

**A meeting of the NHS Barnsley Clinical Commissioning Group Governing Body will be held on Thursday 11 November 2021 at 9.30 am via Microsoft Teams**

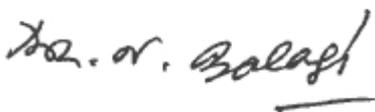
**AGENDA  
(Public)**

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

14	Assurance Report Digital and IT		Information & Assurance	<b>GB/Pu 21/11/14</b> Jeremy Budd	10.55 am 10 mins
15	Assurance Report Continuing Health Care and Complex Cases (quarterly) Summary Report		Information & Assurance	<b>GB/Pu 21/11/15</b> Jayne Sivakumar	11.05 am 10 mins
16	Commissioning of Children's Services		Information & Assurance	<b>GB/Pu 21/11/16</b> Patrick Otway	11.15 am 10 mins
17	Children's Community Nursing and Children's Assessment Unit Specification.		Approval	<b>GB/Pu 21/11/17</b> Angela Fawcett Leanne Sparks	11.25 am 10 mins
<b>Quality and Governance</b>					
18	Quality Highlights Report		Assurance	<b>GB/Pu 21/11/18</b> Jayne Sivakumar	11.35 am 10 mins
19	Annual Report – Children and Adult Safeguarding		Information & Assurance	<b>GB/Pu 21/11/19</b> Jayne Sivakumar	11.45 am 5 mins
20	Risk & Governance Exception Report (full reports)		Assurance	<b>GB/Pu 21/11/20</b> Richard Walker	11.50 am 10 mins
<b>Finance and Performance</b>					
21	Integrated Performance Report inc QIPP		Assurance and Information	<b>GB/Pu 21/11/21</b> Roxanna Naylor Jamie Wike	12.00 noon 15 mins
22	Operational and Financial Plan 2021/22 - H2		Information & Approval	<b>GB/Pu 21/11/22</b> Roxanna Naylor	12.15 pm 10 mins
<b>Committee Reports and Minutes</b>					
23	23.1	Unadopted Minutes of the Membership Council held on 8 September 2021	Assurance	<b>GB/Pu 21/11/23.1</b> Nick Balac	12.25 pm 5 mins
	23.2	Unadopted Minutes of the Audit Committee held on 16 September 2021	Assurance	<b>GB/Pu 21/11/23.2</b> Nigel Bell	
	23.3	Minutes of the Finance and Performance Committee held on: <ul style="list-style-type: none"> <li>• 2 September 2021</li> <li>• 7 October 2021</li> </ul>	Assurance	<b>GB/Pu 21/11/23.3</b> Nick Balac	
	23.4	Assurance Report of the Primary Care Commissioning Committee held on 30 September 2021 inc adopted minutes 5 August 2021	Assurance	<b>GB/Pu 21/11/23.4</b> Chris Millington	

	23.5	Minutes of the Quality and Patient Safety Committee held on 19 August 2021	Assurance	<b>GB/Pu</b> <b>21/11/23.5</b> Jayne Sivakumar	
	23.6	Unadopted Minutes of the Health and Wellbeing Board held on 7 October 2021.	Assurance	<b>GB/Pu</b> <b>21/11/23.6</b> Nick Balac	
<b>General</b>					
24	<p>Reports Circulated in Advance for Noting:</p> <p>From the SYB ICS Health Executive Group held on 14 September 2021</p> <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul> <p>From the SYB ICS Health Executive Group held on 12 October 2021</p> <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> <li>• ICB Development Update (Enc C)</li> </ul>		Information & Assurance	Nick Balac	12.30 pm 5 mins
25	<p>Reflection on how well the meeting's business has been conducted:</p> <ul style="list-style-type: none"> <li>• Conduct of meetings</li> <li>• Any areas for additional assurance</li> <li>• Any training needs identified</li> </ul>		Assurance	Nick Balac	12.35 pm
26	<p><b>Date and Time of the Next Meeting:</b></p> <p>Thursday 20 January 2021 at 09.30 am Via Microsoft Teams</p>				12.35 pm Close

Signed



Dr Nick Balac – Chairman

**Exclusion of the Public:**

The CCG Governing Body should consider the following resolution:

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

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

## GOVERNING BODY

11 November 2021

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

#### PART 1A – SUMMARY REPORT

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

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

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

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

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

### NHS Barnsley Clinical Commissioning Group Register of Interests

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

#### Register: Governing Body

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

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

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

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>• Chair of the Remuneration Committee at Barnsley Healthcare Federation (ceased July 2021)</li> </ul>
M Hussain Kadarsha	GP Governing Body Member	<ul style="list-style-type: none"> <li>• GP Partner in Hollygreen Practice</li> </ul>
		<ul style="list-style-type: none"> <li>• GP Partner in Lakeside Surgey, Goldthorpe (Partner in Company Alliance Primary Care LTD)</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG</li> <li>• Member of the British Medical Association</li> <li>• Director of YAAOZ Ltd, with wife</li> </ul>
		<ul style="list-style-type: none"> <li>• Malkarsha Properties Ltd (Director)</li> <li>• Partner (share holder) in Primecare LTD – holding the APMs contract for Lakeside Surgery and Goldthorpe</li> </ul>
Jamie MacInnes	Governing Body Member	<ul style="list-style-type: none"> <li>• GP Partner at Dove Valley Practice</li> </ul>
		<ul style="list-style-type: none"> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

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

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

In attendance:

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

**GOVERNING BODY**11<sup>th</sup> November 2021**Patient and Public Involvement Activity Report****PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input type="checkbox"/>	
<b>2.</b>	<b>PURPOSE</b>		
	This report outlines latest guidance of the patient and public involvement and highlights any activity we have carried out to help inform commissioning decisions and service development.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive	Jeremy Budd	Director of Strategic Commissioning and Partnerships
	Author	Kirsty Waknell	Head of communications, engagement and equality
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters (relating to the mental health strategy) raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Barnsley Mental Health Partnership Board	Oct '21	Noted progress
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
<b>5.1</b>	<b><u>Developing a borough-wide all age mental health strategy for Barnsley</u></b>		
	<p>The current All Age Mental Health Strategy that we have in place was published back in 2015. This pre-dates the following national guidance/ documentation/ initiatives; 'Five Years Forward View in Mental Health', 'Future in Mind', 'NHS Long Term Plan and the 'Public Health England Prevention Concordat for Better Mental Health' and the current strategy also excludes dementia.</p> <p>Significant transformation of mental health services has taken place since the current strategy was published back in 2015 and in addition significant levels of funding are being received locally and regionally to transform mental health</p>		

services even further.

As a result of the above, all partners have agreed to refresh the mental health strategy and to include dementia services. A mental health strategy task and finish group has been established to refresh the strategy and the development of this is being overseen by the Barnsley Mental Health Partnership Board.

The mental health strategy task and finish group which includes representation from the Barnsley Mental Health Forum and Healthwatch Barnsley have agreed that the strategy will adopt a life course approach. Key areas of focus have been agreed and a lead identified for each area of focus to lead the development of that part of the strategy. The leads have utilised previous feedback and insight gathered over the course of the implementation of the previous strategy lifetime (between 2015 and 2021) to shape and develop the first draft version of the new strategy which has subsequently been circulated for comments across the partnership.

Each section of the draft mental health strategy attempts to reflect the following 'Golden Threads';

- Tackling inequalities
- Involvement, participation and co-production
- Integration and partnership – community and voluntary sector organisations
- Parity of esteem
- Digitalisation

The next step is for the initial comments and feedback received from across the wider partnership to be taken into consideration to refine the next version of the draft strategy during November.

It is then the intention to plan and carry out a dedicated period of engagement with service users, carers, wider partners and members of our local communities at the end of the 2021 and into the beginning of 2022 to help shape the final version of the strategy prior to seeking approval of this before the end of the current financial year.

## **5.2 Developing Community Diagnostic Hubs in South Yorkshire**

Across South Yorkshire, health services are looking at what changes we can make to help people receive diagnostic tests faster, receive a diagnosis earlier and get more people onto their treatment journeys sooner.

Community Diagnostic Hubs are intended to improve diagnostics across England. In October 2020, the [Diagnostics: Recovery and Renewal review](#) led by Sir Mike Richards outlined several projects that could be delivered to improve diagnostics across England.

One of the recommendations from the Richard's review was to create Community Diagnostic Hubs (CDHs - when they open they may be called something else but here we will refer to them as CDHs). These would be centres based in the community, often closer to where people live than larger hospital sites, that would provide diagnostic testing.

The goal is that patients will be able to visit this facility (or facilities) and, where

possible, have all their tests done in the same place and on the same day. There are many aims for the CDHs which are still being finalised but one of the key ones is to improve the patient experience in diagnosis. CDHs could prevent patients moving backwards and forwards across healthcare sites, from NHS site to NHS site, from specialist to specialist, and instead enable them to visit one site in one day and receive a clear and faster diagnosis.

In South Yorkshire we are currently working on putting some Community Diagnostic Hubs in place including one in the Glassworks based in Barnsley town centre. These hubs will be set up over the next year followed by several more in subsequent years.

We want to set these up as quickly as possible but of prime importance is ensuring that this is done in a way that's right for those using the service. As an [Integrated Care System](#) (ICS) we have recently been inviting views from wider stakeholders to help inform future planning and decision making. A copy of the report detailing the feedback received will be available shortly.

### **5.3 Developing an all age Autism Strategy for Barnsley**

The national, all-age autism strategy was published in July 2021 and a local strategy is being developed to focus on delivering both the recommendations within the national strategy and the issues raised by local people. A period of engagement is currently in the further planning with people who have, or care for someone, with autism and further details will be provided in a future report as this work progresses.

### **5.4 Neuro-rehabilitation services**

As part of a review into neuro-rehabilitation services available to people in Barnsley, the CCG and partners have been linking with Headway which is a charity which supports people affected by brain injury.

Existing and new patient experience information is also being used and sought to understand the current service provision gaps and the areas of service delivery that people value. This also includes carer and family views on what is needed and currently in place. Further details will be provided in a future report as this work progresses.

### **5.5 Developing the Children's Assessment Unit (CAU) at Barnsley Hospital**

The Children's Assessment Unit (CAU) is a key component of the urgent and emergency care offer for children and young people in Barnsley. It has well established links to the paediatric ward and complements other paediatric services offering an alternative to hospital admission, supporting and enhancing the work of GPs, community practitioners and emergency departments. A physical improvement programme now means that the new build CAU is sited next to the Paediatric Emergency Department (PED).

The new unit was designed by Barnsley Hospital Trust with the input of children, young people and service users who have helped specify lighting, wayfinding, decorations, and how services are referred to with sensitive and appropriate language. Some families involved in consultations also volunteered to be part of

	the series of video animations which welcome people to the units.
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"><li>• Note for assurance.</li></ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	NA

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care		7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	
	4.1 Mental Health	✓	10.1 Compliance with statutory duties	✓
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		3.6, 3.5	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
3.1	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			NA

	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
<b>3.5</b>	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
	<i>Whilst not needed for this update paper, EIAs will be completed for the items described in the paper.</i>	
<b>3.6</b>	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a 14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	<i>Whilst not needed for this update paper, 14Z2 form will be completed for the items described in the paper.</i>	
<b>3.7</b>	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
<b>3.8</b>	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
<b>3.9</b>	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
<b>3.10</b>	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**Minutes of the meeting of the Barnsley Clinical Commissioning Group Governing Body (PUBLIC SESSION) held on Thursday 9 September 2021, 9.30 am via Microsoft Teams**
**MEMBERS PRESENT**

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

**IN ATTENDANCE**

Jeremy Budd	Director of Strategic Commissioning and Partnerships
Siobhan Lenzionowski	Lead Commissioning and Transformation Manager (for minute reference GB/Pu 21/09/13 only)
Kay Morgan	Governance and Assurance Manager (Minutes)
Patrick Otway	Head of Commissioning (Mental Health, Children's, and Maternity) (for minute reference GB/Pu 21/09/14 only)
Alison Thorp	Macmillan Living with And Beyond Cancer Project Manager BHNFT (for minute reference GB/Pu 21/09/13 only)
Kirsty Waknell	Head of Communications and Engagement
Richard Walker	Head of Governance and Assurance
Jamie Wike	Chief Operating Officer

**APOLOGIES**

Nigel Bell	Lay Member for Governance
Dr Hussain Kadarsha	Member

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

Agenda Item		Action	Deadline
GB/Pu 21/09/01	<b>HOUSEKEEPING</b>		
	Members noted the etiquette for meetings held via Microsoft Teams.		

