identified / outstanding contractual disputes (formal or informal)?	Quarterly	Yes			
	26	The CCG can confirm that there are currently no Novel or contentious contract procurements planned (1-3 year pipeline)?	Quarterly	Yes			
System-wide Perform	27	The CCG can confirm that it has a positive working relationship with its key stakeholders? including main NHS providers, GPs and local authority/ies? If no, please specify	Quarterly	Yes			
	28	The CCG has strong engagement with its main provider Trusts, including where the CCG is not the lead commissioner?	Quarterly	Yes			
	29	The CCG can confirm that it is operating within a system where the main providers have accepted their in-year control totals and are forecasting to deliver control total compliant plans? i.e. no providers are reported as 'off plan' or in special measures/financial recovery? If no, please specify?	Quarterly	Yes			
	30	The CCG is reasonably confident in the delivery of the reported financial position of its providers or partners including main NHS providers, independent sector, other partner organisations etc.? If no, please specify.	Quarterly	Yes			
Financial Control & Process	36	CCG undertakes and can provide evidence of a process of internal financial management? this should include (but may not be limited to) detailed monthly financial reporting to budget managers / owners and review, evidence of challenge with the 'owner', and a process to seek Recover Action actual performance is adverse to plan.	Quarterly	Yes			
	37	The CCG can evidence that the balance sheet is reviewed every month with full reconciliations and sign off of all control accounts?	Quarterly	Yes			
	38	The CCG to confirm that robust processes are in place to support the completion of Agreement of balance returns and that they are completed on time and differences with NHS bodies are actively resolved?	Quarterly	Yes			
	39	Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body?	Quarterly	Yes			
	40	The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for?	Quarterly	Yes			
	41	All cash forecast and drawdown requirements are agreed and signed off with appropriate governance e.g. CCG CFO	Quarterly	Yes			
	42	The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid reoccurrence?	Quarterly	Yes			
Risk Management	44	CCG can confirm there are effective risk management processes in place? Including; the identification, quantification and mitigation of risk	Quarterly	Yes			
	45	Where applicable, the CCG can confirm that risk sharing arrangements with other CCGs and trusts or other partners are fully documented and collectively agreed and the associated financial risks are evaluated monthly to inform CCG Forecasts.	Quarterly	Not Applicable			
	46	Where applicable, the CCG can confirm that financial controls are in place to ensure the CCG is not placed at undue financial risk as a result of CCG hosting/lead arrangements? e.g. where the CCG receives income for the provision of services commissioned by other organisations	Quarterly	Not Applicable			
	47	The CCG undertakes a Pro-active horizon scanning process with risks assessed in terms of likelihood and financial impact?	Quarterly	Yes			
	48	The CCG Governing Body financially assesses all risks on risk register on a periodic and timely basis, a process which is supported by a robust risk tracking and reporting system regularly reporting to the appropriate committee.	Quarterly	Yes			
Audit	54	Audit committee ensures responsibilities for implementing recommendations are appropriately assigned with timescales agreed and major items delivered on time.	Quarterly	Yes			
	55	Audit Committee obtains direct evidence in key areas of concern where appropriate to reduce reliance on representations from senior management	Quarterly	Yes			
	56	CCG can confirm it has no outstanding internal audit category 1 findings and recommendations and all lower level recommendations implemented on time and in full?	Quarterly	Yes			
Finance & Investment Committee	60	CCG can evidence through reporting that there is a clear audit trail of reporting activity performance and the financial implications?	Quarterly	Yes			
	63	The CCG can evidence that; the Finance & Investment Committee has met regularly as stipulated in terms of reference with agendas and minutes recording decisions, and robust monitoring and follow up of actions?	Quarterly	Yes			
	65	The Committee report clearly articulates: in year and forecast position, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, key financial and related operational performance, procurement plan, committee work plan etc	Quarterly	Yes			
Governing Body (GB)	66	The GB Finance report clearly articulates key financial performance information including; in year and forecast position, the budget is reconciled to the allocation, underlying run rate, key risks and mitigations, QIPP progress, clear actions and progress, and key financial and related operational performance is evident?	Quarterly	Yes			
	67	The CCG GB fulfil a role of constructive, focussed and relevant challenges with timely and robust monitoring and follow up of actions? This will include (but is not limited to) the reporting of the financial position of the CCG is a standing agenda item, there is sufficient time given to discuss finance, there is effective challenge, the whole of the GB takes collective responsibility for the finances and receive appropriate training	Quarterly	Yes			
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	80	Can the CCG confirm that all QIPP schemes have associated, risk assessed business cases with key milestones identified for delivery?	Quarterly			
	81	CCG can confirm that QIPP performance is monitored at least monthly at individual initiative level with QIPP performance figures reconciling to reported I&E performance?	Quarterly			
CSU Support	82	CCG can confirm it has robust contracting arrangements in place with commissioning support service provider? This includes; a signed contract detailing all services to be delivered and related standards of performance, regular meeting to review performance against the contract, CCG acts as an intelligent customer with clear specifications, division of duties and responsibilities with effective escalation and dispute procedures.	Quarterly			
	83	The CCG is confident that the CSU provider is resilient and provides value add? i.e. Service provider delivers economies of scale and regularly demonstrates value for money. Service provider able to draw on support from a wider pool of commissioning support staff across a wider geography and not over-reliant on one or two key staff. Niche expertise available as required to address specific issues, rigorous approach, share and continuously implement best practice.	Quarterly			
	84	CCG can confirm it has an excellent working partnership with the service provider? i.e. roles and working arrangements clearly defined, shared purpose, mutual trust, customer service is routinely monitored, open communications with constructive challenge and joint organisational development	Quarterly			
	85	Commissioning support provider has the required Business Intelligence capability and capacity? i.e. capacity and expertise to handle and process large volumes of data and provide accurate, clean, relevant and timely information and intelligence. All data is stored and handled in accordance with required governance with full audit and tracking. Appropriate data and information held to support commissioning decisions	Quarterly			

CCG Financial Control, Planning and Governance Self-Assessment

Domain	#	Assessment Criteria	Frequency	Y/N/P/NA	Please explain key reasons where not met	Actions to address issues identified
Detailed Financial Planning and Budget Setting	1	Is the CCG planning to meet all business rules in 2018 - 19 as set by NHS England? <i>(In-year control total compliant, achieving 1% cumulative surplus, contingency set aside for unforeseen events, Admin spending contained within technical limits, Mental Health Investment Standard compliant)</i>	Annual	Yes		
	2	Is the CCG planning compliance with all additional expectations in 2018 - 19 as defined by NHS England? <i>(Meeting Mental Health Investment expectations across all metrics (e.g. C&YP Year on Year growth), Compliant with requirement to invest £3per head in primary care over 2 years (2017-19), Meeting requirement to reinvest Non-Elective Marginal rate benefit, reinvesting readmissions penalties (where levied)).</i>	Annual	Yes		
	3	Is the CCG plan meeting good practice expectations in preparation of 2018 - 19 financial plans? <i>(underlying position maintained (balanced or in surplus - e.g. by deploying some expenditure on a non-recurrent basis), Plan is realistically profiled, QIPP target is ambitious but not unrealistic (i.e. >2% and <4% of CCGs total allocation and in line with historic delivery), QIPP plan is not unduly profiled towards the last quarter of the year (i.e. <65% of QIPP is due to be delivered in months 7-12), plan templates analysed and completed in required level of granularity (new requirement for 18/19 Acute PODs & MH).</i>	Annual	Yes		
	4	Has the CCG utilised and modelled year on year assumptions as per NHS England Planning Guidance? including activity growth broadly in line with National trend assumptions, tariff efficiency and inflation etc. If not, please clearly specify rationale and impact of alternative assumptions.	Annual	Yes	National assumptions were applied to costs with then local modelling taking into consideration local QIPP schemes and activity trends. These have been agreed in all contracts	
	5	Is the CCG unidentified QIPP less than 15%? if no, state value, % of allocation and process/timescales to close this gap	Annual	Yes		
	6	CCG can confirm key risks are identified and quantified with clear and credible mitigations in place?	Annual	Yes		
	7	Can the CCG confirm it has reasonable contingencies or reserves set aside to respond to unforeseen events and they are phased appropriately?	Annual	Yes		
	9	Budgets are prepared with involvement of trained budget holders with guidance on assumptions (e.g. growth, efficiencies and inflation provided by CCG CFO); budgets are formally agreed / signed off including any budget adjustments/virements	Annual	Yes		
	10	All areas of expenditure are budgeted at a sufficiently detailed level to facilitate understanding of actual performance and enable robust financial control?	Annual	Yes		
	11	Is the finance function actively involved in service developments, procurements and wider commissioning agenda?	Annual	Yes		
	12	Is the CCG within 5% above/below target funding?	Annual	No	5.28%	
	Financial Control & Process	20	The CCG has robust process in place to provide timely realistic forecasts?	Annual	Yes	
31		The CCG can confirm Prime Financial Policies and the underpinning detailed financial policies and procedures are regularly reviewed and updated.	Annual	Yes		
32		All staff including committee staff are trained on financial governance and training record is fully documented?	Annual	Yes		
33		Delegated authorities (as set out in the CCG scheme of delegation) are built into ISFE and are regularly reviewed and updated?	Annual	Yes		
34		The CCG has clear guidance documents in place for key processes of financial control such as procurement and recruitment?	Annual	Yes		
35		All Journals are fully documented and approved by appropriate level supervisor?	Annual	Yes		
43		CCG can confirm it received a 'No material issues' opinion in the last Internal Audit report rating for "Financial Control"?	Annual	Yes		
49		The CCG Audit Committee Chair is a qualified accountant or is supported by an appropriately qualified Lay member?	Annual	Yes		
50		Audit Committee receives and follows up all internal audit reports and approves internal audit plan?	Annual	Yes		
51		Audit chair regularly meets with internal and external auditors without management present?	Annual	Yes		
Audit	52	Audit chair can confirm that lay members training needs are regularly reviewed and appropriately addressed?	Annual	Yes		
	53	Where applicable, Audit Committee can confirm that service auditor reports are received from outsourced service providers and assurance is sought that the overall control environment of the CCG is not negatively impacted through the arrangement?	Annual	Yes		
	57	CCG can confirm it has no adverse external audit findings and recommendations in the last 12 months?	Annual	Yes		
	58	Has the CCG a separate Finance & Investment Committee in place, if no what is in place to ensure strong financial governance?	Annual	Yes		
	59	Is the Chair of the Finance & Investment Committee independent?	Annual	Yes	Chair is the CCGs Chair	
	61	Is there a robust process for investment decisions and monitoring of investment implementation and delivery?	Annual	Yes		
	62	Does the investment process include a Post Implementation review stage that allows lessons learnt to be factored in to future investment proposals?	Annual	Yes		
	64	The Finance & Investment Committee chair/s report to the governing body following each meeting and have an annual review of the committee's performance?	Annual	Yes		
Governance	68	CCG to confirm there is sufficient finance skills within the GB including lay members?	Annual	Yes		
	71	Do all staff have clear roles and responsibilities that are supported by an process of performance development? i.e. including having had PDPs within the last 12 months, a clear training and development plan with CPD up to date for all applicable staff members?	Annual	Yes		
PM O Fun	76	Where QIPP Schemes require consultation, the CCG confirms consultation guidance has been followed?	Annual	Yes		
	77	Has the CCG agreed QIPP plans with its main providers as part of its agreed contract with clearly defined risk management?	Annual	Yes	Not all schemes are within contracts	

GOVERNING BODY

10 January 2019

Quality, Innovation, Productivity and Prevention (QIPP) Programme Reporting

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					
	<i>Executive Lead</i>	Jamie Wike	Director of Strategic Planning and Performance					
	<i>Author</i>	Jamie Wike	Director of Strategic Planning and Performance					
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					
	QIPP Delivery Group	22/11/18	Agreed current position on 2018/19 QIPP programme					
	Finance and Performance Committee	3/1/18	Noted the current position					
4.	EXECUTIVE SUMMARY							
4.1	The QIPP programme reporting dashboards aim to provide the Governing Body with an overview of progress and performance against the schemes within the CCG QIPP/Efficiency Programme. The progress of each scheme has been reviewed by the QIPP Delivery Group and the dashboards have been reviewed by the Finance and Performance Committee and are therefore presented for assurance and information.							
4.2	The dashboards attached at appendix 1 and 2 have been designed to provide a high level overview of current delivery of the QIPP programme to the Governing Body. Appendix 1 provides an overview of progress with delivery of QIPP schemes/projects that are being implemented during 2018/19. Appendix 2 provides a summary of the performance against key performance indicators for those schemes which have been implemented and are expected to deliver							

	<p>benefits and efficiencies during the year.</p> <p>Details of the current assessment of the financial position against the CCG efficiency programme are included within the Integrated Performance Report. The position as at 30 November 2018 is that schemes are expected to deliver £11.6m against the £11.5m target.</p> <p>The QIPP Delivery Group will continue to review progress and identify mitigations for 2018/19 where there is any deterioration against the forecast position.</p>
5.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Note the content of the dashboard and identify any specific actions that the committee agree in relation to the QIPP/Efficiency Programme. • Note the current position against the £11.5m target.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix 1 & 2 – QIPP Reporting and Escalation Dashboards

Agenda time allocation for report:	<i>10 minutes.</i>
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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:	6
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	Y
	2 - Primary Care	Y
	3 - Cancer	Y
	4 - Mental Health	Y
	5 - Integrated Care System (ICS)	N
	6 - Efficiency Plan	Y
	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
	Whilst no financial evaluation form has been completed and there are no direct financial implication relating to this report, the report and proposed dashboard will provide an overview of financial performance against the CCG efficiency plans. The Integrated Performance Report provides further details relating to current reported financial performance against the CCG Efficiency Plan.	
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

Quality Innovation Productivity and Prevention (QIPP) Programme Reporting and Escalation Dashboard

This monthly QIPP programme dashboard is intended to be used to provide an overview of current delivery of the QIPP programme. Appendix 2 and the Integrated Performance Report provides a further source of assurance in relation to delivery of the specific areas of the QIPP programme which contribute to the CCG efficiency programme.