Agenda Item		Action	Deadline
<b>GB/Pu 21/09/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>GB/Pu 21/09/03</b>	<b>PATIENT STORY</b>		
	<p>The Chief Nurse introduced the Patient Story, reflecting the experiences of a man being diagnosed with Prostate Cancer, his journey through treatment and his aspiration to promote and support other men with early diagnosis of and living with prostate cancer. It was highlighted that the Patient Story linked to agenda item 14, 'Assurance Report – Cancer Update.'</p> <p>The following comments were received from Governing Body Members in respect of the patient story.</p> <ul style="list-style-type: none"> <li>• The Patient Story is a scenario seen quite often in general practice in particular the personal emotional side and support required.</li> <li>• The insecure fearful emotions of patients is a key for healthcare professionals and support groups to start conversations with people suspecting or diagnosed with prostate cancer.</li> <li>• Annual screening PSA tests (a blood test to help detect prostate cancer), are indicated if patients have concerns. Massive strides have been made in screening for prostate cancer and the PSA test may be expanded to include men from 50 years of age.</li> <li>• More men are coming forward to get prostate checked as opposed to a few years ago. The services provided in Barnsley are as good as anywhere in the country with swift diagnosis and treatment of prostate cancer.</li> <li>• The man in the patient story did not have any symptoms but had a grade 4 prostate cancer diagnosis and this is concerning from a clinician's perspective, to ensure the patient is appropriately treated and supported.</li> </ul> <p>The Chairman concluded discussion advising that men are better informed re prostate cancer and are coming forward for consultation with their GPs but there is more work to be done from a health inequalities perspective.</p>		
	<b>The Governing Body noted the Patient Story.</b>		

Agenda Item		Action	Deadline
<b>GB/Pu 21/09/04</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>		
	The Governing Body considered the Declarations of Interests Report. No other new declarations were received.		
<b>GB/Pu 21/09/05</b>	<b>PATIENT AND PUBLIC INVOLVEMENT ACTIVITY REPORT</b>		
	The Head of Communications and Engagement introduced the Patient and Public Involvement Activity Report to the Governing Body.		
	<b>The Governing Body noted the Patient and Public Involvement Activity report and the approach to engagement for the re-procurement of primary care services in Brierley.</b>		
<b>GB/Pu 21/09/06</b>	<b>QUESTIONS FROM THE PUBLIC</b>		
	<p>The Head of Communications and Engagement read out the full question received from a member of the public and a response was provided by the Director of Strategic Commissioning and Partnerships.</p> <p><b>Question</b></p> <p>Re. Agenda Item 12 – Barnsley Place Agreement Barnsley Integrated Care Partnership Group Terms of Reference: Point 4.1 Membership</p> <p>“This clause is in direct conflict with the NHS Guidance which clearly states that Place-based Partnership board membership should include:</p> <p><i>“people who use care and support services and their representatives including Healthwatch”</i></p> <p><a href="#">Guidance on the development of place-based partnerships as part of statutory integrated care systems. Ref.PAR660 (2nd Sep.2021) - on P19. Point 4.</a> <a href="#">Interim guidance on the functions and governance of the integrated care board ( August 2021)– Annex 1 P32</a></p>		

Agenda Item		Action	Deadline
	<p>At the Health and Care Bill Committee evidence meeting this morning Mark Cubbon, NHSE/I Chief Operations Officer responsible for this guidance was very clear that it is “mandatory guidance” describing arrangements that the partnerships “must have”.</p> <p>So why doesn’t Barnsley have people who use care and support services on the Board in that role representing their peers, and why is the Healthwatch Chair not a full voting member?”</p> <p><b>Answer:</b></p> <p>“Thank you for the question. Getting the membership of the local partnership board right is really important to us, so thank you for your interest and raising the question.</p> <p>The guidance for membership came out around a week ago. This means we now have an opportunity to reflect on that new guidance to see if we are on track, ahead of any changes outlined in the proposed legislation. The CCG is committed to hearing the voice of people who use services and we will work with the emerging place based partnership to ensure that best practice is embedded in future arrangements.</p> <p>Healthwatch Barnsley is indeed a member on the Barnsley partnership group as it’s outlined in the guidance and that will provide a strong start. They don’t have voting rights because Healthwatch Barnsley wants to maintain an independent role and voice in Barnsley.</p> <p>Now we have the guidance, we’re keen to explore the ways we can bring people who use care and support services and their representatives into that Barnsley partnership as well as into the forums and working groups which feed into it”.</p> <p>It was noted that a copy of the response will be sent to the member of the public.</p>		
	<p>The Chairman thanked the member of the public for submitting the question to the Governing Body. He further commented that Healthwatch is a member and key partner of the Health and Wellbeing Board and engaged in place-based partnership work and also at ICS level.</p>		

Agenda Item		Action	Deadline
	The Governing Body noted the question received from the Member of the public.		
GB/Pu 21/09/07	<b>MINUTES OF THE MEETING HELD ON 8 JULY 2021</b>		
	The minutes of the Governing Body meeting held on 8 July 2021 were verified as a correct record of the proceedings.		
GB/Pu 21/09/08	<b>MATTERS ARISING REPORT</b>		
	<p>The Governing Body considered the Matters Arising Report, and the following updates were noted:</p> <p><b>Minute reference BG/Pu 21/07/15 Commissioning for Outcomes Policy</b></p> <p>It was noted that the first action, to present the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to a Barnsley Education Support Time (BEST) event is complete.</p> <p>In respect of the second action, the Chief Nurse agreed to advise the Secondary Care Clinician regarding the submission of the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to the Barnsley Clinical Quality Board.</p> <p><b>Minute reference GB 19/11/03 Patient Story - Young Commissioners, Oasis</b></p> <p>The Chairman commented that the voice and involvement of the young commissioners in the work of the CCG and Health &amp; Wellbeing Board will be considered at the next meeting of the Health and Wellbeing Board in October 2021</p> <p><b>Minute reference GB Pu 21/01/15 &amp; GB Pu 21.05.08 Suicide Prevention and Bereavement Support Update</b></p> <p>The Secondary Care Clinician reported that information detailing available services re suicide prevention and bereavement support services had been presented at a BEST (Barnsley Education Support Time) event and the action is complete.</p>		

Agenda Item		Action	Deadline
	<p><b>Minute reference GB Pu 21/05/16 &amp; GB Pu 21/07/08 Assurance Report Mental Health Update</b></p> <p>The Chairman commented that the language used regarding referrals to CAMHS is not constructive if a family is in need of support. It was noted that the single point of access (SPA) will pick up referrals, manage appropriately and if required redirect to other most relevant services.</p>		
<b>STRATEGY</b>			
<b>GB/Pu 21/09/09</b>	<b>CHIEF OFFICER'S REPORT</b>		
	<p>The Chief Officer presented his report which provided the Governing Body with:</p> <ul style="list-style-type: none"> <li>• The NHSE/I Annual Assessment letter</li> <li>• The Framework to support the transition to Integrated Care Boards &amp; guidance documents</li> <li>• A Proposal to Expand the Scope of the Joint Committee Delegation</li> </ul>		
	<p><b>The NHSE/I Annual Assessment letter</b></p> <p>The Governing Body noted that NHSE/I will no longer award an overall annual assessment rating to CCGs and this has been replaced by a narrative assessment of a CCG's performance. The Chief Officer announced that the CCG has done really well in this year's annual assessment, as demonstrated in the overall final comment from the assessment letter.</p> <p>The Chairman added in his opinion that if ratings were still in place the CCG would be rated as 'outstanding'. The Annual Assessment letter makes reference the CCG's key role in responding effectively to the Covid Pandemic in Barnsley. The Chairman highlighted that the resources and structures of the Primary Care Network (PCN) and the Barnsley Healthcare Federation had enabled the successful delivery of the Covid vaccination programme in Barnsley.</p> <p>The Chairman extended appreciation to member Practices and all staff for their fantastic work during the Covid Pandemic</p>		

Agenda Item		Action	Deadline
	<p><b>The Framework to Support the Transition to Integrated Care Boards &amp; Guidance Documents</b></p> <p>The Governing Body noted the HR Framework to support the transition to Integrated Care Boards (ICB) together with a range of other associated guidance. A series of Governing Body Change and Transition Assurance Sessions have been scheduled for Members to remain fully informed on the due diligence processes for closedown of the CCG and transition to the South Yorkshire Integrated Care Board.</p>		
	<p><b>A Proposal to Expand the Scope of the Joint Committee Delegation</b></p> <p>The Governing Body considered a proposal setting out that the Joint Committee of CCGs be adapted for the transition to the South Yorkshire and Bassetlaw Integrated Care System (ICS). The Chief Officer advised that Bassetlaw CCG will continue to part of the South Yorkshire &amp; Bassetlaw ICS until 31 March 2022 after which the ICS will become the South Yorkshire ICS.</p> <p>It was noted that the CCG will undertake all due diligence processes to ensure that when the CCG ceases to exist, the Barnsley Place will be in a good position for the future and a quality handover to the South Yorkshire ICS and Integrated Care Board.</p>		
	<p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the NHSE/I Annual Assessment letter</b></li> <li>• <b>Noted the Framework to support the Transition to Integrated Care Boards &amp; guidance documents</b></li> <li>• <b>Supported the JCCG Joint Commissioning Committee proposals and agreement for the Schedule (3) to be added to the JC CCG Manual Agreement / TOR and specifically</b> <ol style="list-style-type: none"> <li>a. <b>The proposed amendment to the delegation of the Joint committee for the transition work but noting the Joint committee TOR are unchanged</b></li> <li>b. <b>Establishment of the Joint Committee sub-committee – the Change and Transition Board -</b></li> </ol> </li> </ul>		

Agenda Item		Action	Deadline
	<b>to take forward the transition work between September and end March 2022</b>		
<b>GB/Pu 21/09/10</b>	<b>COVID-19 RESPONSE AND RECOVERY RESET UPDATE</b>		
	<p>The Chief Operating Officer provided the Governing Body with an update in relation to the current situation and the CCG's response to the Coronavirus Disease (COVID19) pandemic. The latest Covid Infection rates and hospital inpatient numbers were noted. In particular, that Barnsley has the highest Covid infection rates for the over 60s population in South Yorkshire. It was highlighted that the Covid vaccination continues to protect the population.</p>		
	<p>The Chairman referred to the high infection rates and highlighted that:</p> <ul style="list-style-type: none"> <li>• The hospital workload is detailed in the report. However members of the public need to be aware that the vast majority of Covid positive patients are managed and cared for by primary care and community services. Patients are not just cared for by the hospital but by primary and community care services. In view of demand GP services are doing everything possible to ensure the safety of staff and patients before face to face appointments are fully restored. Patients can still access primary and community services to receive the right care at the right time.</li> <li>• The vaccination of 12-15 year olds is being undertaken outside of primary care services but the mop up will be by primary Care. Practices are progressing with the flu vaccinations until national guidance is received on giving the flu and Covid booster vaccinations together.</li> </ul> <p>It is important for the public to understand the pressures in the context of service delivery for primary care and also that pressures become more demanding in late autumn into winter.</p> <p>The Chief Operating Officer commented that Practices are seeing a higher number of patients and informed the meeting of the primary care services put in place to support Barnsley people during the Covid pandemic including the 'hot' clinic for patients with Covid symptoms, the home visiting service, and extended hours. National guidance is awaited but early indications imply that subject to</p>		

Agenda Item		Action	Deadline
	availability of vaccine, the Flu and Pfizer Covid booster vaccinations can be given together with a 15 minute waiting / observation time.		
	<p><b>The Governing Body noted the update provided in this paper including the progress in implementing the vaccination programme.</b></p> <p><b><i>Agreed Action</i></b>  <b><i>To include primary care workload and pressures in future Covid-19 Response and Recovery Reset Reports to the Governing Body</i></b></p>	JW	
<b>GB/Pu 21/09/11</b>	<b>BARNSELY PLACE AGREEMENT</b>		
	The Director of Strategic Commissioning and Partnerships provided the Governing Body with an update on the proposed arrangements for the development of the Barnsley Integrated Care Partnership (ICP) including a collaborative agreement for the ICP (referred to as the "Place Agreement"). It was noted that the Place Agreement is a key step towards the successful delivery of a Place Based Partnership for Barnsley as part of South Yorkshire Integrated Care System (ICS) from 1 April 2022.		
	The Chairman highlighted that the Barnsley Place Agreement allowed partners to respect each other's challenges and work together to achieve the best outcomes for Barnsley people. The Place Agreement had a systematic resolution process, without apportioning blame, all partners will be treated as equal with recognition that adversarial positions waste time and money. The Chairman advised that he personally recommend approval of the Barnsley Place Agreement.		
	<b>The Governing Body approved the draft Place Agreement, as a key stepping stone towards the establishment of a Place Based Partnership as part of South Yorkshire ICS from 1 April 2022.</b>		
<b>GB/Pu 21/09/12</b>	<b>BARNSELY HEALTH AND SOCIAL CARE PLAN</b>		
	The Director of Strategic Commissioning and Partnerships introduced the Barnsley Health and Care Plan 2021/22 to the Governing Body. The plan sets out the ambitions of the Integrated Care Partnership to improve health and wellbeing outcomes for the people of Barnsley.		

Agenda Item		Action	Deadline
	<p>The Governing Body noted the 8 priorities within the Health and Care Plan for 2021/22.</p>		
	<p>In response to a question raised by the Secondary Care Clinician, it was clarified that work to support parents and children from deprived areas to improve children's futures is a focus of the refreshed Health and Wellbeing Strategy.</p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning commented that it is important to promote and send messages about the Barnsley Health and Care Plan 2021/22 to the public and Practices. He further referred to the Better Together Principles of Involving People and queried the meaning of principle 'Avoid repeating the same conversations.'</p> <p>The Director of Strategic Commissioning and Partnerships explained that a patient can provide the same information to a multitude of health care professionals and the introduction of the shared care record is a solution to make health records accessible by health professionals to enable services to work as a team. This will remove the frustration of patients having to repeat the same information to multiple health care professionals. The Chairman advised that there may be some confusion from members of the public because the 'avoid repeating the same conversations' principle appeared in the Involving people section this may be viewed as relating to Involvement opportunities.</p>		
	<p><b>The Governing Body endorsed the Barnsley Health and Care Plan 2021/22.</b></p>		
<p><b>GB/Pu 21/09/13</b></p>	<p><b>ASSURANCE REPORT – CANCER UPDATE</b></p>		
	<p>The Lead Commissioning and Transformation Manager provided the Governing Body with assurance about the cancer programme and the plan in place for managing the impact of COVID on the pathways.</p> <p>The Governing Body noted the clinical decision tool for GPs to refer into the cancer pathway. The Lead Commissioning and Transformation Manager highlighted that Barnsley is receiving national recognition. The Barnsley cancer nurses have been shortlisted for a Nursing Times award and the</p>		

Agenda Item		Action	Deadline
	'nudge the odds let's find cancer early' initiative has been shortlisted for the HSJ awards.		
	The Chairman commented that when patients speak to practice receptionists, they are sometimes unwilling to give their symptoms to the receptionist. Receptionists are very professional and are the first point of contact into services, all information is kept strictly confidential, but receptionists are sometimes unable to fully help the patient without relevant information. Public awareness of this may be helpful for patients contacting their GP Practices.		
	<b>The Governing Body noted the Assurance Report – Cancer Update.</b>		
<b>GB/Pu 21/09/14</b>	<b>ASSURANCE REPORT – TRANSFORMING CARE UPDATE</b>		
	<p>The Head of Commissioning (Mental Health, Children's and Maternity) introduced his report providing assurance to Governing Body members of the ongoing work being undertaken to ensure that, where appropriate, patients falling within the TCP Programme are being discharged into placements within the local community.</p> <p>The Governing Body agreed to receive a further update assurance report Transforming Care Update on 10 March 2022. By March 2022, the CCG and Governing Body will have a steer as to where the oversight of future assurance reports will go.</p>		
	<b>The Governing Body noted the Assurance Report – Transforming Care Update.</b>		
<b>QUALITY AND GOVERNANCE</b>			
<b>GB/Pu 21/09/15</b>	<b>QUALITY HIGHLIGHTS REPORT</b>		
	The Chief Nurse introduced the Quality Highlights report to the Governing Body. The Governing Body considered the amber rated quality issue relating to the South West Yorkshire Partnership Foundation Trusts (SWYPFT) general community services waiting lists recognising that community services are under considerable pressure maintaining services during the Covid pandemic. Members noted that following a data cleansing exercise and new key		

Agenda Item		Action	Deadline
	performance indicators (KPIs) further detailed information i.e., clock speeds for waiting times and performance of Neighbourhood Teams will be available and reported to the Quality Board. The Planned Care Board will also consider planned care activity and waiting times performance.		
	<b>The Governing Body noted the Quality Highlights Report for information and assurance.</b>		
<b>GB/Pu 21/09/16</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>		
	<p>The Head of Governance and Assurance introduced the Risk and Governance Exception Report to the Governing Body.</p> <p>Members were informed members that subsequent to the report being drafted, the Finance and Performance Committee had requested for two additional red rated risks be added to the Risk Register regarding:</p> <ol style="list-style-type: none"> <li>1. Commissioning care that demonstrates value for money for complex patients</li> <li>2. CHC Adults and Complex Case Management</li> </ol>		
	The Chairman referred to the CCG Constitution, he commented that the two Practices to be added to the list of CCG Member Practices Woodland Drive Medical Centre and Dr Mellor and Partners had always been member practices. It was noted that this was not a material error and could be due to a change in Practice names, mergers, or retirements.		
	<p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>• <b>Reviewed the GBAF for 2020/21, and determined that the risks are appropriately described and scored, and there is sufficient assurance that they are being effectively managed</b></li> <li>• <b>Did not identify any additional positive assurances relevant to the risks on the GBAF</b></li> <li>• <b>Reviewed the extract of the Corporate Risk Register and confirmed all risks are appropriately scored and described and identify any potential new risks.</b></li> <li>• <b>Approved the reduction in the risk score for risk 21/01 and the increase in the risk score re 13/13</b></li> <li>• <b>Approved the revisions to the Quality &amp; Patient Safety Committee Terms of Reference and note that</b></li> </ul>		

Agenda Item		Action	Deadline
	<p>(subject to Committee approval) no changes are proposed to the Terms of Reference of the Audit Committee</p> <ul style="list-style-type: none"> <li>• Noted the self-assessment against the EPRR core standards and approved the submission of a 'fully compliant' statement of compliance</li> <li>• Approved the minor updates and corrections proposed to the CCG's Constitution.</li> <li>• Agreed, as proposed by the Finance and Performance Committee to the inclusion of two new risks in the Risk Register re <ul style="list-style-type: none"> <li>○ Commissioning care that demonstrates value for money for complex patients</li> <li>○ CHC Adults and Complex Case Management</li> </ul> </li> </ul> <p><b>Agreed action</b></p> <p><i>To circulate the two new 'red' rated risks as proposed by the Finance and Performance Committee re CHC &amp; complex cases to Governing Body Members for comment.</i></p> <p><i>To check with the CCGs Primary Care Contracting Team that all entries in the list of CCG member practices included within the Constitution are correct.</i></p>	<p>RW</p> <p>RW</p>	<p>30.09.21</p> <p>30.09.21</p>
<b>FINANCE AND PERFORMANCE</b>			
<b>GB/Pu 21/09/17</b>	<b>INTEGRATED PERFORMANCE REPORT</b>		
	<p><b>Performance</b></p> <p>The Chief Operating Officer provided the Governing Body with an overview on the CCG's performance against key performance indicators up to month 4 (July 2021). The Governing Body particularly noted performance in relation to Urgent Care, Planned Care and Mental Health Learning Disabilities and Cancer.</p> <p>The Chairman referred to the CHC risk discussed earlier in the meeting and queried if the identified mitigations do not managed the risk and from a performance perspective will there come a point where the service is unsustainable.</p>		

Agenda Item		Action	Deadline
	<p><b>Finance</b></p> <p>The Chief Finance Officer provided the Governing Body with an overview of the financial performance up to 31 July 2021. The CCG is forecasting to achieve all year-end financial duties and planning guidance requirements, with an in-year balanced budget position, subject to further technical adjustments relating to the Hospital Discharge Programme (HDP) and Elective Recovery Fund (ERF).</p> <p>The Governing Body noted the in-year pressures, emerging risks and under-delivery of planned efficiency schemes included within the reported position with a forecast underspend of £56k.</p> <p>The Chief Finance Officer advised that Continuing Health Care &amp; Complex Cases continues to be a volatile area with appropriate risks added to the CCG Risk Register. The Head of Medicines Management is to attend the Finance and Performance Committee to discuss the position re prescribing and emerging pressures.</p> <p>The Chief Finance Officer advised that a briefing for NHS Chief Finance Officers and Finance Directors regarding 2021/2022 finances is scheduled for 9 September 2021 following the Governing Body meeting.</p>		
	<p>The Governing Body noted the contents of the report including:</p> <ul style="list-style-type: none"> <li>• Performance to date 2021/22</li> <li>• Projected delivery of all financial duties, predicated on the assumptions outlined in this paper and mitigating</li> </ul>		
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>GB/Pu 21/09/18</b>	<b>COMMITTEE REPORTS AND MINUTES</b>		
	<p>The Governing Body received and noted the following Committee minutes &amp; assurance reports:</p> <ul style="list-style-type: none"> <li>• Minutes of the Finance and Performance Committee held on 1 July 2021.</li> </ul>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> <li>Assurance Report from the Primary Care Commissioning Committee held on 5 August 2021 including adopted minutes dated 27 May 2021.</li> </ul> <p>The Chairman referred to the transition of the CCG's functions to the Integrated Care Board, new place arrangements and the primary care team being based at ICS level and queried how decisions be made without appropriate clinical input and advice. He further commented that the CCG's Primary Care Commissioning Committee makes decisions with due regard to conflicts of interest, the committee has no voting GP members but strong clinical input and guidance is provided to the committee. The CCG's clinical voice and knowledge will be utilised in the CCG's close down due diligence processes going forward.</p> <p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning commented that the Lay Member and Secondary Care Clinician voice brings an independent perspective to decision making and are also in tune to the sensitivities of local people.</p> <p>The Governing Body noted the retirement of Mr Colin Brotherstone-Barnett, Head of Inclusion and Wellbeing and extended their appreciation for his, knowledge, skills and great work undertaken in the CCG.</p> <ul style="list-style-type: none"> <li>Adopted Minutes of the Quality and Patient Safety Committee held on 17 June 2021.</li> <li>Assurance Report from the Equality &amp; Engagement Committee held on 12 August 2021 including adopted minutes dated 20 May 2021</li> <li>Unadopted Minutes of the Health and Wellbeing Board held on 10 June 2021</li> </ul>		
<b>GB/Pu 21/09/19</b>	<b>REPORTS CIRCULATED IN ADVANCE FOR NOTING</b>		
	<p>The Governing Body noted the reports circulated in advance of the meeting:</p> <p>From the SY&amp;B ICS Health Executive Group held on 13 July 2021</p>		

Agenda Item		Action	Deadline
	<ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul> <p>From the SY&amp;B ICS Health Executive Group held on 10 August 2021</p> <ul style="list-style-type: none"> <li>• SYB ICS CEO Report (Enc B)</li> </ul>		
<b>GB/Pu 21/09/20</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	The Governing Body agreed that the business of the meeting had been achieved.		
	<p>The Chairman thanked Barnsley people for viewing the meeting.</p> <p><b>The Governing Body agreed to close the public session of the meeting and proceed to the private part of the agenda. The recording of the meeting was ceased.</b></p>		
<b>GB/Pu 21/09/21</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	Thursday 11 November 2021 at 09.30 am via Microsoft Teams		

**GOVERNING BODY  
(Public session)**

**11 November 2021  
MATTERS ARISING REPORT**

The table below provides an update on actions arising from the previous meeting of the Governing Body (public session) held on 9 September 2021

*Table 1*

<b>Minute Ref</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome/Action</b>
<b>GB/Pu 21/09/10</b>	<b>COVID-19 RESPONSE AND RECOVERY RESET UPDATE</b>  To include primary care workload and pressures in future Covid-19 Response and Recovery Reset Reports to the Governing Body	JW	<b>Complete</b>
<b>GB/Pu 21/09/16</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT</b>  To circulate the two new 'red' rated risks as proposed by the Finance and Performance Committee re CHC & complex cases to Governing Body Members for comment.  To check with the CCGs Primary Care Contracting Team that all entries in the list of CCG member practices included within the Constitution are correct.	RW  RW	<b>Complete</b>  <b>Complete</b>

## ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute Ref	Issue	Action	Outcome/Actions
<b>GB 19/11/03</b>	<p><b>PATIENT STORY - YOUNG COMMISSIONERS, OASIS</b></p> <p>To consider how the voice of the young commissioners can be involved with the work of the CCG, Health and Wellbeing Board and and Mental Health Partnership particularly moving into the new commissioning landscape and structures</p> <p>.</p>	<p><b>NB</b></p>	<p><b>IN PROGRESS</b> - Under consideration</p> <p>Patient Council Member; considering introductions via her contacts.</p> <p>13.05.2021 Update The Chairman agreed to raise this at the next meeting of the Health and Wellbeing Board in October 2021.</p>
<b>GB/Pu 21/01/15 &amp; GB/Pu 21/05/08</b>	<p><b>SUICIDE PREVENTION AND BEREAVEMENT SUPPORT UPDATE</b></p> <p>To provide assurance that information re Suicide Prevention and Bereavement Support Services is relevant and available to practice staff</p>	<p>PO MSm</p>	<p>Ongoing - PO liaising with Public Health colleagues to see how the MH information can be best shared.</p> <p>Public Health colleagues are linking directly with Primary Care staff. With regards to the Suicide Follow up service (that was originally funded as a pilot over winter) discussions are ongoing with SWYPFT as to how this service could best continue and a proposal has been received which outlines the need for additional resources and will be considered within the priority areas already identified by the Mental Health Partnership Board.</p>

	<p>To ensure that the Attempted Suicide Follow up Service is part of the SPA (single point of access) Mental Health access model and part of routine contracting for Mental Health Services to deliver the service.</p>	PO MSm	<p>Additional funding for mental health is to be received into the CCG via Mental Health Recovery funds and Service Development Funding.</p> <p>Work is progressing to ensure that the attempted suicide follow up service is part of the Single point of access (SPA).</p> <p>All of this will be considered within the Mental Health Investment paper that will be presented to the private session of Governing Body on 9<sup>th</sup> September 2021</p>
<p><b>GB/Pu 21/05/16 &amp; GB/Pu 21/07/08</b></p>	<p><b>ASSURANCE REPORT – MENTAL HEALTH UPDATE</b></p> <p>To schedule a review of CAMHS at a future BEST meeting.</p>	PO	<p>CAMHS has been a focus at a number of Governing Body Development sessions recently and future update sessions have already been agreed. A date for CAMHS to attend BEST is still to be determined.</p>
<p><b>GB/Pu 21/07/15</b></p>	<p><b>COMMISSIONING FOR OUTCOMES POLICY</b></p> <p>To submit the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to the Clinical Quality Board.</p> <p>9 September 2021 - The Chief Nurse to advise the Secondary Care Clinician regarding the submission of the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to the Barnsley Clinical Quality Board.</p>	MSi JS	<p>Complete - To CQB in November 2021</p> <p>Complete</p>
<p><b>GB/Pu 21/07/12</b></p>	<p><b>ASSURANCE REPORT LOCKED REHAB</b></p>		

	To undertake a detailed review of Out of Area Locked Rehabilitation services at a future Governing Body Development Session	JS JHarri	GBDS provisionally scheduled for December 2021 meeting
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**GOVERNING BODY**  
**Public Session**
**11 November 2021**
**REPORT OF THE CHIEF OFFICER**
**PART 1A – SUMMARY REPORT**

<b>1. THIS PAPER IS FOR</b>			
	<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 checked="" type="checkbox"/>	
<b>2. PURPOSE</b>			
	This report provides the Governing Body with an update report on progressing integrated care system governance		
<b>3. REPORT OF</b>			
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Chris Edwards	Chief Officer
	Author	Will Cleary-Gray,	Chief Operating Officer, SYB Health and Care Partnership
<b>4. SUMMARY OF PREVIOUS GOVERNANCE</b>			
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	South Yorkshire and Bassetlaw Health Executive Group	12 October 2021	Submit paper to SY&B CCG Governing Body's
<b>5. EXECUTIVE SUMMARY</b>			
	This report provides an update on progress made in developing the governance arrangements in readiness for the establishment of statutory Integrated Care Systems (ICSs) on 1 April 2021.		
	It summarises progress, key guidance, and the indicative timetable for next steps. This includes engaging on key components of the Integrated Care Board (ICB) in developing governance arrangements in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022.		