QIPP Schemes and Projects

	Project Status (RAG)	Commentary
Demand Management	A	This scheme is rated as amber due mainly to changes to the original implementation timescales as a result of Doncaster CCG agreeing a later implementation timescale with providers. There is also variation across SYB in the adoption of policies which may lead to a lack of adherence to the policies across secondary care providers - this will be monitored through the year.
Get Fit First	G	The policy is now in place along with arrangements for referral of patients to support services for weight management and exercise have been established. Monitoring arrangements have been refined along with those for other demand management schemes to enable measurement of the activity and finance reductions associated with GFF.
Medicines Optimisation	G	The 2018/19 Medicines Optimisation Plan linked to the PDA is on track with all work areas progressing as plan.
Medicines Safety, Ordering and Waste (MSOW)	G	The MSOW programme is on track and working on a phased approach to roll out across all GP practices.
Optometry First	G	The service went live October 2018 and it is expected that this project will be closed by the QDG once monitoring data begins to flow and monitoring of the KPI's will then be undertaken through contracting arrangements

RAG - Red = Off track, significant risk to delivery - Amber = Off track but plans to recover - Green = On track

2018/19 QIPP Schemes

Appendix 2

DEMAND MANAGEMENT

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Total YTD Total 2018/19

Demand Management																
Get Fit First	Baseline	8,034	9,488	9,299	8,814	8,631	8,631	9,422	8,726	7,115	8,195	7,398	7,545	62,319	101,297	
	2018/19	8,018	8,412	7,797	8,212	7,833	7,632	8,916						56,820	56,820	
	Actual Reduction/Increase	-16	-1,076	-1,502	-602	-798	-999	-506								-5,499
	Variance to Baseline	-0.2%	-11.3%	-16.2%	-6.8%	-9.2%	-11.57%	-5.37%								-9%
	Actual Cost Reduction/Increase	-£198,014	-£196,394	-£317,478	-£205,080	-£104,014	-£86,975	£23,944								-£1,084,011

Demand Management																
Clinical Thresholds - Procedures	Baseline	846	934	1,067	911	1,003	913	986	1,002	751	779	897	768	6,660	10,857	
	2018/19	874	973	917	900	810	755	816						6,045	6,045	
	Actual Reduction/Increase	28	39	-150	-11	-193	-158	-170								-615
	Variance to Baseline	3%	4%	-14%	-1%	-19%	-17%	-17%								-9%
	Actual Cost Reduction/Increase	-£11,049	£6,468	-£332,703	-£70,815	-£358,756	-£436,407	-£406,287								-£1,609,549

Demand Management																
Acupuncture	Baseline	312	312	312	312	312	312	312	312	312	312	312	312	2,186	3,747	
	2018/19	275	245	264	249	258	42	80						1,413		
	Expected Reduction	0	0	0	0	0	0	-309	-297	-210	-302	-292	-258			-1,668
	Actual Reduction/Increase	-37	-67	-48	-63	-54	-270	-232								-773
	Variance to Baseline	-12%	-22%	-15%	-20%	-17%	-87%	-74%								-35%
	Actual Reduction/Increase	-£2,293	-£4,381	-£3,233	-£4,313	-£3,623	-£14,894	-£12,756								-£45,493

Demand Management - Get Fit First															
No of referrals from GP to smoking cessation programme		26	15	19	12	23	24	17							136

Demand Management - Get Fit First															
No of referrals from GP to weight loss programme		55	65	43	39	17	51	24							294

PEARS

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Total YTD Total 2018/19

Contract Change															
PEARS (c/fwd from 2017/18)	Baseline	161	161	161	161	161	161	0	0	0	0	0	0	966	966
	2018/19	2	1	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	4	
	Expected Reduction	-97	-97	-97	-97	-97	-97	0	0	0	0	0	0		-580
	Actual Reduction/Increase	-159	-160	-161	-161	-160	-161	N/A	N/A	N/A	N/A	N/A	N/A	-962	
	Variance to Baseline	-99%	-99%	-100%	-100%	-99%	-100%	0%	0%	0%	0%	0%	0%	-100%	
	Variance to Baseline	-£7,950	-£8,000	-£8,050	-£8,050	-£8,000	-£8,050	N/A	N/A	N/A	N/A	N/A	N/A		-£48,100

GOVERNING BODY

10 January 2019

Governing Body Work Plan/Agenda Timetable 2019/20

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><i>Decision</i></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;"><i>Approval</i></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;"><i>Assurance</i></td> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;"><i>Information</i></td> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>		
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>				
2.	REPORT OF										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;"><i>Name</i></th> <th style="width: 35%;"><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>Richard Walker</td> <td>Head of Governance and Assurance</td> </tr> <tr> <td><i>Author</i></td> <td>Kay Morgan</td> <td>Governance and Assurance Manager</td> </tr> </tbody> </table>			<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance	<i>Author</i>	Kay Morgan	Governance and Assurance Manager
	<i>Name</i>	<i>Designation</i>									
<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance									
<i>Author</i>	Kay Morgan	Governance and Assurance Manager									
3.	EXECUTIVE SUMMARY										
	<p>This report is to provide the Governing Body with the Governing Body Work Plan/Agenda timetable for 2019/20</p> <p>As part of governance and assurance processes the Governing Body is required to have a timetable of agenda items and plan of its work. It was agreed that the work plan would be submitted to the Governing Body on a quarterly basis for review and update as appropriate.</p>										
4.	THE GOVERNING BODY IS ASKED TO:										
	<ul style="list-style-type: none"> • Note the Governing Body Work Plan/Agenda timetable and make any amendments as necessary. 										
5.	APPENDICES										
	<ul style="list-style-type: none"> • Appendix A – <i>GB Work Plan/ Agenda Timetable 2019/20</i> 										

Agenda time allocation for report:	<i>5 minutes.</i>
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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:	9.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	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

**GOVERNING BODY – PUBLIC SESSION
ASSURANCE WORK PLAN/AGENDA TIMETABLE 2018/2019**

AGENDA ITEMS	Exec Lead	Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20
OPENING BUSINESS										
Quoracy		✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient Story	MT	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest Report	RW	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient & Public Involvement Activity Report	KW	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes of previous GB/Pu meeting		Jul-18	Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19
Matters Arising Report		✓	✓	✓	✓	✓	✓	✓	✓	✓
STRATEGY										
Report of the Chief Officer, inc as required: <ul style="list-style-type: none"> • SY&B ICS Updates • SYB Hospital Services Review • Assurance Letters from NHSE • NHSE IAF outcomes 	LS	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barnsley Integrated Care Update	JB	✓	✓	✓	✓	✓	✓	✓	✓	✓
Commissioning Intentions	JW				✓					
Urgent & Emergency Care Update	JW			✓			✓			✓
Primary Care Update, to include as necessary: <ul style="list-style-type: none"> • GP 5 Year Forward View • PDA 	JH			✓			✓			✓
Cancer Update	LS		✓			✓			✓	
Mental Health Update	PO	✓			✓			✓		
Transforming Care Update	MT		✓		✓			✓		
Maternity Update	PO			✓			✓			✓
QUALITY & GOVERNANCE										
Quality Highlights Report	MT	✓	✓	✓	✓	✓	✓	✓	✓	✓
Commissioning of Children's Services quarterly monitoring reports including child sexual exploitation	PO		✓			✓			✓	

AGENDA ITEMS		Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20
Risk and Governance Exception Reports, to include:	RW	✓ Ex Full	✓ Full Ex ✓	✓ Ex Ex	✓ Full Full	✓ Ex Ex ✓	✓ Full Ex	✓ Ex Full	✓ Full Ex ✓	✓ Ex Ex
<ul style="list-style-type: none"> Governing Body Assurance Framework Corporate Risk Register Register of Interests & Register of Gifts Hospitality IG / GDPR / Cyber Update Policies – as required Constitution changes - as required EPRR & Business Continuity 	JW	✓			✓			✓		
Updating of Governing Body Assurance Work Plan/Agenda Timetable	RW	✓		✓		✓		✓		✓
Terms of Reference (AC, FPC, QPSC, EEC, RC, PCCC, ICOPC)	RW	✓						✓		
Committee Annual Assurance Reports for AC, F&P, Q&PSC, E&EC and PCCC	RW				✓					
Annual Report & Accounts To EO meeting 23 May 2019	RN									
FINANCE & PERFORMANCE										
Integrated Performance Report	RN/JW	✓	✓	✓	✓	✓	✓	✓	✓	✓
QIPP Delivery Update	JW	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019/20 Budgets	RN			✓	✓					
Operational and Financial Plan 2019-2020	RN/JW				✓					
Contracts 2019/20	RN				✓					
Hospice Grant	RN					✓				
MISCELLANEOUS ITEMS										
Hospital Services Review (HSR) Strategic outline case (SOC)	NB/LS	✓								
Patient Partner Evaluation	CM	✓								
Lower GI Pathway	MS	✓								
Over the Counter Medicines	CL	✓								

AGENDA ITEMS		Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20
Rapid Access Clinic – Outcome of Review	AA		✓							
Yorkshire & Humber Access to Infertility Treatment Policy	MT		✓							
Cancer Development Proposal	KH			✓						
Mental Health 5 Year Forward View Business Case	PO			✓						
Management of Serious Incidents Policy	MT			✓						
<i>To be added to agendas as required</i>										
COMMITTEE MINUTES & HIGHLIGHTS REPORTS										
Minutes of Audit Committee		26/07	25/10		24/01	21/03 18/04	20/05			
Minutes of Finance and Performance Committee		5/7/18 2/8/18	6/9/18 4/10/18	1/11/18 06/12/18	3/1/19 7/2/19	7/3/19 4/4/19	2/5/19 6/6/19		9/19 10/19	11/19 12/19
Minutes of Quality & Patient Safety Committee		19/07/18	30/08/18	11/10/18	06/12/18	21/2/19	25/4/19	20/6/19	15/8/19	
Assurance Report / Minutes of Equality and Engagement Committee				16/8/18	15/11/18		14/2/19	16/5/19	18/7/19	
Primary Care Commissioning Committee Assurance Report / Minutes		✓	✓	✓ 27/9/18	✓ 29/11/18	✓ 31/1/19	✓ 28/3/19	✓ 30/5/19	✓ 25/7/19	✓
Minutes of Membership Council		3/7/18	18/9/18	20/11/18	22/1/19	19/3/19	21/5/19	23/7/19	09/19	11/19
Minutes of Health and Well Being Board (Refer Peter Mirfin at the BMBC)		7/8/19	2/10/18	04/12/18	5/2/19	9/4/19	✓	✓	✓	✓
Minutes of the PUBLIC Joint Committee of Clinical Commissioning Groups (meets Bi-monthly – NB often cancelled)			✓	✓		✓		✓		
Minutes of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan Collaborative Partnership Board.		✓	✓	✓	✓	✓	✓	✓	✓	✓
CLOSING BUSINESS										
Questions from the Public		✓	✓	✓	✓	✓	✓	✓	✓	✓
Reflection on how well the meeting's business has been conducted		✓	✓	✓	✓	✓	✓	✓	✓	✓

Close meeting and move into Private Session											
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**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group
 FINANCE & PERFORMANCE COMMITTEE held on Thursday 1 November 2018 at
 10.30am in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley S75 2PY.**

PRESENT:

Dr John Harban (Chair)	- Elected Member Governing Body - Contracting
Jamie Wike	- Director of Strategic Planning & Performance
Dr Andrew Mills	- Membership Council Member

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
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APOLOGIES:

Dr Nick Balac	- Chair
Lesley Smith	- Chief Officer
Dr Adebowale Adekunle	- Elected Member Governing Body – Audit Committee
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
Nigel Bell	- Lay Member Governance
Roxanna Naylor	- Chief Finance Officer

Agenda Item		Action & Deadline
FPC18/197	QUORACY	
	The meeting was not quorate but as there were no decisions to make it was agreed to go ahead as planned.	
FPC18/198	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.	
FPC18/199	MINUTES OF THE PREVIOUS MEETING HELD ON 4 OCTOBER 2018 – Approved.	
FPC18/200	MATTERS ARISING REPORT	
	18/180 – Matters Arising	
	An update was given on Optometry First noting that the CCG can only require opticians who we hold contracts with to refer to the service and we cannot enforce others to refer.	

	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • Have a list of opticians we don't hold contracts with and bring back the Committee for further debate. • Optometry First isn't on choose and book, needs to be on there for GP's to refer to. <p>18/174 – Integrated Performance Report</p> <p>Dr J Harban gave an update on the Breathe Service noting that a meeting had been held and a remedial action plan had been received which the CCG had made some alterations to, including the request that a Breathe Nurse is in the department for 9 hours, a spot check was carried out and this was not found to be happening. Ongoing monitoring of performance and the contract was taking place as part of the formal contract arrangements.</p> <p>18/183 – Areas of Escalation to GB</p> <p>It was reported that the Chair and Chief Officer had discussed with Patrick Otway about CAMHS following a Governing Body report and discussion and what was being done further. It was reported that a deep dive/further report would be done and would come back to Governing Body.</p>	<p>RN</p> <p>RN</p>
FPC18/201	UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE	
	<p>An update was provided to the group around NHS National Planning Guidance and 2019 National Tariff Guidance Update. It was reported that we were asked to plan at ICS level, with operational plans at each of the 5 places in South Yorkshire and Bassetlaw coming together to form the year 1 baseline for the ICS plan and that commissioner and provider plans will be required to match. A timeline was included within the report.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report • Note that further updates will be provided once national guidance is available. • Note the potential financial risk of national tariff changes if these are not cost neutral between commissioners and providers. 	
FPC18/202	UPDATE ON CONTRACTING CYCLE	
	<p>The Director of Strategic Planning and Performance gave an update on the contracting cycle. It was noted that a response was still awaited on the BHNFT Ophthalmology action plan and questions raised. It was reported that processes were in place to revise the structure and agenda for the Alliance Management Team and was now expected to include contract</p>	

	<p>management/performance issues of the pillar contracts, which will give the CCG the assurance that contracts are performing as intended.</p> <p>An update was given on Thames Ambulance Service noting that a contract performance notice has been issued on the 9 October following concerns regarding performance of the contract. It was reported that the CQC have highlighted concerns and an action plan was in place to address these issues.</p> <p>It was noted that iHeart had transferred to an APMS contract.</p> <p>Month 6 data was still showing pressures in non-electives and work was still ongoing on coding issues.</p> <p>It was reported that the NHS 111 procurement was still ongoing and the lead commissioner for this was Greater Huddersfield CCG, final bids were expected by 25 October 2018 and further updates would be given once available.</p> <p>The Committee were asked to note the report including:</p> <ul style="list-style-type: none"> • the update of outstanding issues relating to 2017/18 • the update on the Alliance Contract • the progress on 2018/19 contracts • the contract performance notices issued and updated action plans • the risk relating to patient transport discharge services • the update on the NHS 111 IUC procurement • the update on the Hyper Acute Stroke Unit and Acute Stroke unit reconfiguration • the update on non-contracted activity with Spa Medica 	
<p>FPC18/203</p>	<p>APPROVAL AND OR UPDATE ON PROCUREMENTS</p>	
	<p>It was reported there were no current open procurements. A highlight report was circulated with the paper giving an update on Integrated Care with an appendix of a letter sent to Moira Dumba in relation to a pause on the Integrated Care procurement element for the moment but the intention is still to develop and work together.</p>	
<p>FPC18/204</p>	<p>INTEGRATED PERFORMANCE REPORT</p>	
	<p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report with the following areas highlighted with exception:</p> <ul style="list-style-type: none"> • The number of people completing treatment, moving to recovery (IAPT) 	

	<ul style="list-style-type: none"> • The number of people waiting longer than 2 weeks following urgent referral with breast symptoms (not initially suspected to be cancer) • The number of people waiting longer than 31 days from diagnosis to initial treatment <p><u>Finance</u></p> <p>The Director of Strategic Planning and Performance presented the finance section of the report to Committee highlighting that the CCG are forecasting to achieve all financial duties. It was reporting that as of the 30 September was that all efficiency schemes were expected to deliver £11.2m against the £11.5m target with other in year mitigations closing the gap to ensure full delivery.</p> <p>The Committee were asked to receive the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • projected delivery of all financial duties, predicated on the assumptions outlined in this paper • the current forecast position on the CCG’s efficiency programme and in-year mitigations identified to ensure the target of £11.5m is achieved. 	
<p>FPC18/205</p>	<p>QIPP PROGRAMME REPORTING</p>	
	<p>The Director of Strategic Planning and Performance presented an update on the QIPP Programme to the Committee. As reported in the previous item as of the 30 September was that all efficiency schemes were expected to deliver £11.2m against the £11.5m target with other in year mitigations closing the gap to ensure full delivery. All schemes were reporting green with the exception of 1 amber for demand management which was rated amber due to changes to the original implementation timescales as a result of Doncaster CCG agreeing a later implementation timescale with providers.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Note the content of the dashboard and identify any specific actions that the committee agree in relation to the QIPP/Efficiency Programme. • Note the current position against the £11.5m target. • Agree the content of the dashboard and any risks for escalation for presentation to Governing Body. 	
<p>FPC18/206</p>	<p>ASSURANCE FRAMEWORK</p>	
	<p>The Director of Strategic Planning and Performance presented the Assurance Framework to the Committee. There were no new risks to report.</p>	

	<p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the risks on the 2018/19 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. 	
FPC18/207	RISK REGISTER	
	<p>The Director of Strategic Planning and Performance presented the Risk Register to the Committee. There were no new risks to report.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • Review the Finance and Performance Committee Risk Register 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 	
FPC18/208	MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD – no minutes available	
FPC18/209	MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD 20.9.18 – meeting cancelled	
FPC18/210	<p>MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP 16.7.18 and 6.9.18 – noted minutes, Dr A Mill picked up that not much detail around CAMHS given the recent discussions.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Director of Strategic Planning and Performance to pick this up with Patrick Otway and the Chief Finance Officer. 	JW
FPC18/211	MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP –	

	no minutes available.	
FPC18/212	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Director of Strategic Planning and Performance presented the report the Committee. The Committee were asked to note that the following decisions to commit expenditure were taken by Management Team during October 2018:</p> <ul style="list-style-type: none"> • Agreed £15k interim funding to the end of 2018/19 to maintain the Supportive Care at Home function following withdrawal of Marie Curie funding. <p>The Committee received and noted the report.</p>	
FPC18/213	NEXT YEARS MEETING DATES – noted and in diaries.	
FPC18/214	ANY OTHER BUSINESS	
	No items were raised under this heading.	
FPC18/215	AREAS OF ESCALATION TO GOVERNING BODY - None	
FPC18/216	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED – good and finished well within time.	
FPC18/217	DATE AND TIME OF NEXT MEETING	
	Thursday 6 December 2018 at 10.30 am in the Boardroom at Hillder 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 6 December 2018 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
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body – Audit Committee
Jamie Wike	- Director of Strategic Planning & Performance
Nigel Bell	- Lay Member Governance
Dr Andrew Mills	- Membership Council Member

IN ATTENDANCE:

Leanne Whitehead	- Executive Personal Assistant
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APOLOGIES:

Lesley Smith	- Chief Officer
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
FPC18/218	QUORACY	
	The meeting was declared quorate.	
FPC18/219	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.	
FPC18/220	MINUTES OF THE PREVIOUS MEETING HELD ON 1 NOVEMBER 2018 – Approved.	
FPC18/221	MATTERS ARISING REPORT	

FPC18/180 Matters Arising – Optometry First Update

The Chief Finance Officer reported that an update had been emailed to members following the previous meeting in relation to top referrers and that one of the referrers had been approached to ask why they use Spa Medica and the feedback was that this was a choice made by the patients based upon waiting times but they were signed up to Optometry First. It was noted that there was a potential issue around the Trust communications on Optometry First but this was being picked up.

FPC18/174 Integrated Performance Report

Dr J Harban gave an update on the Breathe Service and it was noted that a remedial action plan for the service was in place and being monitored on a regular basis. The next area to look at is Pulmonary Rehabilitation and he has requested that a joint investigation take place re referrals, access and completion rates.

FPC18/179 Minutes of the SWYPFT CMB

It was reported that the issue around membership of the CQB and CMEB had been resolved and that the Associate Medical Director would sit on these meetings and would chair the CQB. It was also agreed that Dr Mark Smith should also attend the CMEB meetings and should prioritise this over the Quality and Patient Safety Committee which has strong clinical representation on the membership.

Agreed Actions:

- **Chief Finance Officer to check out attendance for Dr Mark Smith.**

FPC18/171 Update on Contracting Cycle

It was noted that contract guidance was expected in December therefore contracting discussions would be deferred until January.

FPC18/210 Minutes of the Children’s Executive Commissioning Group

It was reported that there were CAMHS discussions at ECG meetings but these were not in depth. It was noted that the Head of Commissioning (MH, Children, Specialised) had a further contracting meeting with commissioners and providers around CAMHS and that meetings minutes may be better placed to come the Committee for information. It was reported that a further update on CAMHS was coming to Governing Body in January and that the Chief Officer had discussed with the Head of Commissioning what the Governing Body wanted to see. It was noted that discussions were also being had in relation to the

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	<p>intensive support team going into CAMHS and the support around this.</p> <p>Agreed Actions:</p> <ul style="list-style-type: none"> • Chief Finance Officer to look in to having minutes of the CAMHS Contracting meetings to the Committee for information. • Draft CAMHS report for January Governing Body to go to the Chair prior to circulation. • Check if Dr Mark Smith is involved in CAMHS discussions with the Head of Commissioning. 	<p>RN</p> <p>RN</p> <p>RN</p>
<p>FPC18/222</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 that the CCG are forecasting to achieve all financial duties. Reflected within the position is a £1m increase in the CCG’s surplus as agreed at Novembers Private Governing Body and with NHS England. It was noted that there was pressure from the Trust. The Chief Finance Officer reported that the CCG were looking to carry out an audit of the Trusts clinical coding and this would take place in January and report back in February, it will take random samples from the information that has been recoded. Terms of reference had been done for the company carrying out the audit and clinical input was included. Further updates would follow. An update was given on QIPP and most projects were above plan, there was only BREATHE causing any issues on QIPP at the moment, which the committee is fully briefed on.</p> <p><u>Performance</u></p> <p>The Director of Strategic Planning and Performance updated members on the performance section of the report with the following areas highlighted with exception:</p> <ul style="list-style-type: none"> • The number of people waiting longer than 2 weeks following urgent referral with breast symptoms (not initially suspected to be cancer) • The number of people waiting longer than 62 days following an urgent referral from a GP • The number of people waiting longer than 62 days following a referral from a screening service <p>It was reported that there may be some changes around reporting for cancer diagnosis.</p> <p>It was noted that discussion was planned at Clinical Forum around the urology 2 weeks wait referrals and the new specification for</p>	

	<p>this.</p> <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> • 2018/19 performance to date • projected delivery of all financial duties, predicated on the assumptions outlined in this paper • the current forecast position on the CCG's efficiency programme 	
FPC18/223	MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS	
	<p>The Director of Strategic Planning and Performance presented the report the Committee. The Finance & Performance Committee is asked to note that the following decisions to commit expenditure were taken by Management Team during November 2018:</p> <ul style="list-style-type: none"> • Agreed £5k contribution towards the cost of KPMG facilitated provider workshops. <p>The Committee received and noted the report.</p>	
FPC18/224	ANY OTHER BUSINESS	
	No items were raised under this heading.	
FPC18/225	REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED	
	The meeting went well and ran to time.	
FPC18/226	AREAS OF ESCALATION TO GOVERNING BODY	
	It was noted that CAMHS was coming in January for further update and discussion and following Clinical Forum there could be something around urology but dependent on discussion at that forum first.	
FPC18/227	DATE AND TIME OF NEXT MEETING	
	Thursday 3 January 2019 at 10.30 am in the Boardroom at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	

**Minutes of the NHS Barnsley Clinical Commissioning Group
 QUALITY & PATIENT SAFETY COMMITTEE
 Thursday 11 October 2018, 13:00pm-15:00pm
 Meeting Room 1, Hilder House**

PRESENT:

Dr Sudhagar Krishnasamy	- Associate Medical Director (Chair)
Martine Tune	- Chief Nurse (Acting)
Chris Millington	- Lay Governing Body Member for Public and Patient Engagement
Mike Simms	- Governing Body Secondary Care Doctor
Dr Ibrar Ali	- Membership Council Representative
Chris Lawson	- Head of Medicines Optimisation
Dr Mark Smith	- SWYPFT Contracting Lead from the Governing Body

IN ATTENDANCE:

Richard Walker	- Head of Governance and Assurance
Sarah MacGillivray	- Head of Quality
Lynne Richards	- Primary Care Transformation Manager
Paige Dawson	- Quality Administrator (minutes)

APOLOGIES:

Hilary Fitzgerald	- Quality Facilitator
Dr Shahriar Sepehri	- Membership Council Representative

Agenda Item	Note	Action	Deadline
Q&PSC 11/10/01	APOLOGIES & QUORACY		
	The meeting was declared quorate. The above apologies were noted.		
Q&PSC 11/10/02	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	No declarations of interest relevant to the agenda were declared.		

Agenda Item	Note	Action	Deadline
Q&PSC 11/10/03	PATIENT STORY		
	<p>A member of the Committee shared a story about a patient's experience after they injured their knee. In this case, the patient was also a clinician.</p> <p>The story highlighted the need for clear communication between patients and doctors even when the patient is medically qualified. For example, Consultants and Physiotherapists should not assume that a clinician from another specialty has the same level of clinical knowledge as they do, such as how to use crutches. This highlighted that all patients should be given the same advice and information.</p>		
Q&PSC 11/10/04	MINUTES OF THE PREVIOUS MEETING - 30/08/18		
	<p>The minutes from the meeting on 30 August 2018 were approved as an accurate record.</p> <p>The Chief Nurse (Acting) stated that in relation to the new Working Together to Safeguard Children arrangements an initial meeting with the Local Authority, Barnsley CCG and South Yorkshire Police had taken place where it was agreed that the independent Safeguarding Chair will develop proposals to progress this matter for discussion/agreement at a future meeting.</p>		
Q&PSC 11/10/05	MATTERS ARISING REPORT		
	<p><u>19/07/07 – Risk Register and Assurance Framework</u> The Head of Medicines Optimisation confirmed the discharge medication meeting date had been scheduled for 11 September 2018.</p> <p><u>11/10/18 – To be discussed at item 11/10/06 – closed off the Matters Arising.</u></p> <p><u>19/07/09 - Patient Group Directions (PGDS)</u> The Head of Medicines Optimisation confirmed that the CCG has not yet received a response back.</p> <p><u>11/10/18 – The Head of Medicines Optimisation confirmed that as consent had been added to BHNFT's PGDs, this could be removed from the Matters Arising.</u></p>		