	<p><b>Executive Summary</b></p> <ul style="list-style-type: none"> <li>• The South Yorkshire and Bassetlaw Health and Care Partnership agreed a set of arrangements to take the partnership forward. A key group of the partnership is the ICS Development Steering Group, whose membership is drawn from across all system partners and key ICS building blocks.</li> <li>• The ICS Development Steering Group and the Health Executive Group have been considering the published guidance and policy including the development of partnership governance arrangements at its monthly meetings and most recently at its meetings on 14 September 2021.</li> <li>• National guidance to support establishment of statutory ICS was published over August and September, including on the functions and governance of the Integrated Care Board (ICB) and Model Constitution of the ICB.</li> <li>• ICS leaders and designate ICB leaders are asked to proceed with preparations to implement ICB governance and leadership arrangements.</li> <li>• The chair designate is now in post and appointment to the chief executive designate is underway.</li> <li>• CCGs are legally responsible for proposing the ICB Constitution to NHS England and Improvement and engaging with relevant partners. Barnsley, Doncaster, Rotherham and Sheffield CCGs have agreed a collective approach through the Joint Committee of CCGs. Key components of the Constitution including the size and composition of the Board and the process for the ICB nomination and selection of partner members, will now be taken forward by the designate chair and designate CEO, once appointed. The next step to take this forward is to engage with partners on these specific issues to get their input to shape proposals and this will follow shortly.</li> <li>• Engagement with appropriate partners on key components of the Constitution are expected by 30 November 2021</li> </ul>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the progress and summary of the position</li> <li>• Note and consider the key activities and timetable, Annex, A</li> <li>• Consider the published guidance on the functions and governance of an ICS and key elements of the Bill, Annexes B- G</li> <li>• Note the legal responsibility of the CCG to propose the ICB Constitution to NHS England and Improvement.</li> <li>• Note the requirement to engage with partners on the ICB Constitution</li> <li>• Note the step to engage with partners on specific issues relating to the constitution later in October</li> <li>• Note the priority to recruit to the first two designate non-executive directors of the ICB</li> <li>• Note boundary changes and name change of the Health and Care Partnership from 1 April 22</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix 1 – Paper to South Yorkshire and Bassetlaw Health Executive Group, Progressing ICS governance</li> </ul>
<b>Agenda time allocation for report:</b>	<b>10 minutes</b>

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

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

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

# South Yorkshire and Bassetlaw Health Executive Group

**Date:** 12 October 2021

**Subject:** Progressing ICS governance

**Report of:** Will Cleary-Gray, Chief Operating Officer, SYB Health and Care Partnership

**Sponsor:** Pearse Butler, Chair SYB Health and Care Partnership, Chair Designate South Yorkshire Integrated Care Board

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## SUMMARY OF THE REPORT

This report provides an update on progress made developing the governance arrangements in readiness for the establishment of statutory Integrated Care Systems (ICSs) on April 1, 2021.

## KEY MESSAGES

SYB Health and Care Partnership agreed a set of arrangements to take the partnership forward. A key group being the ICS Development Steering Group, whose membership is drawn from across all system partners and key ICS building blocks.

Guidance to support establishment of statutory ICS was published over August and September, including on the functions and governance of the Integrated Care Board (ICB) and Model Constitution of the ICB.

ICS leaders and designate ICB leaders are asked to proceed with preparations to implement ICB governance and leadership arrangements.

The chair designate is now in post and appointment to the chief executive designate is underway. Initial discussions on the ICB guidance and arrangements took place at the 14 September ICS Development Steering Group.

Engagement with appropriate partners on key components of the Constitution are expected by 30 November 2021

## PURPOSE OF THE REPORT

This report summarises progress, key guidance and indicative timetable for next steps. This includes engaging on key components of the ICB in developing governance arrangements, in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022

# The Health and Care Bill: Developing our governance arrangements

## Purpose

1. This report summarises progress and indicative timetable for next steps in developing our governance arrangements in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022.

## Background and context

2. South Yorkshire and Bassetlaw agreed a set of arrangements to respond to NHS England and Improvement next steps to Integrating Care, and the White Paper ["Integration and Innovation: Working together to improve integration and innovation for all"](#) This included the establishment of an ICS Development Steering group involving all partners across the ICS including Local Authorities, VCSE, Providers, including Primary Care, Mental Health and Children's Services, Commissioners and reflecting the key building blocks of our ICS including all five Places, Partnerships and Collaboratives.
3. Subsequently, the Health and Care Bill was put before Parliament on 6 July 2021 and further guidance on the governance arrangements of ICSs have been published during August and September. This includes [guidance on the functions and governance of the Integrated Care Board and model constitution for the ICB.](#)
4. ICS leaders, and designate ICB leaders as they are appointed, are asked to proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in this interim guidance. CCGs are legally responsible for proposing the ICB Constitution to NHS England and Improvement and engaging with relevant partners. The four CCGs have agreed a collective approach through the JCCCG. Key components of the Constitution including the size and composition of the Board and the process for the ICB nomination and selection of partner members, will now be taken forward by the designate chair and designate CEO, once appointed. The next step to take this forward is to engage with partners on these specific issues to get their input to shape proposals - this is anticipated in the next couple of weeks and further details on this will follow.  
[A summary of the timeline and key activities is attached at Annex, A](#)
5. South Yorkshire and Bassetlaw partnership now has its Chair Designate for the Integrated Care Board and recruitment for the designate Chief Executive is underway with interviews taking place on 11 October 2021.
6. The ICS Development Steering Group and the Health Executive Group have been considering the published guidance and policy including the development of partnership governance arrangements at its monthly meetings and most recently at its meetings on 14 September 2021.
7. The transition approach with five key steps was set out and discussed at the September HEG, to enable a smooth transition to statutory ICS. Both the framework to work on functional design and undertake due diligence is underway.

## Key elements of the Bill and guidance on establishing ICBs

8. A statutory ICS will be made up of a statutory NHS body – the Integrated Care Board (ICB) and a statutory joint committee - the Integrated Care Partnership (ICP) - bringing together the NHS, Local Government and partners.

[A summary of the core components of ICB governance are attached in Annex B](#)

9. The ICB will be directly accountable for NHS spend, commissioning and performance within the system. ICBs will bring partner organisations together in a new collaborative way with a common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place. Statutory functions, including those currently exercised by CCGs, will be conferred on ICBs from 1 April 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). In addition, NHSEI direct commissioning functions will be transferred or delegated starting April 2022 for Primary Medical Services with further delegation of other directly commissioned services from 2023 onwards.

[A summary of the statutory functions of the ICB are attached at Annex C.](#)

10. The core governance of the ICB will be an NHS unitary board and its membership, as a minimum, must include a chair and two further non-executives, the ICB chief executive and clinical and professional executive leaders, and partner members drawn from NHS trusts, primary care and local authorities within the ICS geography. Partner members are to be nominated and selected, as set out in the ICB Constitution, to ensure the board benefits from these important perspectives and the experiences these members will bring to enrich the leadership and decision-making of the Board. Partner members are not delegates or representatives of organisations. Other members may be determined locally.

[A summary of the minimum membership of the ICB is attached at Annex D.](#)

11. The Integrated Care Partnership is likely to be a wider group than the ICB and will develop an integrated care strategy to address the health, social care and public health needs of their system. The membership and detailed functions of the ICP will be up to local areas to decide as they form this joint committee. SYB has made significant progress co-producing its draft Health and Care Compact and a draft Terms of Reference for the refresh Health and Care Partnership, both of which have been consulted on with partners across the system and provide a good basis to build on now we have guidance from DHSC.

[A summary of arrangements for ICPs are attached at Annex, E](#)

12. A **duty to co-operate** will be introduced to promote collaboration across the healthcare, public health and social care system. ICSs, NHS England and NHS providers will be required to have regard to the '**Triple Aim**' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources. SYB spent some time co-producing a Compact between health and care partners which set out the shared commitment to our **quadruple aim** for the people of South Yorkshire.

[A summary of our commitment to the quadruple aim are attached at Annex Ei.](#)

13. **ICBs will be able to delegate** significantly to place level and to provider collaboratives. Delegation can be internal or external and will require due diligence and delegation agreements or contracts where appropriate to give clarity and confidence of any delegation or delivery agreement.
14. [Guidance to support thriving places was published in September 2021.](#) Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. Health and Wellbeing Boards will continue to have an important role in local places. NHS provider organisations will remain

separate statutory bodies and retain their current structures and governance but will be expected to work collaboratively with partners.

[Governance options for Place-based Partnerships are attached at Annex, F.](#)

15. [Working together as scale: guidance on provider collaboratives was published in August 2021.](#) Provider Collaboratives are expected to be in place by April 22 for all trust providing acute and mental health services. They are expected to agree specific objectives with one or more ICBs. ICBs and Provide collaborative must also define their working relationships for how they will contribute to the delivery of the ICB strategic objectives.

[Governance options for Provider Collaboratives are attached at Annex, G.](#)

### Key governance issues

16. **Inclusivity, values and behaviours** – strong and effective governance is as much about living our values as they are about formal arrangements and structures. Critical to our success will be that our new arrangements reflect, build on and strengthen our principles and behaviours and support the culture that we have strived to established as a partnership over the last 5 years. In particular, we will ensure that the arrangements reflect that which we know, our people are what make us successful and our focus is the people we serve. We continue to make real our commitment to equality, diversity and inclusive cultures. We are keen to continue to make progress in ensuring that our leadership and involvement in decision-making reflects the diversity of our communities and are exploring how we can take this forward. Equality impact assessments will play an important role in our new arrangements.
17. **Consistency of governance standards** – our principles of subsidiarity mean that places are developing arrangements that meet their local circumstances, within a common framework of good governance. The ICS Development Steering Group considered governance standards at its meeting in 14 September 2021 which it is proposed would apply across our system. The standards cover outcomes, values, transparency, citizen involvement, diversity, independent challenge and probity and can [be seen in Annex, H.](#)
18. **Subsidiarity and delegation** – under statutory arrangements, the vast majority of ICS capacity and resources will remain in our place teams. Places and are developing arrangements to fit local circumstances, within the context of our core governance standards and our place development matrix, the overall operating model of the ICS and governance of the ICB. This will bring to life the concept of one organisation, one workforce working in four place teams and support delegation.
19. **Considerations in each place arrangement are:**
- Health and Wellbeing boards continuing to play a key role in bringing partners together and setting strategy.
  - Building on existing strong place arrangements and relationships to enable effective collaborative decision making
  - The importance of clinical and profession leadership in decision-making
  - Involving statutory and non-statutory partners and ensuring that the citizen voice is heard
  - Ensuring that providers working across footprints are effectively represented without duplication and overlap.
20. **Our four places** have well established arrangements involving all partners. These are being reviewed in light of the published guidance and as part of the steps to establish

statutory ICSs and the ICB. Key next steps are: i) to agree priorities and the arrangements needed to work together to deliver these priorities and ii) the relationship and arrangements needed between these and the ICB to ensure we have thriving Places within a strong and vibrant ICS.

21. **Our system provider collaboratives:** Mental Health Alliance, Acute Federation and Primary Care Collaborative and Children and Young Peoples Alliance have established arrangements. These are being reviewed in light of the published guidance and the steps to establish statutory ICSs and ICB. Key next steps are: i) to agree priorities and the arrangements needed to work together to deliver these priorities and ii) the relationship and arrangements needed between these and the ICB to ensure we have strong and vibrant collaboratives within a strong and vibrant ICS.
22. **System arrangements – the Integrated Care Partnership** will be a statutory joint committee between partners. The ICS Development Steering Group put forward revised arrangements for our ICP together with a Health and Care Compact of our commitment to working together, to our Trust Boards, Governing Bodies and Councils earlier this year with a view to this new arrangement being in place for the 3<sup>rd</sup> Quarter 2021. Further consideration will be given to this at the ICS Development steering group on 12<sup>th</sup> October 2021 in light of guidance on the future ICP. The Partnership Board gave oversight to the development of our five-year plan, setting out our strategic direction and how we will work together as partners to improve health and wellbeing and reduce health inequalities. The Partnership Board focuses on the wider connections between health and wider issues including socio-economic development, housing, employment and environment. It takes a collective approach to decision-making and supports mutual accountability across our system. Our current arrangements mean that we are well placed to transition to a statutory joint committee and we will be reviewing the membership and terms of reference of the Partnership Board in line with the [national guidance on Integrated Care Partnerships, now published](#).
23. Our Integrated Care Partnership will set the overall strategy for our ICS, it will be built from the four place-based strategies which in turn will have been signed off by Health and Wellbeing Boards and delivered through place-based partnership arrangements. This will ensure that the specific needs of all our populations will be met at the same time as having the benefit of working as a whole system where those needs can't be met in anyone place or where to achieve equality of access, outcome, standards and quality a system approach is required.

### **Integrated Care Board in South Yorkshire.**

24. At the ICS Development Steering Group on 14 September key components of the national guidance on governance and functions of the ICB, including its minimum membership, were presented and discussed to inform initial work on the membership and working arrangements for the ICB board in South Yorkshire. We want our board to look, feel and function in the way that make sense for our system; one which aligns with the legislation, but not completely driven by it. Our system has developed significantly over the past 5 years with Places working in partnership and collaborations and providers being a central partner. The board will be built on principles of inclusivity, independent challenge and effectiveness and will reflect the scale and complexity of a diverse system which serves a population of 1.3 million and the core functions of an ICB. It will be part of a complex, decision-making framework, focused on delivery of our shared outcomes and with independent challenge built in at all levels and strong and consistent clinical and professional leadership. The executive portfolio will be developed to ensure that the CEO accountabilities are

appropriately delegated. The proposed roles will be part of the engagement of the whole board composition, to ensure it is effective and balanced. The ICB will be a statutory core member of the ICP Joint Committee. South Yorkshire will look to discharge the ICBs statutory duties in a way that aligns much more with our approach through Places and Collaboratives and will focus its operating model and one workforce, integrating in four places and across the system to achieve this for April 2022. This reflects, recognises and respects the importance and value in giving time for the new ICB to be established as a legal entity on the April 1, 2022.

25. **Committees of the ICB.** The ICB will be required to establish two statutory committees – **audit** and **remuneration**. We will also need to establish other committees to focus on oversight and assurance and provide the IC board with assurance on the delivery of key functions, including how the four key purposes of an ICS, equality of access and outcomes, quality and finance. The Partnership already has a number of effective collaborative forums such as the Health Oversight Board, the Integrated Assurance Committee, the Health Executive Group, Quality Surveillance Group, Clinical Forum and Finance Forum and People Board. Development work is focusing on how the role, membership and ways of working of these groups may need to be adapted in line with new statutory arrangements or need to end as statutory arrangements take shape.
26. **Designate non-executive members of the ICB.** ICBs are required to have, as a minimum, two non-executive members. Recruitment of the two designate non-executive members of the ICB is a priority for South Yorkshire and the final composition of the board may include more non-executives than the minimum and this will be part of the engagement of the full composition of the ICB. It is anticipated that the national process to enable local recruitment to progress will be up and running week commencing 11 October 2021. South Yorkshire plans to progress its non-executive recruitment as soon as possible after that date.