Agenda Item	Note	Action	Deadline
	<p><u>30/08/07 – Quality Metrics report</u> - It was agreed that the Primary Care Transformation Manager would circulate an overview of the current CQC ratings for all GP practices in Barnsley to Q&PSC members to help put into context which practices are performing well.</p> <p><u>11/10/18</u> - The Primary Care Transformation Manager confirmed that the CQC ratings had been circulated with the Primary Care update; therefore, this could be removed from the Matters Arising.</p> <p><u>30/08/08 – GP patient survey</u> - It was agreed that the Primary Care Transformation Manager will share the survey results in the Primary Care Newsletter and individual practice findings will be recorded within the Quality Dashboard of each GP practice.</p> <p><u>11/10/18</u> – It was confirmed that this action had been completed.</p> <p><u>30/08/08 – GP patient survey</u> - The results will be examined by Primary Care Quality Improvement Group to identify what more can be done to support practices to improve.</p> <p><u>11/10/18</u> – The Chief Nurse (Acting) confirmed that this will be escalated at the next Primary Care Quality Improvement Group and could therefore be removed from the Matters Arising.</p> <p><u>30/08/08 - SWYPFT CQC Findings Presentation</u> – It was also agreed that the Chief Nurse (Acting) and the SWYPFT Contracting Lead from the Governing Body will liaise with Patrick Otway, Head of Commissioning (Mental Health, Children’s, Maternity and Specialised Services), BCCG to gain more assurance in relation to SWYPFT’s mental health services.</p> <p><u>11/10/18</u> – The Committee members had not yet had chance to liaise regarding this matter. It was agreed to defer this action to the next meeting.</p> <p><u>30/08/10 - Neuro Rehabilitation Unit Care Pathway</u> - It was agreed that the Chief Nurse (Acting) will provide the Committee with any feedback regarding the visit to the Neuro Rehabilitation Unit.</p>	<p>MT/MS</p>	<p>Dec 18</p>

Agenda Item	Note	Action	Deadline
	<p><u>11/10/18</u> – The Chief Nurse (Acting) stated that she felt assured of the processes/procedures in place at the Unit. Therefore, this could be removed from the Matters Arising.</p> <p><u>30/08/12</u> - Updated Q&PSC Terms Of Reference - It was also agreed that the Chief Nurse (Acting), the Head of Governance and Assurance and the Head of Medicines Optimisation will meet to discuss whether the Terms of Reference (TOR) for the Area Prescribing Committee and Primary Care Quality and Cost Effective Prescribing Group should be presented at Q&PSC.</p> <p><u>11/10/18</u> – it was confirmed that the TOR for the Area Prescribing Committee and Primary Care Quality and Cost Effective Prescribing Group should be presented to Q&PSC in future.</p> <p><u>30/08/15</u> – Clinical Quality Board CQB - It was agreed that the Chief Nurse (Acting) and the SWYPFT Contracting Lead from the Governing Body will investigate and pick up the IFR issues outside Q&PSC.</p> <p><u>11/10/18</u> – The Chief Nurse (Acting) raised a recent issue in relation to a particular IFR case. It was agreed that this issue should be circulated via the next BHNFT CQB and it was also agreed for the Chair to contact Dr Nussbaumer about the issue.</p>	<p>MT/SK</p>	<p>Dec 18</p>
QUALITY AND GOVERNANCE			
Q&PSC 11/10/06	RISK REGISTER & ASSURANCE FRAMEWORK (STANDING ITEM)		
	<p>The Head of Governance and Assurance presented for assurance the relevant extract from the Assurance Framework and Risk Register. The key items for the Committee to note were as follows:</p> <ul style="list-style-type: none"> Patrick Otway, the Head of Commissioning (Mental Health, Children’s, Maternity and Specialised Services), BCCG has proposed a new risk to be added to the Risk Register in relation to SWYPFT’s CQC rating. The Committee agreed for the risk to be added to the Register. 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> The Head of Quality raised an issue regarding the serious incident reporting from YAS that had been flagged by Sheffield CCG in relation to risk 15/07. It was confirmed that there had been two cases (not Barnsley patients) resulting in death that YAS should have logged as serious incidents immediately. One incident occurred in January 2018 and the other incident occurred in March 2018. However, both were not logged until August 2018 after the Coroner highlighted the seriousness of the incidents. Sheffield CCG has queried these cases with YAS and is unhappy with their response. It was agreed that the Head of Quality will liaise further with Sheffield CCG to gain more assurance around YAS' serious incident reporting systems. The Head of Medicines Optimisation highlighted in relation to risk 14/15 that a meeting had taken place at BHNFT regarding Discharge Medication in September 2018. The outcome of the meeting was that BHNFT will undertake an audit on their medications. This will be reviewed at a meeting scheduled for October 2018 at BHNFT. The Head of Medicines Optimisation will keep the Committee updated on this matter. 		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> It was agreed that the Head of Quality will liaise further with Sheffield CCG to gain more assurance around YAS' serious incident reporting systems. Discharge Medication - The Head of Medicines Optimisation will keep the Committee updated on this matter. 	<p>SMac</p> <p>CL</p>	<p>Dec 18</p> <p>Dec 18</p>
<p>Q&PSC 11/10/07</p>	<p>MONTHLY QUALITY METRICS REPORT – (STANDING ITEM)</p>		
	<p>The Chief Nurse (Acting) presented the Quality Metrics report which focused on patient experience. The Committee was assured in relation to this section of the report.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Primary Care Transformation Manager then presented the Primary Care section of the Quality Metrics report. It was highlighted that:</p> <ul style="list-style-type: none"> The telephone lines for the Barnsley iHEART service will open at 4pm until 6.30pm to book appointments with the extended access service. The face to face appointments will run from 6.30pm until 10.30pm. The CCG has requested an action plan from Dodworth Medical Practice (Apollo Court) to address the areas highlighted within their CQC report and this is currently outstanding. The CCG Primary Care Team has offered support with action planning. It was confirmed that the CQC undertook a follow up visit to the Practice a week after the initial inspection visit. The CQC found that the immediate and urgent safety concerns to patients that they had previously identified have been eliminated. The Primary Care Transformation Manager confirmed that the CCG's Chief Officer and the Chair are sighted on the CQC report. The Committee agreed that a risk needed to be added to the risk register in relation to this matter. 		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> The Primary Care Transformation Manager and the Head of Governance and Assurance to meet to agree wording for a new risk to be added to the risk register in relation to Dodworth Medical Practice (Apollo Court). 	<p>LR/RW</p>	<p>Dec 18</p>
<p>Q&PSC 11/10/08</p>	<p>YORKSHIRE & HUMBER ACCESS TO INFERTILITY TREATMENT POLICY</p>		
	<p>The Chief Nurse (Acting) notified the Committee that the Policy had been amended to make the Policy more equitable following the outcome of a previous legal challenge. The Committee were asked for a clinical view on the robustness of the Policy.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Committee agreed that they were satisfied with the Policy subject to changes to the wording <i>'the policy has been enhanced to offer funding to couples in a same sex relationship without having to demonstrate they have self-funded other trials'</i> needs to be made clearer.</p>		
	<p>Agreed actions:</p> <ul style="list-style-type: none"> The Chief Nurse (Acting) will report the Committee's comments about the Policy to the Yorkshire and Humber Women's and Children's Services team. 	<p>MT</p>	<p>Dec 18</p>
<p>Q&PSC 11/10/09</p>	<p>SERIOUS INCIDENT POLICY</p>		
	<p>The Committee agreed to adopt this Policy.</p> <p>The Chief Nurse (Acting) thanked the Head of Quality and Quality Facilitator for the work involved in updating this Policy.</p>		
<p>Q&PSC 11/10/10</p>	<p>NHS 111 - CHANGES TO PATHWAYS REGARDING ASSESSMENT FOR SEPTICAEMIA/MENINGITIS</p>		
	<p>The Chief Nurse (Acting) stated that this document was for information only. There were no items to raise.</p>		
<p>Q&PSC 11/10/11</p>	<p>SY&B QUALITY SURVEILLANCE GROUP UPDATE – 19/09/18</p>		
	<p>There were no items to raise.</p>		
<p>Q&PSC 11/10/12</p>	<p>ELECTRONIC REPEAT DISPENSING (eRD) MONITORING</p>		
	<p>The Head of Medicines Optimisation highlighted that eRD is a process that allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to hand sign authorised repeat prescriptions each time. eRD allows the prescriber to authorise and issue a batch of repeat prescriptions electronically, which the patient then collects via their nominated Pharmacy, until the patient needs to be reviewed.</p>		

Agenda Item	Note	Action	Deadline
	<p>Post meeting note – The eRD protocol, which was endorsed by the Q&PSC, is being used by the Medicines Ordering Safety and Waste team to monitor the quality of eRD. Results of the monitoring will be taken to the LPC and APC.</p> <p>The Lay Governing Body Member for Public and Patient Engagement queried the suggested telephone script used to contact patients by the Medicines Management Team. The Head of Medicines Optimisation confirmed that she will go through this more thoroughly with the Lay Governing Body Member for Public and Patient Engagement outside the meeting.</p>		
COMMITTEE REPORTS AND MINUTES GENERAL			
Q&PSC 11/10/13	MINUTES OF THE 08 AUGUST 2018 AREA PRESCRIBING COMMITTEE (APC)		
	<p>For information - It was highlighted that concerns were raised at the August 2018 APC about an increasing number of patients are being prescribed Saxenda® (Liraglutide) by the specialist weight management service without the submission of a new product application to the APC. All prescribers have signed up to follow the Barnsley area formulary and clinicians appear not be following it, which is worrying and causing confusion to patients.</p> <p>Post meeting note – this has been raised at the APC and a new product application submitted. A red traffic light classification has been proposed indicating that prescribing will be managed by the specialist at BHNFT and the weight management service. BHNFT are taking a business case through the relevant Committees at the hospital due to the financial impact. BHNFT representatives will report back to the APC on the outcome. No new patients will be initiated on Saxenda until a decision has been made.</p>		

Agenda Item	Note	Action	Deadline
Q&PSC 11/10/14	MINUTES OF THE 26 JULY 2018 PRIMARY CARE QUALITY & COST EFFECTIVE PRESCRIBING GROUP MEETING		
	For information.		
Q&PSC 11/10/15	CLINICAL QUALITY BOARDS: <ul style="list-style-type: none"> • ADOPTED SWYPFT MINUTES – 25 JULY 2018 • BHNFT CQB – 4 OCT 2018 CANCELLED 		
	<p>The SWYPFT minutes for 25 July 2018 were presented for information. No issues were raised.</p> <p>The Chief Nurse (Acting) highlighted the ongoing challenge regarding attendance of GP members.</p>		
	Agreed actions: <ul style="list-style-type: none"> • It was agreed for the Q&PSC Chair to liaise with Nick Balac, BCCG Chair to discuss attendance of GP membership for the Clinical Quality Boards. 	SK	Dec 18
Q&PSC 11/10/16	MINUTES OF 18 JULY 2018 HEALTH PROTECTION BOARD MEETING		
	For information.		
Q&PSC 11/10/17	MINUTES OF 12 SEPTEMBER 2018 HEALTH OF CHILDREN IN CARE & CARE LEAVERS STEERING GROUP		
	For information. The Committee agreed that it would be better if the action notes of this group were presented to a different forum and not to be put on future Q&PSC agendas. However, if it is felt that there are any items for escalation from the Health of Children in Care and Care Leavers meeting to Q&PSC then these will be presented to the Committee on these occasions.		
GENERAL			
Q&PSC 11/10/18	ANY OTHER BUSINESS		
	The Associate Medical Director informed the Committee that he had received a letter from Public Health England advising that district nurses do not have to give flu vaccinations to house bound patients.		

Agenda Item	Note	Action	Deadline
	The Committee discussed potential issues with this decision and expressed concern that it did not align with the ethos of integrated working.		
	Agreed actions: <ul style="list-style-type: none"> • The Chief Nurse (Acting) agreed to check whether district nurses should provide flu vaccinations to house bound patients as part of the Neighbourhood Nursing Service contract and to report back to the Associate Medical Director outside of the Committee. 	MT	Dec 18
Q&PSC 11/10/19	AREAS FOR ESCALATION TO THE GOVERNING BODY AND ITEMS TO BE COVERED IN HIGHLIGHT REPORT		
	There were no items to escalate to the Governing Body. It was agreed the highlight report to Governing Body should include: <ul style="list-style-type: none"> • YAS – serious incidents – red • IFR process - red • IVF Policy – green 		
Q&PSC 11/10/20	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 11/10/21	DATE AND TIME OF NEXT MEETING		
	Thursday 13 December 2018 at 1pm in Meeting Room 1, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY		

GOVERNING BODY

10 January 2019

EQUALITY & ENGAGEMENT COMMITTEE SUMMARY 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.	REPORT OF			
		<i>Name</i>	<i>Designation</i>	
	<i>Executive Lead</i>	Chris Millington	Lay Member	
	<i>Author</i>	Carol Williams	Project Coordinator/ Committee Secretary	
3.	EXECUTIVE SUMMARY			
	<p>This report is to provide the Governing Body with the ratified minutes of 16 August 2018 Equality and Engagement Committee meeting as per appendix 1 attached and highlights of the meeting held on 15 November 2018, as detailed below. A detailed Engagement Report is being presented to the Governing Body as a separate paper.</p> <p>Service Provision for Blind & Partially Sighted People In Barnsley Healthwatch presented the above report for information which highlights the issues for some of the blind and partially sighted people living in Barnsley. Committee members agreed this would be presented to the Governing Body as a patient story at a future date.</p> <p>Equality & Engagement terms of reference Minor changes made to the Equality & Engagement Committee terms of reference will be presented to the Governing Body by the Head of Governance and Assurance as part of their overall assurance report.</p>			
4.	THE GOVERNING BODY IS ASKED TO:			
	<ul style="list-style-type: none"> Note the contents of this report 			
5.	APPENDICES			
	<ul style="list-style-type: none"> Appendix 1 – Ratified Minutes Equality & Engagement Committee 16 August 2018 			

Agenda time allocation for report:	5 minutes
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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:	All
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	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	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	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?	<i>The summary actions are to improve the outcomes for all patients.</i>
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

Minutes of the Meeting of the EQUALITY AND ENGAGEMENT COMMITTEE held on Thursday 16 August 2018 at 1pm in the Meeting Room 1, Hilder House, Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (Chair)	Lay Member for Patient & Public Engagement
Dr Adebowale Adekunle	Elected Governing Body Member
Colin Brotherston-Barnett	Equality, Diversity & Inclusion Lead
Martine Tune	Acting Chief Nurse
Dr Indra Saxena	Membership Council Representative
Kirsty Waknell	Head of Communications & Engagement

IN ATTENDANCE:

Emma Bradshaw	Engagement Manager
Richard Walker	Head of Governance & Assurance
Julie Frampton	Senior Primary Care Commissioning Manager
Carol Williams	Project Coordinator/Committee Secretary

APOLOGIES

Mike Simms	Secondary Care Clinician
Susan Womack	Healthwatch Manager

Agenda Item	Note	Action	Deadline
EEC 18/08/01	APOLOGIES		
	Apologies were received from Secondary Care Clinician as their key responsibilities within the CCG have changed to support the work of the ICO. Apologies were also received from the Healthwatch Manager.		
EEC 18/08/02	QUORACY		
	The Chair of the Committee declared that the meeting was quorate.		
EEC 18/08/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	The Committee considered the declarations of interest report. No further declarations of interest were received.		

Agenda Item	Note	Action	Deadline
EEC 18/08/04	MINUTES OF THE PREVIOUS MEETING HELD ON 17 MAY 2018		
	The minutes of the meeting were verified as a correct record of the proceedings.		
EEC 18/08/05	MATTERS ARISING REPORT		
	<p>The Committee noted the matters arising report and actions noted as complete. The following updates were given:</p> <p>EEC 18/02/13 Online survey Online survey in relation to committee effectiveness to be developed by Head of Communications & Engagement and circulated to members for feedback in August meeting. Update – The survey is still being developed and also it was felt that new members to the committee needed to have attended more than one meeting in order for the survey to be more meaningful. The survey will be sent to members before the next meeting and will be added to the November 2018 agenda.</p> <p>EEC 18/05/08 Development of poster for deaf service users The Equality, Diversity & Inclusion Lead to develop a poster promoting text service for complaints and general information. Ongoing - Information had been received from Leeds Involvement to be used to develop the poster. Work is ongoing to develop the poster which will be shared widely with the Deaf Forum, GP surgeries, Barnsley Reach, Berneslai Homes and BHNFT. The Head of Communications & Engagement to share the poster with the CCG complaints team.</p>	<p>KW</p> <p>CW</p> <p>CBB/ KW</p>	<p>15.11.18</p> <p>15.11.18</p> <p>15.11.18</p>
PATIENT AND PUBLIC ENGAGEMENT			
EEC 18/08/06	MINUTES OF THE PATIENT COUNCIL MEETING HELD ON 25 APRIL, 30 MAY & 27 JUNE 2018		
	<p>The Committee received minutes of the Patient Council meetings held on 25 April, 30 May & 27 June 2018. Updates from the meetings were given by The Chair as follows:</p> <p>25 April 2018 – Reducing prescribing of over the</p>		

Agenda Item	Note	Action	Deadline
	<p>counter medicines</p> <p>The meeting was well attended with 22 people there, plus 6 people giving apologies but expressing a wish to be there. Attending were Dr Ghani, Medical Director BCCG and Chris Lawson, Head of Medicines Optimisation BCCG. The aim of the meeting was to adopt national guidelines following on from a national consultation in relation to over the counter medicines, within the CCG this is the Pharmacy First programme.</p> <p>All 55 pharmacies across Barnsley were signed up for this initiative however the actual uptake was not consistent across the borough. This was in part that the scheme was not widely known about and whilst there was onsite promotional material available, for whatever reasons some pharmacies did not promote the benefits of the scheme.</p> <p>Attendees were informed of the annual spend on some over the counter drugs, for example paracetamol, constipation remedies, dandruff treatments etc. which is £569m nationally and £1.5m in Barnsley. Under the Pharmacy First programme all previous free of charge items will be chargeable. Attendees raised concerns about the ability for some patients to pay but it should be noted that a GP will always have the discretion to prescribe over the counter medicines for patients who are not able to pay and qualify for free prescriptions.</p> <p>30 May 2018 – Hospital Services Review</p> <p>James Scott, Senior Programme Manager, South Yorkshire & Bassetlaw Shadow Integrated Care System attended the meeting to outline the work that his team was undertaking. Also in attendance was Brenda Worsdale, a representative from the Citizen’s Panel South Yorkshire & Bassetlaw Shadow Integrated Care System.</p> <p>Five key areas which were facing some of the biggest challenges were:</p> <ul style="list-style-type: none"> • Urgent and emergency care (A&E) • Maternity • Acutely ill children • Gastroenterology & endoscopy • Stroke (hyper acute stroke has already been assessed independently across the region however the team wanted to look at the stroke services as a whole) <p>The challenges being faced are workforce, clinical</p>		

Agenda Item	Note	Action	Deadline
	<p>variation and innovation. Attendees were delighted to hear that there will be no hospital closures and there are no planned redundancies in the region. Most patients will receive the majority of their hospital based care in their local district hospital.</p> <p>27 June 2018 – Improving home visiting The working group was led by Siobhan Lendzionowski, Lead Commissioning & Transformation Manager, BCCG and Marie Hoyle, Chief Executive, Barnsley Healthcare Federation.</p> <p>The aim of the session was to consider how best to make home visits more efficient and how best to keep people out of hospital, this was the early stages of this project. Current issues and patient concerns were discussed along with new ways of working. The results of a recent survey of GP practices was also discussed. Input from Patient Council members was passionate and enthusiastic.</p>		
	<p>The Committee thanked the Chair for the updates.</p>		
<p>EEC 18/08/07</p>	<p>PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT</p>		
	<p>The Head of Communications & Engagement presented the Patient and Public Involvement Activity report and stated that due to timing of meetings this had already been seen by members of the Governing Body at the August meeting.</p> <p>The following was highlighted from the report:</p> <p>Hospital Services Review – following initial engagement deliberative events with targeted engagement was planned across all SYB areas to be completed by the end of September.</p>		
	<p>The Committee thanked the Head of Communications & Engagement for their report.</p>		
<p>EEC 18/08/08</p>	<p>HEALTHWATCH BARNSELY ANNUAL REPORT 2017/18</p>		
	<p>The Head of Communication and Engagement presented the above report to the committee on behalf of the Healthwatch Manager.</p> <p>The Chief Nurse stated that the Quality Facilitator had been asked to review the report for quality issues and</p>		

Agenda Item	Note	Action	Deadline
	<p>the services for which the CCG is responsible, this to be reported to the Quality & Patient Safety Committee in September.</p> <p>The Chair commended the report and the Healthwatch team for the quality and quantity of work that they undertake on behalf of the people of Barnsley with such a small team and budget.</p>		
	<p>The Committee read and formally noted the report.</p>		
EQUALITY			
EEC 18/08/09	NATIONAL LGBT SURVEY / ACTION PLAN		
	<p>The Head of Communications & Engagement presented the National LGBT Survey and Action Plan to the Committee for information, noting the following:</p> <p>The survey and action plan contained a lot of information that was already known and it was good to have this recognised. The action plan was not clear enough about the most important aspects of sexual health, awareness and preparation, which are known to prevent the spread of sexually transmitted diseases. The report highlighted that gay men are less happy with home and work life than their heterosexual counterparts and there was still a long way to go for the general public to understand, and deal with misconceptions about, the LGBT lifestyle and community.</p> <p>The Equality, Diversity & Inclusion Lead had compared Barnsley hospital staff survey results with national results and found these to be considerable worse than the national average in the Barnsley area. Colleagues at other CCG's have been asked to share their data for a more comprehensive comparison which will also look at differences between cities and rural areas.</p> <p>We need to understand the barriers for LGBT people accessing sexual health services and find a way to encourage use of these services.</p> <p>The committee felt that due consideration had been given to the survey and action plan in this meeting and this had raised personal awareness for committee members and anyone who would read the minutes. It was also noted that the survey and action plan had received considerable coverage on social media and in</p>		

Agenda Item	Note	Action	Deadline
	the national press.		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Equality, Diversity & inclusion Lead to review the survey and action plan and ensure the EIA Toolkit is updated with any relevant information and that awareness of LGBT issues would be emphasised in the EIA training sessions • The Senior Primary Care Commissioning Manager to review the EIA for the Home Visiting Service as it is likely that people will feel more comfortable disclosing personal information about themselves in their home environment • The Elected Governing Body Member to promote services within their GP practice that LGBT patients should be aware of 	<p>CBB</p> <p>JF</p> <p>DrA</p>	<p>15.11.18</p> <p>15.11.18</p> <p>15.11.18</p>
	The Committee thanked the Head of Communications and Engagement for the report		
EEC 18/08/10	EQUALITY & DIVERSITY WORKING GROUP ACTION LOG		
	<p>The Committee received the Equality and Diversity Working Group Action Log from the meeting held on 27 June 2018, progress re the following items was highlighted:</p> <p>Accessible Information Standard (AIS) The Equality, Diversity & inclusion Lead had asked a practice if they would volunteer to undergo an intensive deep dive and to share the learning. The practice has been in contact and has asked for their practice nurse to meet with the Equality, Diversity & Inclusion Lead to progress this further.</p> <p>EIA Toolkit The Equality, Diversity & Inclusion Lead met with CCG colleagues on 8 August 2018 to consider the draft EIA Toolkit which includes the Section 14Z2 Patient and Public Participation Form, to identify projects where this could be used. When feedback is received from these projects training will be rolled out to colleagues in each team.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Chief Nurse to meet with the Equality, Diversity & Inclusion Lead to look at the 	MT/ CBB	15.11.18

Agenda Item	Note	Action	Deadline
	format of the Equality & Diversity Working Group.		
	The Committee thanked the Chief Nurse for the update from the Equality & Diversity Working Group.		
EEC 18/08/11	EQUALITY IMPACT ASSESSMENTS (EIA's)		
	The Committee received the Equality Impact Assessments Report and were asked to note the contents.		
	Agreed Actions: <ul style="list-style-type: none"> • The Head of Communications & Engagement to check that all recent policies and service reviews had completed EIA's 	KW	15.11.18
	The Committee thanked the Chief Nurse for the update on Equality Impact Assessments.		
QUALITY GOVERNANCE			
EEC 18/08/12	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>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> <p>There had been no risks added and one removed from the Risk Register since the previous meeting of this Committee. The following was the risk removed:</p> <ul style="list-style-type: none"> • Risk Reference 15/14c (rated 16, red extreme) - In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that the CCG will suffer reputational damage, given the public's natural assumption that the NHS (CCG) has direct agency over the 0-19 		

Agenda Item	Note	Action	Deadline
	<p>pathway</p> <p>At its meeting in July 2018 the Governing Body agreed that the risk in relation to this service be re-framed in a way which focuses on the negative impact of not developing the collaborative commissioning approach described above. It was agreed by the Governing Body that this risk, reference 18/02 replace 15/14c on the Risk register and Barnsley CCG Chief Officer be the Lead Owner. The Senior Strategic Development Group will be responsible for managing this risk.</p> <p>The Committee reviewed and agreed that the risks are being appropriately managed and scored as at 16 August 2018.</p>		
	<p>The Chair thanked the Head of Governance & Assurance for the updates provided on the Risk Register and Assurance Framework report.</p>		
<p>EEC 18/08/13</p>	<p>HR POLICIES</p>		
	<p>The Committee received the HR Policies Review report of policies which had been reviewed at least once. The CCG's Head of HR, Head of Governance & Assurance, Local Counter Fraud Specialist, Staff Side and Equality, Diversity and Inclusion Lead had undertaken a review of the following policies:</p> <ul style="list-style-type: none"> • Relocation policy • Professional Registration of Practitioners policy <p>The Committee noted that whereas it has the authority to approve changes to the professional registration policy, it was asked for comments only on the relocation policy as it is the Remuneration Committee which has ultimate responsibility for signing off on these changes.</p> <p>Summary of Proposed Changes Relocation Policy</p> <ul style="list-style-type: none"> • Confirmation that payments relating to the relocation will be made by the CCG to the new employee on production of the associated receipts. The employee will be responsible for settling all accounts with the companies involved in their relocation. • A concession that where undue hardship is demonstrated by the employee making payments to the companies involved in the relocation, e.g. a 		

Agenda Item	Note	Action	Deadline
	<p>particularly large payment, reimbursement by the CCG will be through a faster CHAPs payment.</p> <ul style="list-style-type: none"> • Confirmation that should the new employee be dismissed for reasons of misconduct they accept the CCG will take action to obtain repayment of the expenses received. • Confirmation that the CCG will not take action to obtain repayment of the expenses received should the employee be dismissed for reasons of compulsory redundancy. • Eligibility for new employees claiming removal expenses increased from 30 to 50 miles from the CCG base. • Addition of signed undertaking from employee: <i>'I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to the CCG's Counter Fraud Specialist and the NHS Counter Fraud Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud'</i>. <p>Minor amendments were suggested by the committee, for example changing appropriate officer to Chief Officer in various places within the policy.</p> <p>Professional Registration Policy</p> <ul style="list-style-type: none"> • Addition of Dieticians (employed within Medicines Optimisation) • Deletion Healthcare Scientists, Hearing Aid dispensers and Practitioner Psychologists (not in employment with the CCG) • Addition of <i>Where available all registrations should be checked via the on line register as this is the only way to guarantee registration, e.g. nursing registrations.</i> • Addition of <i>Failure to maintain professional registration required by the post employed for and/or failure to and comply with the requirements of the registration may result in suspension with or without pay, disciplinary action and / or criminal investigation which may result in prosecution.</i> • Cross referencing to the CCG's Guidance on Employing Agency Workers including the requirement that all managers must, use the services of agency suppliers awarded 'Preferred Supplier' status on the Crown Commercial 		