### **Boundary changes and ICB naming convention**

27. As part of the changes, we are proposing a name change for our ICS from April 2022 to South Yorkshire Health and Care Partnership. In addition, the naming convention approach for ICBs is anticipated. It's important to note that whilst Bassetlaw place will be part of the Nottingham and Nottinghamshire Health and Care Partnership (ICS), our work with Bassetlaw will continue both in terms of the strategic partnership with the Nottinghamshire and Nottingham ICS, Doncaster and Bassetlaw NHS Teaching Hospital Foundation Trust (and the work of the Acute Federation of Hospitals) and wider clinical and professional networks. Existing patient flows will be unaffected by this change to the boundary and this joint working is critical for the population of Bassetlaw.

### **Simplifying arrangements**

28. Our **ICS Development Steering Group** has served as the working group for our work on Governance to date and this is chaired by our ICS lead. It has representation from across our places, providers and sectors including NHS commissioners, provider collaboratives, local authorities, voluntary, community social enterprise (VCSE). This group has enabled sharing across each of our places and system, advising on where consistency is helpful and on the linkages between place, ICB and ICP arrangement. It has also steered the co-production of key products including, the Health and Care Compact, revised terms of reference for the Health and Care Partnership and a development matrix for place-partnership development. We want to simplify our arrangements as we move into the final six months to implementation of statutory

ICSs, to make it even easier for all key partners to engage in this important work. Two changes are proposed at this stage: i) Regular briefing to inform discussions into the weekly **Health and Care Management meetings**. ii) Amending the terms of reference of the **Health Executive Group** to reflect a renewed focus on ICS development and invite any regular remaining members from the Steering Group to join this group which has to date, taken place on the same day. It is proposed that this change takes place from November and therefore October will be the last meeting of ICS steering group as a separate meeting.

### **Recommendations:**

The Health Executive Group is asked to:

- Note the progress and summary of the position
- Note and consider the key activities and timetable, Annex, A
- Consider the published guidance on the functions and governance of an ICS and key elements of the Bill, Annexes B- G
- Note the requirement to engage with partners on the ICB Constitution
- Note the step to engage with partners on specific issues relating to the constitution later in October
- Note the priority to recruit to the first two designate non-executive directors of the ICB
- Note boundary changes and name change of the Health and Care Partnership from 1 April 22
- Agree changes to simplify arrangements from November 2021

# ANNEXES

<a href="#"><u>Annex, A</u></a>	<a href="#"><u>ICB key area Areas, activities and timescales</u></a>
<a href="#"><u>Annex, B</u></a>	<a href="#"><u>Table 2: Core components of ICB governance arrangements and expectations</u></a>
<a href="#"><u>Annex, C</u></a>	<a href="#"><u>Statutory functions of the Integrated Care Board</u></a>
<a href="#"><u>Annex, D</u></a>	<a href="#"><u>Membership of the Integrated Care Board</u></a>
<a href="#"><u>Annex, E</u></a>	<a href="#"><u>The Integrated Care Partnership and Integrated Care Board</u></a>
<a href="#"><u>Annex, Ei</u></a>	<a href="#"><u>Shared commitment to the quadruple aim from the draft Compact</u></a>
<a href="#"><u>Annex, F</u></a>	<a href="#"><u>Placed-based Partnerships and the Integrated Care Board</u></a>
<a href="#"><u>Annex, G</u></a>	<a href="#"><u>Provider Collaboratives and the Integrated Care Board</u></a>
<a href="#"><u>Annex, H</u></a>	<a href="#"><u>Draft SYB ICS Governance Standards</u></a>

## Annex, A

Table 1: Areas, activities and timescales

Area	Activity	Timescales
<b>Constitution</b>	<ul style="list-style-type: none"> <li>Start the development of the ICB constitution, subject to discussions with the regional team.</li> <li>The Bill sets out that CCGs will propose the constitution for the first ICBs<sup>4</sup> to NHS England and NHS Improvement, which will require confirmation that designate board members are supportive of its terms.</li> <li>NHS England and NHS Improvement has developed a draft model constitution which system leaders and CCGs should use to guide the development of and consultation on their local version.</li> </ul>	<ul style="list-style-type: none"> <li>Development of the constitution to take place throughout the year.</li> <li>Board size and composition <b>by <u>17/11/21</u></b></li> <li>All other aspects including the nomination and selection process for partner members <b>by <u>30/11/21</u></b></li> <li>A final version approved <b>before the end of Q4</b> by NHS England and NHS Improvement.</li> </ul>
<b>Board recruitment</b>	<ul style="list-style-type: none"> <li>Plan how the board of the ICB will be populated.</li> </ul>	<ul style="list-style-type: none"> <li>Designate chief executive identified by the end of November</li> <li>Designate finance director, medical director, director of nursing and other executive roles in the ICB, <b>before the end of Q4</b></li> <li>Designate partner members and any other designate ICB senior roles <b>before the end of Q4</b>.</li> </ul>
<b>Commissioning functions</b>	<ul style="list-style-type: none"> <li>Confirm plans to ensure that commissioning functions are organised across the ICS footprint including apportioning between the ICB (system) level and 'place' level.</li> </ul>	<ul style="list-style-type: none"> <li>Discussions with partners and decisions on commissioning arrangements at system and place to be finalised <b>by the end of Q3</b>.</li> </ul>
<b>Functions and decision map</b>	<ul style="list-style-type: none"> <li>Develop a 'functions and decision map' showing the arrangements with ICS partners to support good governance and dialogue with internal and external stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Discussions and decisions on a functions and governance map to take place throughout the year.</li> <li>A final 'functions and decision map' due <b>before the end of Q4</b> to be completed alongside the model constitution.</li> </ul>

<sup>4</sup> CCGs will be legally responsible for the development of ICB constitutions, but we expect this process to be led by the designate ICS chair and CEO. System partners must be engaged in the development of the constitution.

## Annex, B

Table 2: Core components of ICB governance arrangements and expectations

Core component	Expectation
<b>Integrated care partnership (ICP) statutory</b>	<ul style="list-style-type: none"> <li>• Each ICS area will have an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.</li> <li>• The ICP to have a specific responsibility to develop an integrated care strategy.</li> <li>• Each ICB will need to align its constitution and governance with the ICP.</li> </ul>
<b>Integrated care board statutory</b>	<ul style="list-style-type: none"> <li>• ICBs will be established as new statutory organisations, to lead integration within the NHS.</li> <li>• The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four purposes</li> <li>• Minimum requirements for board membership will be set in legislation. We have set further minimum expectations for board membership.</li> <li>• Each board will be required to establish an audit committee and remuneration committee</li> <li>• All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board.</li> </ul>
<b>Place-based partnerships</b>	<ul style="list-style-type: none"> <li>• ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. The ICB will remain accountable for NHS resources deployed at place-level.</li> <li>• Each ICB should set out the role of place-based leaders within its governance arrangements.</li> </ul>
<b>Provider (may be at sub system, system or supra-system level)</b>	<ul style="list-style-type: none"> <li>• Provider collaboratives will agree specific objectives with one or more ICB, to contribute to the delivery of that system’s strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.</li> <li>• The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any other local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.</li> </ul>

## Annex, C

# The Integrated Care Board

ICBs will bring partner organisations together in a new collaborative way with common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

**Table 3: Functions of the integrated care board**

1	Developing a plan to meet the health and healthcare needs of the population (all ages) within their area, having regard to the Partnership's strategy.
2	Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
3	Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
4	Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
5	<p>Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including:</p> <ul style="list-style-type: none"> <li>a) putting contracts and agreements in place to secure delivery of its plan by providers</li> <li>b) convening and supporting providers (working both at scale and at place) to lead<sup>6</sup> major service transformation programmes to achieve agreed outcomes</li> <li>c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships,</li> </ul>

<sup>6</sup> It is expected that the ICB will be able to delegate functions to statutory providers to enable this.

	<p>including through investment in PCN management support, data and digital capabilities, workforce development and estates</p> <p>d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.</p>
6	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
7	Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
8	Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9	Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
10	Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
11	Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

# Statutory CCG functions to be conferred on ICBs

Statutory functions, like those currently exercised by CCGs, will be conferred on ICBs from 1 April 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). Relevant duties of CCGs include those regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs and (SEN) or disability.<sup>7</sup>.

The full expected list of CCG functions to be conferred will be made available to NHS organisations via the [NHS England and NHS Improvement ICS implementation hub](#).

## Delegating direct commissioning functions to ICBs

It is the intention to delegate some of the direct commissioning functions of NHS England and NHS Improvement to ICBs as soon as operationally feasible from April 2022.

Our expectation is that from April 2022 ICBs will:

- assume delegated responsibility for Primary Medical Services (currently delegated to all CCGs, and continuing to exclude Section 7A Public Health functions)
- be able to take on delegated responsibility for Dental (Primary, Secondary and Community), General Optometry, and Pharmaceutical Services (including dispensing doctors and dispensing appliance contractors)
- establish mechanisms to strengthen joint working between NHS England and NHS Improvement and ICSs, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

By April 2023, all ICBs will have:

- taken on delegated responsibility for dental (primary, secondary and community), general ophthalmic services, and pharmaceutical services
- taken on delegated commissioning responsibility for a proportion of specialised services (subject to system and service readiness) with national standards and access policies remaining at a national level
- worked collaboratively with our organisation to determine whether some Section 7A Public Health services, and Health and Justice, Sexual Assault and Abuse

Service commissioning functions will be delegated, with decisions on the appropriate model and timescale.

Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHS England and Improvement.

<sup>7</sup> Further guidance will be developed to support the transition of functions to ensure ICSs deliver for babies, children and young people.

## Annex, D

# Membership of the ICB board

We will expect every ICB to establish board roles as required to carry out its functions effectively, building on the minimum membership set out below in Table 4.

Table 4: Minimum membership of the unitary board of the ICB.

Type	Role	Appointment and expectations
<i>Independent non-executive members</i>	Chair	<ul style="list-style-type: none"> <li>appointed by NHS England and NHS Improvement (with Secretary of State approval). The chair must be independent and cannot hold a role in another health and care organisation within the ICB area.</li> </ul>
	A minimum of two other independent non-executive members	<p>appointed by the ICB and are subject to the approval of the chair</p> <ul style="list-style-type: none"> <li>these members will normally not hold positions or offices in other health and care organisations within the ICS footprint</li> </ul>
<i>Executive roles</i>	Chief Executive	<ul style="list-style-type: none"> <li>Must be employed by / seconded to the ICB</li> </ul>
	Chief Finance Officer	<ul style="list-style-type: none"> <li>Must be employed by / seconded to the ICB</li> </ul>
	Director of Nursing	<ul style="list-style-type: none"> <li>Must be employed by/seconded to the ICB</li> </ul>
	Medical Director	<ul style="list-style-type: none"> <li>Must be employed by/seconded to the ICB</li> </ul>
<i>Partner members (a minimum of three)</i>	At least one member drawn from NHS trusts and foundation trusts that provide services within the ICS's area	<ul style="list-style-type: none"> <li>We expect the partner member(s) from NHS trusts/foundation trusts will often be the chief executive of their organisation.</li> </ul>

	At least one member drawn from the primary medical services (general practice) providers within the ICB area	<ul style="list-style-type: none"> <li>We expect the member drawn from primary medical services providers to engage and bring perspectives from all primary care providers, including primary care networks</li> </ul>
	At least one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICB.	<ul style="list-style-type: none"> <li>We expect this partner member will often be the chief executive of their organisation or in a relevant executive- level local authority role</li> </ul>
<i>All members of the ICB *ICBs will be able to supplement the minimum board positions</i>	As listed above and additional members.	<p>Each member of the ICB must:</p> <ul style="list-style-type: none"> <li>By law be subject to the approval of the Chair (excluding the CEO, who is approved by NHS England and NHS Improvement).</li> <li>Comply with the criteria of the “fit and proper person test<sup>9</sup></li> <li>Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles).</li> <li>Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.</li> <li>Meet the eligibility criteria set out in the constitution of the ICB</li> </ul>

The constitution of the ICB must set out board roles, the process of appointing the partner members and eligibility criteria that must be fulfilled. The constitution must be submitted to and approved by NHS England and NHS Improvement.

<sup>9</sup> We anticipate that regulations regarding the “fit and proper person test” will apply to ICBs when established. We expect that designate board member appointments will comply with these principles. These includes agreement that evidence of compliance will be shared with the relevant authority and a commitment to regular review of continued compliance.

## Annex, E

### The ICP and the ICB

ICP guidance will be issued by the Department of Health and Social Care (DHSC). It will be jointly developed between DHSC, NHS England and NHS Improvement and the Local Government Association (LGA). The proposed legislation and ICS Design Framework set out that:

- The ICP will be established locally and jointly by the relevant local authorities and the ICB, evolving from existing arrangements and with mutual agreement on its terms of reference, membership, ways of operating and administration.
- Members must include local authorities (that are responsible for social care services in the ICS area) and the local NHS (represented at least by the ICB).
- The ICP will have a specific responsibility to develop an ‘integrated care strategy’<sup>5</sup> for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing health inequalities and the wider determinants which drive these inequalities.
- The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
- Each ICP should champion inclusion and transparency and challenge all partners
- to demonstrate progress in reducing inequalities and improving outcomes. It should support place-and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it covers.

[Key considerations to support system leaders as they develop local arrangements between the ICB and ICP including the development and delivery of the integrated care strategy can be found in section A, Annex 1.](#)

<sup>5</sup> We expect the inaugural ICP strategy will be developed in 2022/2023

## Representatives and organisations for ICP membership and engagement

We expect the ICP to have a broad membership and engagement with the organisations and communities it serves. However, this membership should be managed appropriately to ensure that the operations of the ICP remain efficient and effective. This illustrative list for ICP membership and engagement should not be viewed as a box-ticking exercise but as a genuine way of ensuring the partnerships include people able to represent and connect with communities and the voluntary sector. We welcome perspectives on whether there are any other voices who should form part of this list. For example:

- voices for children & young people
- patients, service users, & public voices
- voluntary, charity and social enterprise sector
- voices from the Children's Board
- led by and for women's organisations
- Black and minoritised voices
- Healthwatch
- social care providers and workforce
- unpaid carers voices
- disability voices
- mental health providers and service users
- primary care (GPs, dental, eye care, pharmacy)
- NHS Trusts and Foundation Trusts (acute, mental health, community, ambulance)
- community care
- public health voices (e.g., Directors of Public Health)
- local Authority Officers (e.g., Director of Children's Services, Director of Adult Services)
- Acute Care
- housing voices
- Criminal Justice System agencies, including probation services
- offenders health and care voices
- alcohol and addiction services
- homeless services
- social prescribing services
- learning disabilities and autism providers and service users
- businesses
- Local Enterprise Partnerships
- armed forces
- police and crime commissioners
- employment support services (e.g., Jobcentre Plus)

## Annex, Ei

# Values and Principles for the ICS Partnership

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

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

The members will embrace the following values:

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



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

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

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

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

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



**Annex, F**

## Place-based partnerships and the ICB

The governance arrangements of place-based partnerships (PBPs) and their relationship to the board of the ICB should be agreed by the board of the ICB with place leaders. They will depend on the agreed functions and responsibilities that sit with PBPs, local relationships as well as existing structures.