Agenda Item	Note	Action	Deadline
	<p>Service National Agency Framework Agreement unless there are exceptional circumstances. All suppliers on this contract meet legal and regulatory requirements, through the national sourcing process undertaken by 'Buying Solutions' (formerly PASA).</p> <ul style="list-style-type: none"> Acknowledgement that If the post does not require professional registration but the person occupying the role is a qualified professional no action will be taken, this is a matter for the individual. However, if they are known to be acting outwith their registration whilst employed by the CCG, even though this will not affect their post action will be taken. <p>The Committee agreed that the Chief Nurse could review the Professional Registration policy outside of this meeting and that both policies could be signed off and accepted.</p> <p>The Head of Governance & Assurance stated that the Governing Body had agreed that the corporate standard to review policies every 2 years had now been changed to every 3 years noting that for any policy that had guidance changes would be reviewed at that time.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> The Chief Nurse to review the Professional Registration policy and feedback directly to the Head of Governance & Assurance The Head of Governance & Assurance to finalise and publish these policies on Barnsley CCG website 	<p>MT</p> <p>RW</p>	<p>15.11.18</p> <p>15.11.18</p>
GENERAL			
EEC 18/08/14	ACCESSIBILITY REGULATIONS FOR PUBLIC SECTOR WEBSITES AND APPS		
	<p>The Head of Communications & Engagement stated that the government had issued refreshed guidance on how accessible website are for public sector websites and apps. https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps</p> <p>The CCG website has the Browse Aloud facility which speaks text and the size and language of text can also be changed. The Head of Communications & Engagement has been working with our main providers to share best practice for a consistent approach however</p>		

Agenda Item	Note	Action	Deadline
	there is work to be done within primary care with some website lacking functionality.		
EEC 18/08/15	REVIEW OF EQUALITY & ENGAGEMENT COMMITTEE TERMS OF REFERENCE		
	<p>The Head of Governance & Assurance presented the terms of reference for the Equality & Engagement Committee.</p> <p>Following decisions made at the July Governing Body in relation to frequency of meetings and committee membership it was agreed that Committees would review their Terms of Reference.</p> <p>No changes were required re the frequency of this committee, which remains quarterly, and urgent decision making provisions are already included.</p> <p>However there were some changes proposed to the membership with the following be removed from the current Membership:</p> <ul style="list-style-type: none"> • Practice Manager (as the post is vacant) • Secondary Care Clinician (as this role is to be re-focused on other areas) • Head of Integration & Partnership as the post holder is on long term secondment. <p>The above changes would reduce Membership from 10 to 7 therefore the Committee agreed to elevate the role of Senior Primary Care commissioning Manger and Head of Governance & Assurance to full member status. Quoracy remains unchanged.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Head of Governance & Assurance to make relevant changes to theToR for submission to the September Governing Body. 	RW	05.09.18
EEC 18/08/16	ANY OTHER BUSINESS		
	<p>Resourceful and Resilient Change Makers Development Programme The Equality, Diversity & Inclusion Lead shared details of the above 8 day course for consideration by CCG staff.</p> <p>Enhanced Service for prescribing of transgender medication The Equality, Diversity & Inclusion Lead had received an</p>	CBB	15.11.18

Agenda Item	Note	Action	Deadline
	<p>email from another CCG to ask if details could be shared with them about the work being undertaken for an enhanced service for the prescribing of transgender medication. The Equality, Diversity & Inclusion Lead to contact the Head of Medicines Management outside of this meeting for this item.</p> <p>Barnsley Pride September 2018 The Head of communications & Engagement and the Engagement Manager will attend Barnsley Pride and have a stall to recruit members for the OPEN newsletter which is a vehicle to encourage members to take part in engagement activities.</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Committee Secretary to share details of the Resourceful and Resilient Change Makers Development Programme with the Head of Governance & Assurance for consideration • The Equality, Diversity & Inclusion Lead to contact the Head of Medicines Management re the enhanced service for prescribing of transgender medication 	<p>CW</p> <p>CBB</p>	<p>21.08.18</p> <p>15.11.18</p>
<p>EEC 18/08/17</p>	<p>ITEMS FOR INCLUSION WITHIN THE GOVERNING BODY ASSURANCE REPORT</p>		
	<p>Committee members agreed to end the link to the LGBT Survey and Action Plan. The Head of Communications and Engagement to include the link to the Healthwatch Annual Report in the September Patient & Public Engagement report to the Governing Body</p>		
	<p>Agreed Actions:</p> <ul style="list-style-type: none"> • The Committee Secretary to draft the highlight report to include the LGBT survey and action plan for the committee chair to take to the September Governing Body • The Head of Communications and Engagement to include the link to the Healthwatch annual Report in the September Patient & Public Engagement report to the Governing Body 	<p>CW</p> <p>KW</p>	<p>05.09.18</p> <p>05.09.18</p>
<p>EEC 18/08/18</p>	<p>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</p>		
	<p>The Chair thanked members for their input, good quality and content of papers and a good meeting. Members commented that the LGBT item was good and gave the committee a focus in the same way that a patient story</p>		

Agenda Item	Note	Action	Deadline
	<p>would. Also it was good to have the focus on LGBT as equality and diversity discussions usually focus on disability and race.</p> <p>Equality Impact Assessment training was identified as a future training need, plans are being developed to deliver this.</p> <p>Members were asked to display the Equality vs Equity poster on their notice boards.</p>		
<p>EEC 18/08/19</p>	<p>DATE AND TIME OF THE NEXT MEETING</p>		
	<p>The Committee Secretary had been asked to look at options for moving the November meeting however post meeting the Chair agreed alternative dates were not viable options, noting the committee calendar is planned over a year in advance.</p> <p>The next meeting of the Equality and Engagement Committee will be held on 15 November 2018 at 1pm in Meeting Room 1, Hilder House.</p>		

Minutes of the meeting of the Membership Council held on Tuesday 20 November 2018 at 7.00 pm at Hilder House, 49/51, Gawber Road, Barnsley, S75 2PY

PRESENT

Dr Nick Balac	Chair & Practice Representative (St Georges Medical Practice)
Dr Bowns	Practice Representative (Wombwell Medical Centre)
Dr Mehrban Ghani	Practice Representative (The Rose Tree PMS Practice) Also representing BHF Brierley Medical Centre and BHF Goldthorpe Surgery
Dr John Harban	Practice Representative (Lundwood Medical Centre and The Kakoty Practice)
Dr Horridge	Practice Representative (Hill Brow Surgery)
Marie Hoyle	Practice Representative (BHF Highgate and Lundwood)
Dr Z Ibrahim	Practice Representative (Hoyland First PMS Practice)
Dr M Hussain Kadarsha	Practice Representative (Apollo Court)
Dr Sudhagar Krishnasamy	Practice Representative (Royston Group Surgery)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice)
Dr Andy Mills	Practice Representative (Ashville Medical Centre)
Dr Heather Smith	Practice Representative (Dr Mellor and Partners PMS Practice)
Dr Stuart Vas	Practice Representative (Penistone Group Practice)
Dr Angela Walker	Practice Representative (Hoyland Medical Practice)

IN ATTENDANCE

Mike Austin	Primary Care Support
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
Kay Morgan	Governance & Assurance Manager
Richard Walker	Head of Governance and Assurance

APOLOGIES

Dr Eddy Czepulkowski	Practice Representative (High Street Royston)
Dr G Kay	Practice Representative (Huddersfield Road)
Chris Millington	Governing Body Lay Member for PPE and Primary Care
Mike Simms	Governing Body Secondary Care Clinician

The Chair welcomed members to meeting of the Membership Council and introductions took place.

Agenda Item	Note	Action	Deadline
MC 18/11/01	QUORACY		
	The meeting was declared quorate.		

Agenda Item	Note	Action	Deadline
MC 18/11/02	DECLARATION OF INTERESTS INCLUDING SPONSORSHIP & HOSPITALITY		
	The Membership Council noted the Declarations of Interests Report. Dr Bowns (Wombwell Medical Centre) declared that his Practice was a Member of Barnsley Healthcare Federation. Other than this no new declarations were received.		
MC 18/11/03	MINUTES OF THE MEETING HELD ON 3 July 2018		
	The minutes of the meetings of the Membership Council held on 18 September 2018 were verified as a correct record of the proceedings.		
MC 18/11/04	MATTERS ARISING		
	<p>The Membership Council considered the Matters Arising Report, the following updates were noted.</p> <p>Minute reference MC 18/09/06 N3 Transition to HSCN</p> <p>It was noted that N3 transition to HSCN will be discussed under agenda item 10</p> <p>Minute reference MC 18/09/10 Lower GI Business Case Pathway</p> <p>Dr Kadarsha reported that Patients would have an option to return samples via post or to their GP Practice. A reed code will provide a mechanism to record and track tests.</p>		
MC 18/11/05	APEX TOOL		
	<p>The Membership Council received a presentation about the APEX Tool. The tool can be used to monitor Practice capacity / demand and workforce planning. It was noted that the Apex Tool had been commissioned (including licenses) by NHS England for use by Practices.</p> <p>Practices across South Yorkshire and Bassetlaw are being offered an opportunity to pilot the Apex model. Three Barnsley Practices had expressed an interest in the pilot. It was queried how long the NHSE will fund the system for</p>		

Agenda Item	Note	Action	Deadline
	Practices and what would happen in terms of cost to Practices after the NHSE funding expired?		
	<p>Discussion took place and in response to questions raised it was noted that the tool can provide</p> <ul style="list-style-type: none"> • A real time breakdown of referrals by GP. • Identify unmet demand. • Determine avoidable appointments and where patients could have been seen by another health care professional or service. • A&E attendance rates per Practice. 		
	Dr John Harban commented that the APEX Tool was effectively a data base drawing data from clinical systems. The information produced from the system about work force planning was helpful but the underlying issue was that there was limited availability of workforce.		
	In response to a question raised about system support to Practices, it was clarified that 2 sessions of onsite support will be provided, remote sessions and a 'support desk' facility is available. The CCG's Primary Care Team is communicating with Practice Managers regarding the APEX Tool and a mobilisation plan is in place.		
	<p>The Membership Council noted the presentation.</p> <p>Agreed Action</p> <p><i>To clarify the actual duration of the APEX Tool pilot for Practice.</i></p> <p><i>To clarify costs to Practice once the free pilot period is complete</i></p> <p><i>To inform Practices about the APEX Tool in the Membership Council Briefing</i></p>	<p>JHo</p> <p>JHo</p> <p>NB/KM</p>	<p>22.01.19</p> <p>22.01.19</p>
<p>MC 18/11/06</p>	<p>SHARED CARE (SPECIALIST) DRUG MANAGEMENT SERVICE</p>		
	The Head of Medicines Optimisation requested the views of the Membership Council about the potential scope for a review of Primary Care Shared Care (Specialist Drugs)		

Agenda Item	Note	Action	Deadline
	Service. The scope could be a simple review of payment rates or wider consideration identifying areas to extend shared care arrangements where Primary Care had the capacity and skills to deliver.		
	Dr John Harban commented that there had been no increase in payment rates since the Primary Shared Care (specialist drugs) service had been established. In response to a question raised the Head of Medicines Optimisation clarified that as soon as a drug is authorised by the Area prescribing Committee, the drug is added to the classified list.		
	<p>The Membership Council noted the intention to review the Primary Care Shared Care (Specialist Drugs) Service and agreed that input from all Practices was required to inform the scope of the review.</p> <p><i>Agreed Action</i></p> <p><i>To notify all Practices about the high level review of the Primary Care Shared Care (Specialist Drugs) Service via Membership Council Briefing and request views of Practices with regard to the scope of the review.</i></p> <p><i>To write to all Practices individually to request specific comments about the scope of a review of the Primary Care Shared Care (Specialist Drugs) Service.</i></p>	<p>NB/KM</p> <p>CL</p>	<p>22.01.19</p>
<p>MC 18/11/07</p>	<p>CCG NEW MODEL CONSITUTION</p>		
	<p>The Head of Governance and Assurance provided a presentation to the Membership Council regarding the new model Constitution. The Membership Council noted that:</p> <ul style="list-style-type: none"> • The model constitution had not been updated since CCGs were established. • There is no obligation for the CCG to adopt the new NHSE model constitution, either in whole or part. • The new model allowed greater flexibility, with only statutory minimum content and makes process for updating governance arrangements less onerous. • The constitution can have provisions for virtual decision making. 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> Practice Representatives must be a registered Healthcare Professional. 		
	<p>The Membership Council noted the new model Constitution and in response to proposals agreed the following:</p> <ol style="list-style-type: none"> Would Membership Council support the delegation for approval of non-material changes to the Governing Body? <i>The Membership Council requested clarity about the classification of material and non-material changes.</i> Would Membership Council support removing non-mandatory elements into a 'Governance Handbook'? <i>It was determined that any changes to the Constitution should be reported to the Membership Council and that Membership Council be consulted on a draft of a potential 'Governance Handbook'.</i> Would Membership Council wish to formally include provision for virtual decision making? - Yes Does membership Council agreed that in future Practice Representatives will all be Health care professionals? - Yes Other Requirements <ul style="list-style-type: none"> <i>Membership Council agreed Representatives must practice in the Practice they represent.</i> <i>Practices can send a nominated deputy if the usual Practice Representative cannot attend meetings of the Membership Council. The nominated deputy must have the support of the Practice to fulfil this role and must be able to demonstrate this if voting.</i> <p>Locums can represent a Practice if they work the majority of time within the particular Practice. Need to consider a form of words around representatives form the Healthcare Federation.</p> 	<p>RW</p> <p>RW</p> <p>RW</p>	<p>22.01.19</p> <p>22.01.19</p> <p>22.01.19</p>

Agenda Item	Note	Action	Deadline
	<p>The Head of Governance and Assurance informed the Membership Council that the Remuneration Committee can only make <i>recommendations</i> to the Governing Body. The Governing Body cannot delegate decisions on remuneration. The Lay Member for Governance (Audit Committee Chair) cannot be the Chair of the Remuneration Committee.</p> <p>Membership Council noted that on 6 December 2018 the Remuneration Committee will review and update its terms of reference to reflect the changes</p>		
MC 18/11/08	CCG GOVERNING BODY ELECTED MEMBER VACANCY		
	<p>The Chairman updated the Membership Council regarding the CCG Governing Body vacancy. At the previous Governing Body Elections in March 2018 three Practice Representatives were able to take up post immediately and therefore Membership Council agreed that they should fill three existing vacancies. Two individuals, Dr Ibrar Ali and Dr Jamie MacInnes expressed an interest in a fourth vacancy but at that time were unable to take up the role. The original intention was that an election between these two individuals would be held in Autumn 2018 however Dr Ali subsequently was unable to take up the role leaving one candidate Dr Jamie MacInnes remaining. In line with precedent set the Chairman therefore proposed Dr Jamie MacInnes as a Governing Body Elected Member.</p>		
	<p>It was noted that the appointment will be for the period of the term of office as a Governing Body Elected Member. This period will be subject to the CCG Constitution and any changes thereof, e.g. changes to the standard term of office or changes to the composition of the Governing Body.</p>		
	<p>The Membership Council agreed the proposed candidate Dr Jamie MacInnes as a Governing Body Member.</p>		
MC 18/11/09	REVISTING LOCALITIES NEXT STEPS		
	The Chairman referred to the current six localities network		