Table 5 summarises the broad types of governance arrangements that could be established to support PBPs to make decisions between the appropriate partners to support the aims of the partnership, if the Bill is passed in its current form. Further consideration will need to be given to the decision-making arrangements of committees and agreed with statutory bodies where they relate to the delegation of statutory functions. For example, agreeing the approaches to managing disagreement in their terms of reference and whether a lead member of a committee is required.

Table 5: Governance options for place-based partnerships<sup>11</sup>

<p><b>Consultative forum</b></p> <p>Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together.</p>	<p>A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role.</p> <p>In this arrangement, the decisions of statutory bodies should be informed by the consultative forum.</p>
<p><b>Individual executives or staff</b></p> <p>Helpful for engaging partners in the decision-making of statutory bodies, while retaining a single SRO for decisions.</p>	<p>Statutory bodies may agree individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership which includes representatives from other organisations.</p> <p>In this instance, the individual could become the SRO for the place in their body, enabling budgets to be defined for the committee and managed through their internal management and reporting arrangements. The individual director could be a joint appointment, between the ICB and local authority, or statutory NHS provider, and could have delegated authority from those bodies.</p>

<sup>11</sup> The governance options are not mutually exclusive; places may draw upon multiple versions of the options for different sets of business and decision-making as appropriate and could use a single forum for multiple purposes. It may be possible to use and amend existing forums to support decision-making.

<p><b>Committee of the ICB</b></p> <p>Helpful for making decisions of the ICB based on a range of views</p>	<p>A committee provided with delegated authority to make decisions about the use of NHS resources, including the agreement of contracts for relevant services. This committee could include members from outside the organisation. However, the decisions reached are the decisions of the ICB, in line with the organisation’s scheme of delegation.</p> <p>The terms of references and scope are set by the ICB and agreed to by the committee members. A delegated budget can be set by the ICS NHS body to describe the level of NHS resources available to cover the remit of the committee.</p>
<p><b>Joint committee</b></p> <p>Helpful for making joint decisions between relevant partners</p>	<p>A committee established between partner organisations, such as the ICB, local authorities, statutory NHS providers or NHS England and NHS Improvement. The committee may appoint representatives of non-statutory providers to participate in the committee or attend meetings to take part in discussions without being members, but only where the convening statutory bodies consider it appropriate.</p> <p>The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committee’s remit.</p>
<p><b>Lead provider</b></p> <p>Helpful for giving provider leaders greater ownership and direction around the delivery and coordination of services.</p>	<p>A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place (including national standards and priorities) for the defined set of services.</p> <p>The lead provider would sub-contract other providers within the scope of the place-based delivery partnership. They can agree how NHS resources are spent within the payment envelope agreed with the ICB, complying with the terms of the contract, and establish governance with partnering providers to support delivery.</p>

Where place-based partnerships agree with statutory bodies (for example the ICB, NHS providers or local government) to take on delegated statutory functions for the place, the relevant bodies will retain accountability for these functions and must be satisfied the place-based partnership is able to manage the functions appropriately.

## Providers and provider collaboratives

From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. Community trusts, ambulance trusts and non-NHS providers (e.g. community interest companies, social care providers) should participate in provider collaboratives where this is beneficial for patients and makes sense for the providers and systems involved.

Provider collaboratives will agree specific objectives with one or more ICBs, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.

The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.

We expect:

- The ICB could arrange for its commissioning functions to be delegated to one or more NHS trusts and/or foundation trusts, including when working as provider collaboratives (this would require a lead provider arrangement or for the delegation to be to all the trusts involved). ICBs will continue to be held to account for the way in which the function has been discharged. An ICB would have to continue to monitor how the delegation was operating and whether it remained appropriate.
- Another option would be for the ICB to arrange for its commissioning functions to be delegated to a joint committee of itself and another/other NHS trust(s) and/or foundation trust(s).

Further information on provider collaboratives can be found on the [NHS England and NHS Improvement website](#)

# Annex, H

## DRAFT ICS Governance standards

*(Applicable to the ICP and ICB, joint committees, committees and sub committees with delegated authority from the ICB.)*

ICS draft governance standards (for draft ICB Constitution)	
<b>Outcome focus</b> Our arrangements focus on reducing health inequalities, better health and wellbeing, better quality of care and efficient use of resources.	<ul style="list-style-type: none"><li>• Agenda items set out how they contribute to the delivery of the outcomes in Health and Wellbeing strategy/ICB plan/ICP integrated care strategy</li><li>• Where relevant, papers are supported by quality and equality impact assessments.</li><li>• Annual report focuses on delivery of outcomes.</li></ul>
<b>Values</b> Our arrangements reflect our values and ways of working - equal partnership, subsidiarity, collaboration, mutual accountability.	<ul style="list-style-type: none"><li>• The agreed principles, values and behaviours of the ICB are set out in the Terms of Reference</li></ul>
<b>Involving citizens &amp; stakeholders</b> We have an inclusive approach, involving citizens and partners from across the system. We are committed to improving diversity in leadership and decision-making.	<ul style="list-style-type: none"><li>• Citizens are involved in all relevant decisions.</li><li>• Decision making involves partners from across our system, including statutory and non-statutory partners.</li></ul>
<b>Transparency</b> We are committed to transparency. We make our decisions in public and publish key policies and registers.	<ul style="list-style-type: none"><li>• Decision-taking meetings held in public (unless not in the public interest).</li><li>• Agenda papers are published at least 5 working days before each meeting.</li><li>• Key documents are published e.g. minutes, register of procurement decisions.</li></ul>
<b>Probity and independent challenge</b> Our decisions meet high standards of probity and are subject to robust independent challenge.	<ul style="list-style-type: none"><li>• Decision-making groups include members independent of any statutory partner.</li><li>• ICB policy for managing conflicts of interest adopted and implemented.</li></ul>
<b>Accountability and assurance</b> Our arrangements support clear accountability.	<ul style="list-style-type: none"><li>• Accountability set out in scheme of delegation or delegation agreement.</li><li>• Terms of reference agreed and reviewed annually.</li><li>• Minutes reported in line with agreed reporting mechanisms</li><li>• Annual report and annual review of performance.</li></ul>

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## GOVERNING BODY

9 September 2021

Covid-19 update

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<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 checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	<p>To provide Governing Body with an update in relation to the current situation and the CCG response to the Coronavirus Disease (COVID19) pandemic.</p> <p>At the Governing Body meeting on 9 September, information was provided on the latest intelligence, guidance and the COVID-19 Vaccination Programme in Primary Care. This paper provides a further update on the latest position and the vaccination programme.</p>									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Nick Balac</td> <td>Chair</td> </tr> <tr> <td>Author</td> <td>Jamie Wike</td> <td>Chief Operating Officer</td> </tr> </tbody> </table>		Name	Designation	Executive / Clinical Lead	Nick Balac	Chair	Author	Jamie Wike	Chief Operating Officer
	Name	Designation								
Executive / Clinical Lead	Nick Balac	Chair								
Author	Jamie Wike	Chief Operating Officer								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Management Team</td> <td>Weekly</td> <td>Updates and COVID related decisions</td> </tr> </tbody> </table>	Group / Committee	Date	Outcome	Management Team	Weekly	Updates and COVID related decisions			
Group / Committee	Date	Outcome								
Management Team	Weekly	Updates and COVID related decisions								
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
<b>5.1</b>	<b>Introduction</b>									
	<p>Following the declaration by the World Health Organisation (WHO) on 11 March 2020 that the COVID19 outbreak be classified as a pandemic and the introduction of 'lock down' restrictions on 23 March, the situation has been managed in line with the NHS Emergency Planning, Resilience and Response</p>									

Framework with national and regional command and control structures in place. Throughout most of this period the NHS EPRR COVID alert level was at level 4 (national) with NHS England retaining control over commissioning functions.

On the back of reducing COVID case rates and hospitalisations, on 22 February 2021 a 4 step 'Road map out of lockdown' was published setting out the pathway to removing all restrictions by 21 June 2021. This was delayed to fluctuating infection and hospitalisation rates however all remaining restrictions were removed on 19 July 2021.

Monitoring of Covid levels continues to be monitored to inform planning and future response. The latest summary position for the reporting period 18 to 24 October is included below:

- The 7-day all-age incidence rate is 548.2 **per 100,000** for the period ending 23 October. This was a **12.6%** decrease compared to the previous non-overlapping 7-days.
- The local case rate for over 60s is 418.5 per 100,000 (7<sup>th</sup> highest in England) and climbing.

### **Case Numbers**

**1,433 new cases:** a decrease from last week (n=1,645). This mainly reflects a reduction in younger people

**Ages:** 29% of new cases were aged under 20 (39% last week), with most cases still being in 10-19 year-olds, though falling as a proportion of all cases (21% vs 28% in the previous reporting week). Rates in other age bands are approximately stable except for the over 60s, where rates remain very high at 418.5 per 100,000.

### **Outbreaks**

There is a growth in the trend in outbreaks, especially in care settings, including care homes and the hospital. The number of care home outbreaks remains higher than in summer but relatively stable, with cases in staff and residents generally remaining well.

### **Healthcare**

**System pressures:** demand across the system from all health and care needs remains high and capacity is affected by the ongoing need for safe IPC, covid cases and the reduced workforce due to this and greater levels of other sickness. All parts of the system through from primary care to hospital are reporting activity at maximum capacity.

**Hospital cases:** the number of positive inpatients continues to rise with around 90% aged over 50 (median age 73, ranging from 30s to 90s). Approximately 80% of all cases have received two vaccine doses and two-thirds had been admitted for Covid-19 symptoms. Just under 24% of covid inpatients are needing ITU/respiratory support beds.

	<p><b>Primary Care Covid services:</b> Demand remains high for the Covid Blue (hot) Clinic with over 400 face to face appointments and the home visiting service undertaking over 300 home visits per month including to Care Homes. This is on top of the continued high levels of demand in General Practice and the extended access iHEART services which continue to operate with over 95% utilisation rates despite increasing capacity by 20% since April 2021.</p>
<p><b>5.2</b></p>	<p><b>COVID-19 Vaccination Programme</b></p> <p>The COVID vaccination programme, the biggest and most ambitious in NHS history began on 8 December 2020 and will continue to be a priority for the NHS through 2021/22 to ensure maximum uptake across all eligible groups.</p> <p>Since the first vaccine was administered in Barnsley, Barnsley PCN supported by Barnsley Healthcare Federation has delivered over 290,000 vaccines. Including activity delivered for Health and Care workers in hospital hubs and vaccination at pharmacy and large-scale sites this number increases to around 400,000 vaccines for Barnsley registered patients.</p> <p>All patients in Cohorts 1-9 (Aged 50+ or with specific clinical conditions or risk factors) were offered their first dose by mid-April. Over 95% of those in these cohorts have received their first vaccine with the vast majority (92.5% of the cohort) having received both doses.</p> <p>Vaccination continues for cohorts 10-12 (18-49 year olds) and around 73% of this group have received their first dose and 67% have now received a second dose.</p> <p>The eligible cohorts for the vaccine were extended during August to include all 16 &amp; 17 year olds and 12-15 year olds with certain medical conditions or who are household contacts of people who are immunosuppressed. Then on 15 September the programme was expanded further to include all 12-15 year olds as part of a school vaccination programme which will see children in all secondary schools in Barnsley offered a vaccine in school by 12 November. At the end of October around one third of 12-17 year olds had received their first dose.</p> <p>On 15 September it was also confirmed that booster vaccinations would be offered to eligible cohorts, those over 50 of with specific conditions. Booster vaccinations commenced in Barnsley on 29 September. As at 31 October, 32,000 booster vaccines had been delivered to eligible Barnsley registered patients.</p> <p>To maximise overall uptake of the vaccination programme, the Barnsley Local Vaccination Service are continuing to offer a range of options for accessing the vaccine including bookable appointments, walk in clinics and pop-up clinics to target populations with lower uptake.</p> <p>A key area of focus for the programme locally is to ensure equitable access and uptake to the vaccination and make sure that no one is left behind. Specific</p>

	<p>work is therefore ongoing to engage with all communities, utilising community champions and other teams to make every contact count and support those groups of the population who may be hesitant in coming forward or who may have difficulties accessing the vaccination.</p> <p>On 29 October, NHS England wrote to all vaccination providers to confirm that from 1 November only those providers who had signed up to delivery of Phase 3 would continue to be able to deliver vaccinations. In Barnsley this will not result in a change as all GP practices have signed up to the delivery of the Phase 3 programme including boosters and continuing to offer 1<sup>st</sup> and 2<sup>nd</sup> doses for those who are eligible.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the update provided in this paper including the progress in implementing the vaccination programme.</li> </ul>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	
	4.1 Mental Health		10.1 Compliance with statutory duties	
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	✓
	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Covid 1 & 2	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	✓
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
3.1	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
	COVID Response has input from Governing Body and the Vaccination Programme is delivered by the Barnsley Primary Care Network, supported by Barnsley Healthcare Federation.			
3.2	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA

3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	NA
3.4	<b>Improving quality (s14R, s14S)</b>	
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
3.5	<b>Reducing inequalities (s14T)</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
3.7	<b>Data Protection and Data Security</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
3.8	<b>Procurement considerations</b>	
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	/NA
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA

## GOVERNING BODY

13 May 2021

### Urgent and Emergency Care Assurance Update

#### PART 1A – SUMMARY REPORT

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

	<ul style="list-style-type: none"> <li>• Promoting the use of NHS 111 as a primary route into all urgent care services - maximising the use of booked time slots in A&amp;E</li> <li>• Delivery of the 4 hour A&amp;E standard (or new targets arising from the Clinical Review of Standards)</li> <li>• Maximising the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services</li> <li>• Enhancing Same Day Emergency Care including acute frailty services, increasing the proportion patients discharged on the day of attendance and avoiding unnecessary hospital admission.</li> <li>• Improving patient flow and reducing length of stay</li> <li>• Rolling out of the 2-hour crisis community health response at home (8am-8pm, seven days a week) by April 2022</li> </ul> <p>Over the last six months the impact of Covid on Urgent Care Services has been significant with changes to activity patterns including significant increases in activity following a period in 2020/21 with reductions in A&amp;E attendances and reductions in non-Covid related admissions. In 2021/22 activity levels have increased to pre-pandemic levels, however the ongoing high levels of Covid infection in Barnsley continue to mean there are also high levels of patients in hospital with COVID and continued pressures in Critical Care as a result of patients needing support to recover from Covid.</p> <p>In response the Barnsley Urgent and Emergency Care Delivery Board have developed a plan which focusses upon the delivery of the priorities above but will also support the delivery of the priorities in the Barnsley Health and Care Plan and the continuation of the transformation of urgent and emergency care in line with NHS ambitions as set out in the 2021/22 Planning Guidance. This paper provides a programme update on the current position in delivering the Barnsley plan as well as on the Barnsley Winter Plan for 2021/22.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the update on the current position and plans on Urgent and Emergency Care.</li> <li>• Note the Urgent and Emergency Care Board Winter Plan 2021/22</li> <li>• Note and agree the proposal to allocate £1,250k Capacity Funding in the financial plan to address pressures and related costs over the remainder of the year.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>• Appendix A – UEC Logic Model provides further detail on the above</li> <li>• Appendix B - UEC Highlight Report, October 2021</li> <li>• Appendix C – Barnsley Strategic Winter Plan 2021/22</li> </ul>

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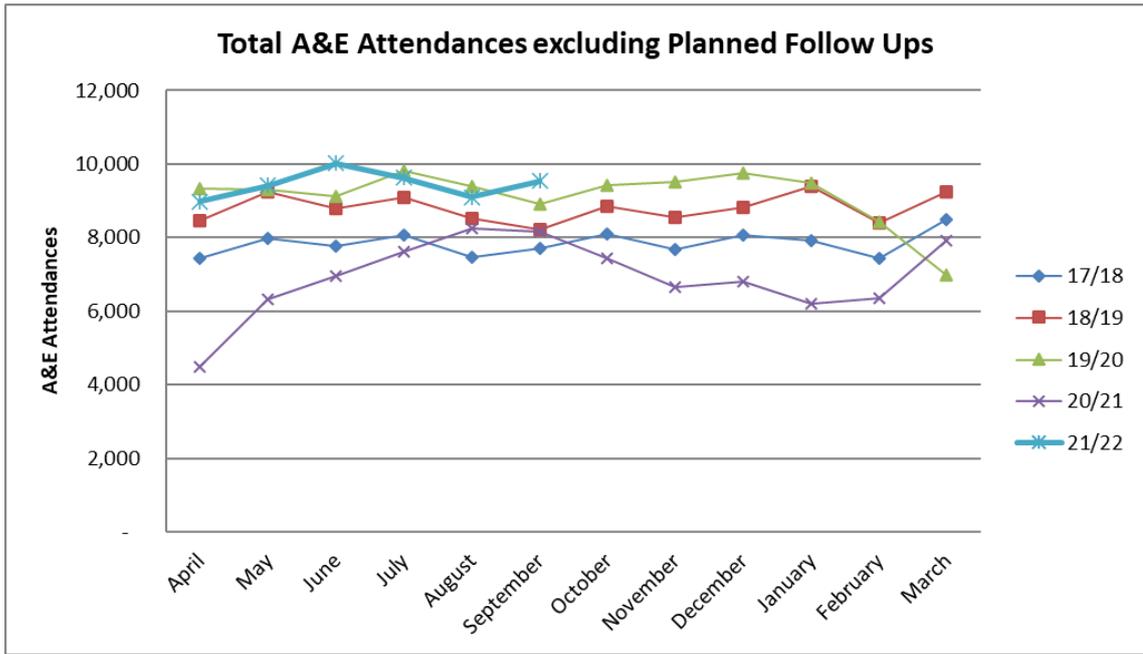
**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
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	2.1 Primary Care		7.1 Transforming Care for people with LD	
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	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		CCG 18/04 CCG 13/3	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
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<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>Y</b>
	<i>Governing Body GP members are representatives of the UEC Delivery Board alongside clinicians and other clinical staff from partner organisations providing acute, community, ambulance and primary care services.</i>			
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>

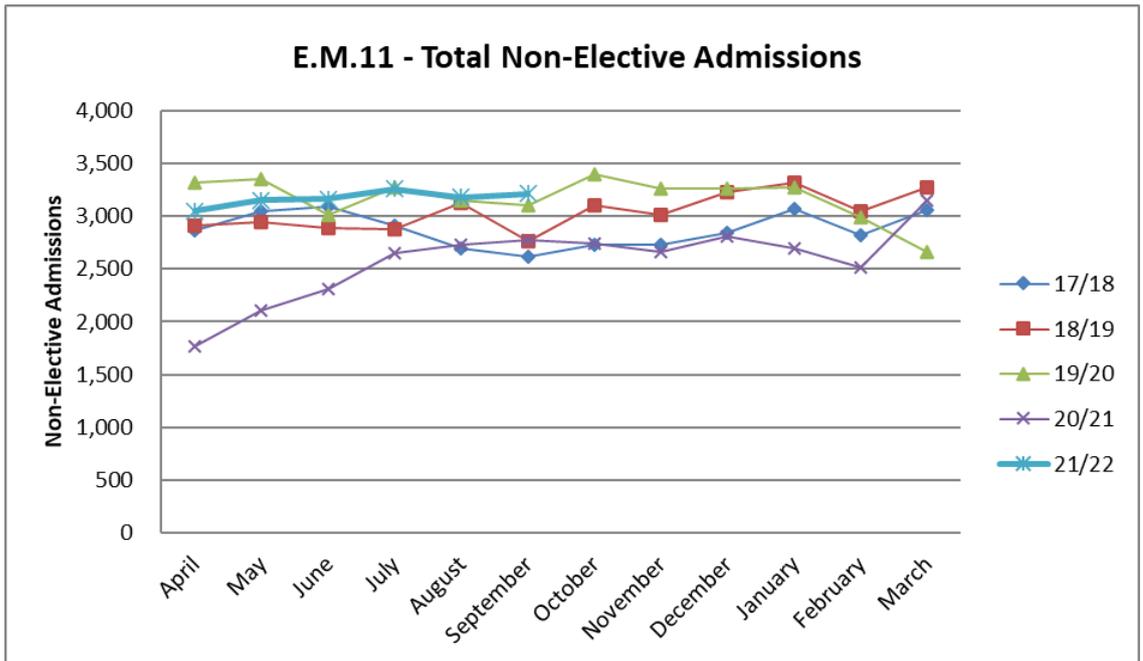
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3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="276 808 1409 1059"> <tr> <td data-bbox="276 808 1262 842">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1270 808 1409 842"><b>NA</b></td> </tr> <tr> <td data-bbox="276 842 1262 904">Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms &amp; Engagement if appropriate?</td> <td data-bbox="1270 842 1409 904"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="276 904 1409 1059">Where any specific service transformation, changes or developments are proposed, public involvement and consultation will be completed in line with the CCG policy. The CCG Head of Communications and Engagement also acts as the place Communications lead and is involved in the development of communications campaigns and plans on behalf of the Board.</td> </tr> </table>	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>	Where any specific service transformation, changes or developments are proposed, public involvement and consultation will be completed in line with the CCG policy. The CCG Head of Communications and Engagement also acts as the place Communications lead and is involved in the development of communications campaigns and plans on behalf of the Board.	
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**PART 2 – DETAILED REPORT**

<b>1.</b>	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	<p>The CCG priorities for Urgent and Emergency Care are:</p> <ul style="list-style-type: none"> <li>• Increased clinical assessment of calls to NHS 111 &amp; Clinical Advice Services</li> <li>• Promoting the use of NHS 111 as a primary route into all urgent care services - maximising the use of booked time slots in A&amp;E</li> <li>• Delivery of the 4 hour A&amp;E standard (or new targets arising from the Clinical Review of Standards)</li> <li>• Maximising the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services</li> <li>• Enhancing Same Day Emergency Care including acute frailty services, increasing the proportion patients discharged on the day of attendance and avoiding unnecessary hospital admission.</li> <li>• Improving patient flow and reducing length of stay</li> <li>• Rolling out of the 2-hour crisis community health response at home (8am-8pm, seven days a week) by April 2022</li> </ul> <p>Over the last six months the impact of Covid on Urgent Care Services has been significant with changes to activity patterns including significant increases in activity following a period in 2020/21 with reductions in A&amp;E attendances and reductions in non-Covid related admissions. In 2021/22 activity levels have increased to pre-pandemic levels, however the ongoing high levels of Covid infection in Barnsley continue to mean there are also high levels of patients in hospital with COVID and continued pressures in Critical Care as a result of patients needing support to recover from Covid.</p> <p>In response the Barnsley Urgent and Emergency Care Delivery Board have developed a plan which focusses upon the delivery of the priorities above but will also support the delivery of the priorities in the Barnsley Health and Care Plan and the continuation of the transformation of urgent and emergency care in line with NHS ambitions as set out in the 2021/22 Planning Guidance. This paper provides a programme update on the current position in delivering the Barnsley plan as well as on the Barnsley Winter Plan for 2021/22.</p> <p>Section 2 provides an update on recent activity trends and provides an update in relation to delivery of the Barnsley Plan priorities for UEC. The report also includes information in relation to the Barnsley Winter Plan 2021/22</p>
<b>2.</b>	<b>DISCUSSION / ISSUES</b>
	<p><b><u>Activity Levels</u></b></p> <p>During 2021/22 A&amp;E and non-elective activity levels have been consistently above planned levels and in line with or exceeding pre COVID levels.</p> <p>The graph below compares the A&amp;E attendance activity from 2017/18, showing the overall year on year increases, with the exception of 2020/21 when activity levels were significantly reduced as a result of the impact of COVID.</p>



This pattern can also be seen in the level of non-elective admissions to hospital as illustrated in the graph below:



In the case of both A&E attendances and non-elective admissions the level of activity followed similar patterns in 2020/21, reflecting the initial lockdown in March 2020 (significant reduction in activity) followed by an increase through the summer, another downward trend at the back end of summer until February and then an increase as the roadmap out of lockdown was announced and began to be implemented. Activity in 2021/22 is more stable but has continued to be at the peak level.

This increased level of activity has created significant challenges across the health and care system in managing the higher numbers of patients within the hospital and following discharge where people may need rehabilitation or social

	<p>care support.</p> <p>The CCG has received £1.533m of capacity funding for H2 which is to support systems through the winter period, taking a whole system approach. The capacity funding came with only one commitment requirement based on national guidance that systems continue to fund NHS 111 first. For Barnsley this totals £164k, leaving an uncommitted balance of £1,369k to support place with its winter plan.</p> <p>Discussions at the Urgent and Emergency Care Board have led to the development of robust winter plans, with some individual organisations covering costs within block envelopes and other funding streams. Pressures within the H2 planning round have however identified that Barnsley Hospital are unable to cover the pressures expected during winter to deliver against the plan and there it is proposed to allocate £1,250k to cover these increased costs and retain the balance of 119k to mitigate any future pressures arising over the winter period that cannot be funded from other funding streams.</p>
2.2	<p><b><u>Barnsley Health and Care Plan – Urgent and Emergency Care</u></b></p> <p>The Barnsley Integrated Care Partnership Group Health and Care Plan was endorsed by the Governing Body in September 2021.</p> <p>The Plan sets out our priorities for 2021/22. These are –</p> <ol style="list-style-type: none"> <li>1. Look after our people including their mental health and wellbeing</li> <li>2. Deliver the COVID vaccination programme</li> <li>3. Accelerate recovery of planned care services for physical and mental health and transform delivery</li> <li>4. Increase uptake of early help for children and young families.</li> <li>5. Joining up care and support in thriving communities</li> <li>6. Responsive and accessible care in a crisis</li> <li>7. Strengthen our partnership</li> <li>8. Make mental health everybody’s business</li> </ol> <p>Delivery against priority 6 is the overseen by the Barnsley Urgent and Emergency Care (UEC) Board and the 3 key deliverables set out in the plan are to:</p> <ul style="list-style-type: none"> <li>• Provide consistent messaging and signposting support to best utilise self-care and urgent care away from A&amp;E</li> <li>• Review and implement and new ‘front door’ navigation and streaming model</li> <li>• Introduce new clinical standards for emergency care</li> </ul> <p>In addition to the 3 key deliverables above, the Barnsley UEC Board have identified an additional 3 areas for improvement. These are:</p> <ul style="list-style-type: none"> <li>• DoS and alternative disposition</li> <li>• Development of Same Day Emergency Care pathways in and out of hospital</li> <li>• Winter Planning</li> </ul>