Agenda Item	Note	Action	Deadline
	<p>model and structure and requested the views of the Membership Council as to whether this was the most appropriate model to achieve the best outcomes for Barnsley people. Early feedback about the model had flagged up issues around variable interest / feedback and capacity of Practices. The model did not seem to be effective with minimal requests for CCG investment in initiatives to improve inequality.</p>		
	<p>It was suggested that a move to reduce the number of localities, rename as Integrated Care Networks (with Mental Health Services and community care), provision of CCG support (3x transformation managers) and public health support may be more appropriate to set priorities, drive forward and improve major health inequalities addressing the differences identified from Public Health Data across the borough. Members were informed that there was a national drive to implement locality team working to deliver services for their local populations. The CCG will consider funding £1.00 per weighted population to Practices for involvement with the localities.</p>		
	<p>It was noted that a workshop will be held on 30 November 2018 for the Dearne Partnership Project to identify successes and identify key priorities for the next stage of the process. A meeting to consider development of integrated care model's for Barnsley Patients will be held on 12 December 2018.</p>		
	<p>The Membership Council supported a review of the localities structure.</p> <p>Agreed action:</p> <p>To include the proposed next steps for localities in the Membership Council briefing.</p>	NB/KM	
<p>MC 18/11/10</p>	<p>IT UPDATES (HSCN & PRACTICE WI-FI POSITION)</p>		
	<p>Dr John Harban CCG IT Clinical Lead introduced an IT update to Membership Council including:</p> <ul style="list-style-type: none"> • HSCN (The Health and Social Care Network) – Members expressed concern about the loss of practice systems during surgery time whilst HSCN 		

Agenda Item	Note	Action	Deadline
	<p>installation work is undertaken.</p> <ul style="list-style-type: none"> • A Practice Wi-Fi position Statement – It was noted that all Practices will have GP Wi-Fi installed by December 2018. Dr J MacInnes reported that the owners of his Practice premises were not allowing the Wi-Fi engineers into the building. 		
	<p>Membership Council noted the IT Update.</p> <p>Agreed Actions</p> <p><i>To ascertain if HSCN engineers are able to work weekends and or coordinate installation with Practices to avoid least disruption to Practices and downtime of systems.</i></p>	JH	03.12.18
MC 18/11/11	TPP SYSTMONE – CHANGES TO DATA SHARING MODEL		
	<p>The Head of Governance and Assurance provided the Membership Council with an update on changes to the TPP enhanced data Sharing Model to facilitate a greater degree of control over the sharing of patient records to support care. The model enabled data controllers to create an 'allowed' list of user organisations who will be able to access the GP records. It was noted that from a legal defence perspective it would be sensible for all Practices to adopt a Barnsley wide common agreed 'allowed list'</p>		
	<p>The Membership Council noted the mandatory changes to the data sharing model for Practices using SystemOne.</p> <p>Membership Council also agreed the proposals for implementing the controls in Barnsley, specifically:</p> <ul style="list-style-type: none"> • To create a common 'allowed list' • To include all local Barnsley service providers' units on the allowed list to facilitate continued access to patient records to support care delivery • To include the following unit types on the allowed list: <ul style="list-style-type: none"> • Child health • Prisons • A&E/A&E MIU 		

Agenda Item	Note		Action	Deadline
	<ul style="list-style-type: none"> • Out of Hours. • To include the units operated by providers on the Barnsley borders to whom Barnsley patients are referred for services on the allowed lists for all Barnsley Practices. 			
MC 18/09/12	ANY OTHER BUSINESS			
	12.1	MIG		
		<p>The Head of Governance and Assurance informed Membership Council that a pilot of the MIG was trying to being established for 9 health and social care professions at BMBC to use the MIG. The health care professionals from the 0-19 service and adult social care were aware to seek explicit patient consent before accession GP care records via the MIG.</p> <p>Agreed Action:</p> <p>Dr John Harban and the Head of Governance and Assurance pick up consent issues outside of the Membership Council meeting.</p>	RW/JH	22.01.19
		<p>Mike Austin expressed his appreciation to all Practices for their cooperation with Practice systems which has led to improved utilisation of the MIG by the BHNFT and A&E Department.</p>		
	12.2	HOME VISITING SERVICE		
		<p>Membership Council were reminded that the Home Visiting Service provided by the Barnsley Healthcare Federation was open to all practices. The Home Visiting Service was receiving good feedback and the Federation were actively promoting uptake of the service.</p>		
	12.2	SEPSIS		
		<p>Membership Council were informed that the CQC inspection visits to Practice will had a focus on Sepsis, in particular availability Sepsis scoring posters in all clinical rooms and Sepsis awareness</p>		

Agenda Item	Note	Action	Deadline
	information to Patients. Practices were encouraged to look on the BEST website for the latest guidance on SEPSIS.		
MC 18/09/13	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"> • APEX Tool (pilots and licensing) • High level scope Shared Care (specialist) Drug Management Service • Localities • TPP data sharing • Governing Body vacancies • Home Visiting Service 		
MC 18/09/14	REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED		
	The business of the meeting had been well conducted.		
MC 18/09/15	DATE AND TIME OF NEXT MEETING		
	<p>The next meeting of the Membership Council will be held on:</p> <ul style="list-style-type: none"> • Tuesday 22 January 2019 at 7.00 pm in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY. <p>The Chairman wished all members a peaceful festive holiday.</p>		

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 December 2018
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Dr Nick Balac (in the Chair), Chair, NHS Barnsley Clinical Commissioning Group
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Rachel Dickinson, Executive Director People
Carrie Abbott, Service Director, Public Health
Terry Graham, Communities Directorate
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
Salma Yasmeen, Director of Strategy, South West Yorkshire Partnership NHS Foundation Trust
Helen Jaggar, Chief Executive, Berneslai Homes

24 **Declarations of Pecuniary and Non-Pecuniary Interests**

There were no declarations of pecuniary or non-pecuniary interest.

25 **Minutes of the Board Meeting held on 2nd October, 2018 (HWB.04.12.2018/2)**

The meeting considered the minutes of the previous meeting held on 2nd October, 2018.

RESOLVED that the minutes be approved as a true and correct record.

26 **Minutes from the South Yorkshire and Bassetlaw ICS Collaborative Partnership Board held on 10th August, 14th September and 19th October, 2018 (HWB.04.12.2018/3)**

The meeting considered the minutes from the South Yorkshire and Bassetlaw Integrated Care System Collaborative Partnership Board meetings held on 10th August, 14th September and 19th October, 2018.

RESOLVED that the minutes be received.

27 **Public Questions (HWB.04.12.2018/4)**

The meeting received a question received from Councillor Malcolm Clements, as follows:-

In the light of a series of adverse CQC Inspection reports, which question whether the Barnsley Health Care Federation is a fit and proper organisation to provide healthcare to Barnsley residents, will the Board request reports on the effectiveness of the Federation in delivering against Health and Wellbeing Strategy priorities?

Lesley Smith, Barnsley CCG Chief Officer, responded to the question, noting that the Inspection took place in February 2018 as part a CQC pilot on the inspection regime for GP federations. A subsequent re-inspection in November 2018 had resulted in extremely positive feedback on progress that had been made, with the provider immediately removed from special measures. Although the draft report had yet to be received, no initial concerns were fed back to the CCG, with the Federation commended for the rapid work undertaken to address the findings in the previous Inspection.

The response also noted that the Health and Wellbeing Board did not have a role in considering whether a service provider was a fit and proper organisation, and did not previously consider CQC reports or requested reports on the effectiveness of care providers. The meeting noted the role that statutory partners had in doing this, as part of a comprehensive regime of regulation and scrutiny of performance. If the Health and Wellbeing Board was to take a view on the quality of provision, this needed to be done in a fair and consistent way, although the meeting noted that there may be merit in Board members discussing where the consideration of quality sits and the responsibility of system leaders to drive this through on a whole system approach as part of the Board's development session.

RESOLVED:-

- (i) that the response to the question be noted, in particular:-
- the significant improvements made by the Federation against all of the issues raised by the CQC;
 - that Barnsley Health Care Federation has been removed from special measures and is awaiting a follow-up CQC report;
 - the specific contributions, as highlighted in the response, that the Federation has made to the delivery of the Health and Wellbeing Strategy; and
- (ii) that the detailed response given be incorporated in the meeting papers and circulated to Board members.

28 Barnsley Wellbeing Service Business Case (HWB.04.12.2018/5)

This item was withdrawn from the agenda for further discussion with partners.

29 Health and Wellbeing Performance Report (HWB.04.12.2018/6)

The meeting received a report providing an update on performance and progress against the priorities in the 2016-2020 Health and Wellbeing Strategy. The report provided a performance summary for each priority, identifying areas for improvement and areas of strength. The report identified those activities that were supporting the progress against those priorities, together with those areas where further enquiries were required.

The meeting noted the increase in the number of permanent admissions to residential care identified in the report, but noted that this had resulted in part from the method of recording to include self-funders. The meeting noted that this was an area for attention, although in-year remedial action had improved the position.

The meeting discussed the importance of developing intelligence from the data that would assist in predicting the outcome of actions as part of an overall outcome framework. It was acknowledged that this was an area for further work, both in respect of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

RESOLVED:-

- (i) that the performance report and action plan updates be noted; and
- (ii) that the work to develop an outcomes framework to assist in predicting the impact of interventions be welcomed.

30 Barnsley Hospital NHS Foundation Trust Strategy (HWB.04.12.2018/7)

The meeting received the Barnsley Hospital NHS Foundation Trust Strategy for 2018-2021, outlining the vision, aims and objectives of the Trust over that period. The document outlined what the Strategy would mean for patients, partners and the people who work for the Trust, together with a range of performance initiatives over the period. The meeting also received a Clinical Strategy for 2018-2021 to develop services consistent with the vision, and the People's Strategy 2018-2021 to ensure that employees had the necessary knowledge, skills, experience and attitudes to deliver outstanding health care.

The meeting noted a particular focus on understanding the reasons for the high levels of hospital admissions in Barnsley and to work with partners on preventative measures to avoid admissions in the first place. The meeting noted the work of the Urgent Care Board in driving this analysis to identify what interventions would have the biggest impact.

AGREED that the Trust Strategy for 2018-2021 be received.

31 Delivery of Cancer Priorities Across the Barnsley Locality (HWB.04.12.2018/8)

The meeting received a report providing information on the key priorities of the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance, and providing some examples of how these are being delivered locally to meet the needs of the Barnsley population.

The meeting noted the particular importance in Barnsley of encouraging early diagnosis and providing easy access to screening services, for example on extended hours. Encouraging patients to act as advocates for screening throughout the treatment pathway was identified as the best approach in "recruiting" champions.

RESOLVED:-

- (i) that the contents of the report and the work already underway in this area be noted;
- (ii) that partners provide support and promotion of the cancer priorities in their respective organisations and sectors as appropriate; and
- (iii) that, in early 2019, a person affected by cancer be invited to attend the Board to share their lived experience of some of the improvement work that is underway.

32 Healthwatch Barnsley Annual Report 2017-18 (HWB.04.12.2018/9)

The meeting received the Healthwatch Barnsley Annual Report for 2017-18, setting out activities through the year and plans for 2018/19. The report identified in particular work in relation to “did not attend” for GP appointments, engagement with young people regarding sexual health and Healthwatch’s work with other organisations to influence services on behalf of Barnsley residents. The meeting noted Healthwatch’s plans for 2018/19, particularly in respect of the South Yorkshire and Bassetlaw Hospital services review, child and mental health services, young carers and health equality.

The meeting noted proposals from the Council’s Communities Directorate to commission services for people with a learning disability during early 2019 and that the input of Healthwatch to this work would be welcomed.

RESOLVED:-

- (i) that the Healthwatch Barnsley Annual Report for 2017-18 be received and the important contribution made by Healthwatch to health and wellbeing in Barnsley be acknowledged; and
- (ii) that the opportunity for Healthwatch to be involved in commissioning of services for people with a learning disability be welcomed and the Communities Directorate make appropriate arrangements for this.

Chair

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

19 October 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Decision Summary

Minute reference	Item	Action
88/18	Matters arising Place Update – Microsystem Coaching Richard Jenkins agreed to undertake a scoping exercise and report back to the Executive Steering Group.	RJ
91/18	Development of Integrated Care in Places The Board requested that the slides be circulated to members following the meeting.	MM

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

19 October 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ICS	Chief Executive, SYB ICS	✓		
Adrian England	Healthwatch Barnsley	Chair		✓	
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		
Alison Knowles	Locality Director North of England,	NHS England	✓		
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Ann Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		✓	
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive and Director of Strategy and Transformation		✓	
Clare Hodgson	EMAS	Assistant Director of Strategy Development and Commercial Services	✓		
Clare Morgan	Sheffield Teaching Hospitals NHS Foundation Trust	Programme Director (Chief Executives Office)		✓	
David Pearson	Nottingham County Council	Deputy Chief Executive		✓	
Des Breen	South Yorkshire and Bassetlaw ICS	Medical Director	✓		
Dominic Blaydon	Rotherham Hospital FT	Associate Director of Strategy and Transformation		✓	
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Giles Ratcliffe	Public Health England	Consultant Specialised Commissioning	✓		Frances Cuning
Greg Fell	Sheffield City Council	Director of Public Health		✓	
Frances Cuning	Yorkshire & the Humber	Deputy Director – Health		✓	

	PHE Centre	and Wellbeing			
Helen Stevens	South Yorkshire and Bassetlaw ICS	Associate Director of Communications and Engagement	✓		
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer		✓	Hayley Tingle
James Scott	South Yorkshire and Bassetlaw ICS	Senior Programme Manager		✓	
Janet Wheatley	Voluntary Action Rotherham	Chief Executive		✓	
Jeremy Cook	South Yorkshire and Bassetlaw ICS	Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kirsten Major	Sheffield Teaching Hospitals NHS FT	Interim CEO	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	✓		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS Deputy System Lead, Chief Officer NHS Barnsley CCG	✓		
Linda Crofts	HEE	Workforce Transformation Lead	✓		Mike Curtis
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive	✓		
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer	✓		
Mags McDadd	South Yorkshire and Bassetlaw ICS	Corporate Committee Administrator, Executive PA and Business Manager	✓		
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning and Development		✓	
Mike Curtis	Health Education England	Local Director		✓	
Moira Dumma	NHS England	Director of Commissioning Operations		✓	
Neil Priestley	Sheffield Teaching Hospitals NHS FT	Director of Finance		✓	
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	

Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Patrick Birch	Doncaster Metropolitan Borough Council	Strategic Lead for Adult Transformation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director	✓		
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		✓	
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		Jo Miller
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division		✓	
Sarah Halstead	NHS England Specialised Commissioning	Senior Service Specialist and RightCare Associate		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morrill	Chesterfield Royal Hospital NHS FT	Chief Executive	✓		
Steve Page	Yorkshire Ambulance Service	Executive Director Quality, Governance & Performance Assurance / Deputy CEO	✓		Rod Barnes
Steve Shore	Healthwatch Doncaster	Chair		✓	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health	✓		
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ICS	Chief Operating Officer	✓		
Yvonne Elliott	Primary Care Sheffield	Deputy Chief Executive Officer		✓	

Minute reference	Item	Action
85/18	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting.</p> <p>The Chair informed the Board that no decisions were required at the meeting and the main focus of today's meeting were:</p> <ul style="list-style-type: none"> • National update on the Long Term Plan • Cancer – 62 day performance and 31 day performance • SYB ICS Governance review update 	
86/18	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
87/18	<p>Minutes of the previous meeting held 14th September 2018</p> <p>The minutes of the previous meeting were agreed as a true record and will be posted on the website after this meeting. www.healthandcaretogethersyb.co.uk</p>	
88/18	<p>Matters arising</p> <p>Place Update – Microsystem Coaching Richard Jenkins agreed to undertake a scoping exercise and report back to the Executive Steering Group.</p> <p>All other matters agenda arising were actioned or noted on the agenda.</p>	RJ
89/18	<p>National Update</p> <p>CEO ICS Report</p> <p>The Chair presented the Chief Executive Officer's report to the meeting.</p> <p>The monthly report provided an update on:</p> <ul style="list-style-type: none"> • The work on the ICS CEO over the last month • Update on a number of key priorities not covered elsewhere on the agenda <p>The report gave a concise update to the Board regarding the following:</p> <ul style="list-style-type: none"> • ICS Performance Scorecard • South Yorkshire and Bassetlaw Integrated Care System official launch • ICS ways of working / governance review • Memorandum of Understanding (MOU) • Public Engagement Workshop • Long Term Plan • Local Health Care Record Exemplar (LHCRE) • Sharing systems good practice – North of England <p>The Chair informed the Board that the ICS performance scorecard highlighted the collective position at July 2018 as compared with other areas in the North of England and other ICSs. It was noted that the two area underachieving are; 31 day cancer standards (currently 95.3% - the standard being 96%) and Cancer 62 day standard (currently 82.9% - standard being 85%).</p> <p>The Board noted that a big emphasis has been put on the increasing number of urology referrals, predominantly influenced by the high media attention from celebrities and this has been felt locally, as well as an increase in breast symptomatic referrals.</p>	

	<p>The Board was advised that a number of recovery incentives are in place and additional transformation funding has been allocated nationally to support improvements of which the North will receive a proportion. The Chair added that the system is working with colleagues across NHSI and NHSE on an overall plan to support the Cancer Alliance to achieve a more stable position and get a long term sustainable result in trust performance.</p> <p>The Chair informed the Board that the governance review is progressing within the timeframe, with the ambition to have a draft proposal for discussion in December 2018 and new arrangements commencing from April 2018. It was noted that any new arrangements would be within the current legal framework and would not change any of the statutory accountabilities of organisations.</p> <p>The Board was asked to consider the proposal of an ICS place based meeting in Q3 and Q4 to identify improvement issues at a system level. The meeting would be chaired by Sir Andrew Cash with representation from NHSE and NHSI. This meeting would be in addition to place meetings already scheduled with NHSE/I. Alison Knowles added that a report will be presented to the Senior Executive Team on 23rd October for consideration.</p> <p>The Chair concluded that the proposal required careful consideration and would take on board the views of the members.</p> <p>The Chair asked the Board to note that Yorkshire and the Humber have received funding of £7.5m for the Local Health Care Record Exemplar (LHCRE) – the ambitious objective is to integrate health and care records across the region to improve care.</p>	
<p>90/18</p>	<p>ICS Highlight Report</p> <p>The Collaborative Partnership Board received the ICS Highlight Report from Lisa Kell, Director of Commissioning, SYB ICS.</p> <p>The report provided a summary identifying progress and key risks in relation to each of the SYB ICS workstreams.</p> <p>SROs were asked to consider the report and identify recommendations to future reports. Comments should be forwarded to Lisa Kell.</p> <p>The risks identified relate to the following workstreams – Cancer Alliance performance; Children and Emergency, Digital, Elective and Diagnostics, Mental Health and Learning Disabilities, Prevention and Radiology.</p> <p>This new format of reporting was welcomed by the Board.</p> <p>The Chair thanked Lisa Kell for her report.</p>	
<p>91/18</p>	<p>Development of Integrated Care in Places</p> <p>The Collaborative Partnership Board received a report and powerpoint presentation from Alison Knowles, Locality Director – NHS England North (Yorkshire and Humber).</p> <p>Alison Knowles presented the current position on digital priorities, bids and funding. The digital vision is for all residents in South Yorkshire and Bassetlaw to have access to and to use digital technology and information in order to improve or maintain their own health and wellbeing.</p> <p>The Board noted that Mark Janvier is leading this project and will be contacting each place for representation to join the working group.</p> <p>The Board requested that the slides be circulated to members following the</p>	<p>MM</p>

	<p>meeting.</p> <p>Alison Knowles proceeded to present her report on Development of Integrated Care in Places.</p> <p>The Board noted that following verbal updates for each place at the previous Collaborative Partnership Board, it was agreed to produce a report capturing a structured, standardised approach at place, next steps and key priorities.</p> <p>The report provided updates on:</p> <ul style="list-style-type: none"> • The development of the national policy around integrated care as part of the forthcoming NHS Long Term Plan • The progress made within each of the five places. <p>It was noted that a quarterly update in this format will be produced so that the wider ICS can understand the progress in each place and consider the opportunities for collaborative working as a system.</p> <p>The report provided detailed updates from each place structured around five domains: Governance; Population health; Data and information; Payments and incentives, Co-ordinated delivery.</p> <p>The next steps for the five places were noted as follows:</p> <ul style="list-style-type: none"> ➤ Focus on Population Health ➤ Payments and incentives ➤ Governance ➤ Co-ordinated delivery <p>Following discussion, the Board agreed for Alison Knowles to attend the Programme Director’s meetings at each place to support the data collection for future reports.</p> <p>The Collaborative Partnership Board was asked to note the contents of report.</p> <p>The Chair thanked Alison Knowles for her report.</p>	AK
92/18	<p>Long Term Plan</p> <p>The Collaborative Partnership Board received this report from Helen Stevens, Associate Director Communications and Engagement STB ICS.</p> <p>The report provided the high level overview of the key themes from system partners as part of the engagement on the Long Term Plan for the NHS.</p> <p>The Board was asked to note that the Long Term Plan is due to be published in late November / beginning of December 2018. From December 2018 – March 2019 staff, patients, the public and other stakeholders will have the opportunity to help local health and care organisations determine what the plan means for their area, and how best the ambitions it sets out can be met. Partners within SYB ICS will want to determine how this will work in each place and at a system level.</p> <p>The Chair asked the Board to note the dates of the Long Term Plan Engagement Event taking place in London on 22nd October and York on 29th October. The Board was encouraged to attend where possible to ensure representation from SYB ICS.</p> <p>The Chair thanked Helen Stevens for her report.</p>	
93/18	<p>Population Health Management</p> <p>The Collaborative Board received this report from Lisa Kell Director for Commissioning, SYB ICS, Maddy Ruff, SYB Chief Executive System Lead for</p>	

	<p>Primary Care, Population Health and Prevention and Dr Rupert Suckling Director of Public Health, Doncaster.</p> <p>The Board was informed that NHSE had mandated through its 2018/19 MOU with the ICS, the development of a population health function that facilitates the integration of services focused on populations across each place that are most at risk of developing acute illness and hospitalisation. Systems will build skills and capacity to implement population health management and make significant progress towards full maturity of the three NHSE population health management capabilities through a system-wide plan setting out locally determined population health priorities.</p> <p>The report provided an overview of the approach being taken to introduce population health in South Yorkshire and Bassetlaw and the next steps.</p> <p>Maddy Ruff asked the Board to note that engagement with Health and Care partners was imperative and that population health approaches should underpin all ICS workstreams. A PHM delivery group has been established with representation from the five places.</p> <p>The Board was informed that a progress report will be presented at the next meeting.</p> <p>The Chair thanked Maddy Ruff, Dr Rupert Suckling and Lisa Kell for their report.</p>	
<p>94/18</p>	<p>Prevention and Social Prescribing</p> <p>The Collaborative Board received this report from Dr Lisa Wilkins, Consultant in Public Health Medicine, SYB ICS.</p> <p>The report provided an update on progress of the three agreed priority areas within the ICS Prevention Workstream as follows:</p> <ol style="list-style-type: none"> 1. Embedding tobacco treatment dependency in secondary care – the QUIT programme 2. Systematic quality improvement in the identification and management of clinical risk factors for cardiovascular disease (Atrial fibrillation,, hypertension and cholesterol) 3. To increase access for a wider range of residents for South Yorkshire and Bassetlaw to social prescribing; a gateway to accessing non-medical forms of support and to empower clients to enhance their own well-being. <p>The Board noted that as part of the QUIT programme, Tackling Tobacco Dependency in Secondary Care Event is taking place on, 7th November 2018, 9-12 noon, St Mary's Conference Centre, Sheffield. The event is supported by a number of executive and senior executives. The Board was asked to encourage representation from their organisations.</p> <p>The Board was informed that all five places in South Yorkshire and Bassetlaw have a social prescribing service, Although all the services have developed differently to meet local needs, all have the same core principles. The objective is to further increase the social prescribing offer through collaborative partnership, stakeholder engagement including the voluntary and community sector and citizens, volunteers and the public; building on existing services and sharing best practice.</p> <p>The Board noted the contents of the report and the recommendations listed within the report in order to progress with the three prevention workstream priorities.</p> <p>The Chair thanked Dr Lisa Wilkins for her report.</p>	
<p>95/18</p>	<p>Hospital Services Programme Update</p> <p>The Collaborative Board received the Hospital Service Programme update report from Alexandra Norrish, Hospital Services Programme Director.</p>	

	<p>The Board was informed that all CCG Governing Bodies have signed off the Strategic Outline Case (SOC) of the Hospital Services Review (HSR) and the SOC will be published following ratification at this meeting. The report included details of feedback received from the governing bodies and trusts.</p> <p>Following discussion the Collaborative Partnership Board agreed the sign off of the SOC and the plans for publication.</p> <p>Alexandra Norrish informed the Board that in light of feedback received from Boards, governing bodies, and various groups and organisations around the final HSR report, a small number of changes was proposed in the following areas:</p> <ol style="list-style-type: none"> 1. Access – Transfers of Care / Choice / Bed capacity 2. Quality – Out of area transfers / Improving or maintaining quality 3. Equality <p>Following discussion, the Collaborative Partnership Board agreed to the refresh of the evaluation criteria for the Hospital Services Programme as detailed within the report.</p> <p>The Board received an update on the progress of the HSP Reference Group from their meeting on 22nd September 2018 and the Board will continue to receive progress reports.</p> <p>The Board was asked to formally approve the new name for the HSP going forward as “Working Together on Hospital Services”. The Board approved the recommendation.</p> <p>The Chair thanked Alexander Norrish for her reports.</p>	
<p>96/18</p>	<p>Finance Update</p> <p>The Collaborative Partnership Board received the report from Jeremy Cook, Finance Director SYB ICS.</p> <p>The Board noted that the planning guidance for 2019/20 is due in November 2018. A System Efficiency Board workshop was held on 29th September with a further workshop scheduled for 16th November.</p> <p>The Board was advised that the financial position at month 5 is a favourable variance against plan of £2.3m with all organisations forecasting achievement against plan. This is despite efficiency savings showing an adverse variance against plan at month 5 of £1.8 m and a forecast adverse variance of £2.7m. The key financial risks are in delivery of the efficiency savings in the second half of the year as a number of plans are back end loaded.</p> <p>The Board received an update on the financial framework 2019/20 and the workshop attended by Jeremy Cook on 21st September. A co-ordinated response collated from feedback from South Yorkshire and Bassetlaw Directors of Finance and Chief Operating Officers was submitted to NHSE/I on 4th October for consideration. The planning guidance for 2018/20 is due to be published in November.</p> <p>The Chair thanked Jeremy Cook for his report.</p>	
<p>97/18</p>	<p>Any Other Business</p> <p>There was no other business to consider.</p>	
<p>98/18</p>	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place at 9.30am to 11.30am on 9th November 2018 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	