	<p>Appendix A – UEC Logic Model provides further detail on the above and Appendix B – UEC Highlight Report provides an update on progress against each of these areas.</p>
2.3	<p><b><u>Barnsley Strategic Winter Plan 2021/22</u></b></p> <p>Sitting alongside the broader Health and Care Plan and the related Urgent Care work programme is the winter plan.</p> <p>The Barnsley Urgent and Emergency Care Delivery Board Strategic Winter Plan 2021/22 has been produced with input from health and care partners working in Barnsley. The plan has been developed taking account of the lessons learned from 2020/21, including the response to COVID 19 and from previous years. A copy of the full plan is included at Appendix C.</p> <p>The plan is not intended to duplicate or replace individual provider/partner operational plans and processes which form an integral part of business continuity arrangements. It is intended to set out the ‘system arrangements’ for winter and complement the other plans by increasing the focus on winter and providing a co-ordinated approach across the whole health and social care system. It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures and potential resurgence of COVID 19</p> <p>Our aim is to provide safe, effective and timely care for our patients and population through the 2020/21 winter period.</p> <p>The plan describes the expected impact of winter demand and sets out actions that have been agreed to support the continuity of services and manage the related workforce challenges. The headline actions are summarised below:</p> <p><u>Preventing/minimising urgent care demand</u></p> <ul style="list-style-type: none"> <li>• Communications and engagement activity to help people to understand and choose the right services</li> <li>• Increasing access to alternative services from 111</li> <li>• Ensuring all LTC reviews are undertaken in a timely manner</li> <li>• Maximising use of additional roles in Primary Care</li> <li>• Pulse oximetry@home pathways</li> <li>• Extending core hours of Neighbourhood Teams and Urgent Community Response</li> <li>• Nursing capacity for step up palliative care provision</li> <li>• Increased capacity to support Crisis Response nursing out of hours to prevent patients requiring care home or hospital beds</li> <li>• Increased focus on secondary prevention to avoid escalation up pathways.</li> <li>• Out of hours CAMHS crisis line</li> </ul> <p><u>Access to urgent/same day care and treatment</u></p> <ul style="list-style-type: none"> <li>• Additional capacity in 111 and 999 services</li> <li>• Improving Ambulance handover process</li> <li>• Increased ED capacity</li> <li>• Additional majors’ capacity including additional bays following reconfiguration.</li> <li>• Introducing physical and digital navigation/signposting to alternative services</li> </ul>

	<ul style="list-style-type: none"> <li>• Improving GP/streaming in ED</li> <li>• New co-located Children’s ED and Assessment Unit</li> <li>• Fully embedded the 24/7 Community Crisis Response within 2 hours.</li> <li>• All age Mental Health Liaison - 1hr response</li> <li>• New CAMHS model embedded</li> <li>• Psychiatric Liaison Service provides 24-hour cover (all ages)</li> </ul> <p><u>Treatment (in-patient care) and flow</u></p> <ul style="list-style-type: none"> <li>• Increased critical care capacity</li> <li>• Flexible use of bed capacity to provide for additional beds as required</li> <li>• Increased capacity and hours of medical and surgical same day emergency care (SDEC)</li> <li>• Direct access to SDEC via 111/999 and other HCP’s through Rightcare Barnsley</li> <li>• Paediatric RSV pathways in place between secondary and primary care</li> <li>• Intermediate Care bed capacity in place to provide rehabilitation for patients unable to return home</li> <li>• Maintaining capacity in in-patient Mental Health services</li> <li>• Mental Health patient flow service, 7 days</li> </ul> <p><u>Discharge and out of hospital support</u></p> <ul style="list-style-type: none"> <li>• Virtual ‘COVID Ward’ supporting patients outside of hospital</li> <li>• Discharge Hub in place</li> <li>• Increased capacity for rehabilitation support and intensive rehabilitation therapy through Neighbourhood Rehab Service (NRS)</li> <li>• Comprehensive Discharge to Assess model with additional assessment slots from September 2021</li> <li>• In-reach support and early supported discharge for patients admitted to hospital due to respiratory conditions</li> <li>• Increased hospital social work cover</li> <li>• Increased use of tech and equipment to support patients at home</li> <li>• Work with current home care providers to increase capacity</li> <li>• Five additional home care providers identified</li> <li>• Additional reablement capacity</li> </ul>
<b>3.</b>	<b>DELIVERY OF STATUTORY AND GOOD GOVERNANCE REQUIREMENTS</b>
3.1	<p><b>Clinical Leadership</b></p> <p><i>Governing Body GP members are representatives of the UEC Delivery Board alongside clinicians and other clinical staff from partner organisations providing acute, community, ambulance and primary care services.</i></p>
3.2	<p><b>Management of Conflicts of Interest (s140)</b></p> <p><i>Not relevant for this paper</i></p>
3.3	<p><b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b></p> <p><i>Section 2.1 of the report includes details of proposals to allocate £1,250k of</i></p>

	<i>capacity funding to Barnsley Hospital NHS Foundation Trust as part of the CCG financial plan to offset the increased, unfunded pressures within the Trust. This is from additional funding that the CCG has received for the second half of 2021/22 which is specifically to support systems through the winter period. This is non recurrent funding.</i>
3.4	<b>Improving quality (s14R, s14S)</b>  <i>All areas of the UEC Delivery Board Plan will have an impact upon quality of services and where specific changes are planned, appropriate quality impact assessments will be undertaken.</i>
3.5	<b>Reducing inequalities (s14T)</b>  <i>Improving access to urgent and emergency care services for will have a positive impact upon inequalities and where specific changes are planned, appropriate equality impact assessments will be undertaken</i>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>  <i>Where any specific service transformation, changes or developments are proposed, public involvement and consultation will be completed in line with the CCG policy. The CCG Head of Communications and Engagement also acts as the place Communications lead and is involved in the development of communications campaigns and plans on behalf of the Board.</i>
3.7	<b>Data Protection and Data Security (GDPR, DPA 2018)</b>  <i>Not relevant for this paper</i>
3.8	<b>Procurement considerations</b>  <i>Not relevant for this paper</i>
3.9	<b>Human Resources</b>  <i>Not relevant for this paper</i>
3.10	<b>Environmental Sustainability</b>  <i>Not relevant for this paper</i>
<b>4.</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>
	<i>There are no new or increasing risks to the CCG as a result of the contents of this paper. The plans for Urgent and Emergency Care will however contribute to the mitigation of risks on the CCG Corporate Risk Register in relation to A&amp;E attendances and levels of non-elective hospital activity.</i>
<b>5.</b>	<b>CONCLUSIONS &amp; RECOMMENDATIONS</b>
	The information provided in this report aims to provide the Governing Body with assurance that appropriate plans and actions are in place to address the

	<p>priorities and risks identified in the Governing Body Assurance Framework relating to Urgent and Emergency Care.</p> <p>The Governing Body are asked to:</p> <ul style="list-style-type: none"> <li>• Note the update on the current position and plans on Urgent and Emergency Care.</li> <li>• Note the Urgent and Emergency Care Board Winter Plan 2021/22</li> <li>• Note and agree the proposal to allocate £1,250k Capacity Funding in the financial plan to address pressures and related costs over the remainder of the year.</li> </ul>
<b>6.</b>	<b>APPENDICES TO THE REPORT</b>
	<ul style="list-style-type: none"> <li>• Appendix A – UEC Logic Model provides further detail on the above</li> <li>• Appendix B - UEC Highlight Report, October 2021</li> <li>• Appendix C – Barnsley Strategic Winter Plan 2021/22</li> </ul>

# Urgent and Emergency Care - logic model

## Situation

A&E attendances have increased dramatically in the first half of 2021 and continue to rise.

Primary Care services have also experienced increased service demand.

Pressure on services and staffing continue as a result of Covid-19.

Current situation expected to be exacerbated by winter pressures.

Same day emergency care services are up and running using RCB as a SPA.

Primary care streaming reintroduced in ED on a temporary basis, permanent PC streaming solution required.

## Priorities

Making sure that people in Barnsley can access the right care at the right place at the right time.

Streaming and navigation: People who do not need emergency care have timely access to urgent treatment services as an alternative to A&E.

Introduce the new clinical standards for emergency care

Winter planning

Getting the comms right 111 First etc.

## Inputs

ECIST support and recommendations

iUEC programme

Barnsley UEC board

SYB UEC steering group

Transformation of urgent and emergency care: models of care and measurement – new clinical standards for emergency care

SDEC Pathways

Directory of services

NHS digital streaming and redirection tool

Knowledge of previous models for front door Primary Care streaming

## Activities

- Front door streaming/navigation**
- Streaming and navigation – digital tool (Portsmouth Model) to be implemented.
  - Design and implement a new model for Primary Care Streaming at the ED Front Door.
- Implementation of clinical standards for emergency care**
- System and process changes/updates to allow Barnsley place to meet the proposed 'system wide bundle of new measures'.
  - Barnsley system task and finish group to be established when the measures and date for implementation is finalised.
- Comms**
- Encouraging the use of NHS111 as the primary route to access urgent care.
  - Getting the message to the public right through clear comms. Ensuring that the public are aware of any changes to services and processes.
- Same day emergency care (SDEC)**
- Ensure clear criteria in place for SDEC services.
  - Pathways to support direct access to SDEC or access through Right Care Barnsley for 111, Primary Care, Ambulance Services and other health and care professionals.
  - Implement learning from ECIST team site visit.
- Directory of Services (DoS)**
- Ensuring all services are accurately profiled on the DoS.
  - Learning from 111 about gaps identified in the DoS and in local services to inform further improvement work.
  - Increasing bookable capacity.

## Outcomes – Impact

Short Term	Longer term
The people of Barnsley have a better understanding of the services available locally and know how to access support or signposting. Right service, right place, right time in line with their health needs.	Behavioural change -Fewer people will attend A&E where their health needs could be met by alternative and/or PC services.
Stable primary care streaming model in place within the emergency department, reducing the pressure on ED capacity.	There will be a range of urgent treatment services available.
Availability and access to same day emergency care. Avoiding the need for patients to attend A&E in some cases, reducing delays and pressure in the department.	The UEC board will have explored if an Urgent Treatment Centre (UTC) model would complement existing services in Barnsley, improve patient experience and reduce pressure on A&E.
Improvement in staff and service user satisfaction (friends and family).	Longer term plan for UEC completed and agreed with partners.
Patients will have improved access to specialist care and diagnostics that prevent a hospital stay.	
Digital streaming in place at the A&E front door.	

## Assumptions

- Partnership working will continue across the Barnsley system, working towards shared priorities and goals.
- The residents of Barnsley will understand the importance of urgent care services being developed in line with local needs and changes to these needs.
- The new clinical standards for emergency care will be published in a timely manner and will be in line with the draft that was shared widely during the consultation phase.

## External Factors

- Publish/implementation dates for the new clinical standards for emergency care.
- National campaigns e.g. 111 First messaging.
- The impact of Covid-19 on Hospital and Urgent Care Service: these unpredictable fluctuations and changes may impact on our ability to deliver proposed activities and developments, in the short term.

# BARNSELY INTEGRATED CARE PARTNERSHIP

## Programme Highlight Report

<b>Workstream Area</b>	Urgent and Emergency Care	<b>SRO</b>	Bob Kirton
<b>Covering Period</b>	October 2021	<b>Programme Manager</b>	Emma Bates/Amanda Capper

### Overall status

Delivery	G
Finance	G

## Summary Status Position

### Current situation:

- A&E attendances have increased dramatically in the first half of 2021, they are currently in line with or above pre pandemic levels and continue to rise.
- Primary Care services have also experienced increased service demand with activity above 2019/20 levels.
- Pressure on services and staffing continue as a result of Covid-19.
- Current situation expected to be exacerbated by winter pressures.
- Same day emergency care services are up and running using Right Care Barnsley as a Single Point of Access.
- Primary Care streaming reintroduced in ED on a temporary basis, however a permanent PC streaming solution is required.

The Barnsley Urgent and Emergency Care Delivery Board meet monthly and have good representation from across the Barnsley system. A Barnsley Urgent and Emergency Care Delivery Board – Improvement and Development Plan has been published following development and input from all UEC partners.

The aim of the Barnsley Urgent and Emergency Care Delivery Board is to deliver a model which supports the A&E 'front door' by ensuring:

- People are able to access appropriate services when they require them.
- Those attending A&E are triaged to appropriate care and support, including primary care, as appropriate.
- That pathways are in place to enable patients who require assessment and treatment outside of ED to access these pathways directly

RAG Status Key:  Off track/missed  At risk  On track

# BARNSELY INTEGRATED CARE PARTNERSHIP

following an assessment by an appropriate healthcare professional (111, 999, GP, Community Services).

- That there is high quality, clear and accessible information available to support patients to choose the most appropriate. Building on the 'talk before you walk' social movement to encourage people to seek advice and guidance as the 'default'.

Ref	Project	Delivery RAG	Finance RAG	Commentary
	<p>Project 1</p> <p>We will work with experts to review and implement a new 'Front Door' navigation and streaming model</p>	Amber – Workforce issues increasing the challenge of implementing changes and establishing this new model		<p>Emergency Care Improvement and Support Team (ECIST) site visits completed (on 12/05/2021 and 15/07/2021) and reports provided.</p> <p>Full reports available here:</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>Review of Primary Care Model Interfacisit_BarnsleyED_FINA 07_20210715_Sitevi</p> <p>Short-mid term (interim) recommendations:</p> <ul style="list-style-type: none"> <li>- Rapid Audit <i>Current Position: There is work already progressing as part of the Pathways for Better Health (P4BH) Programme taking place across all sites in South Yorkshire and Bassetlaw. The national iUEC team have been undertaking diagnostic and audit work across SYB to understand the current operational position and identify key areas and opportunities for service development and transformation.</i></li> <li>- Primary Care provision onsite would benefit patients and staff <i>Current Position: Temporary Primary Care streaming arrangements now in place at BHNFT with plans to develop sustainable model moving forward.</i></li> <li>- Similar service re-implemented over the short to medium term <i>Current Position: Complete. As above temporary Primary Care streaming</i></li> </ul>

RAG Status Key: ● Off track/missed ● At risk ● On track

# BARNSELEY INTEGRATED CARE PARTNERSHIP

				<p><i>arrangements in place at BHNFT following pre-covid19 streaming model.</i></p> <ul style="list-style-type: none"> <li>- Primary Care function either on-site or close proximity to the site (to allow patients who need to return to ED, to do so safely) but not in the foot print of ED <i>Current Position: Ongoing discussions around the location of Primary Care streaming in the future.</i></li> <li>- Replacing the navigator role with a senior experienced ED nurse with a wider remit to stream to more recognised and developed pathways e.g. SDEC. <i>Current Position: In development.</i></li> </ul> <p>Mid-long term (interim) recommendations:</p> <ul style="list-style-type: none"> <li>- More investigation is undertaken by the CCG in the form of audit.</li> <li>- This audit could potentially be undertaken on check in at ED.</li> <li>- Improved access to primary care should be the mid to long term goal, acknowledging this is unlikely to be an instant or rapid change.</li> </ul> <p>Streaming and redirection electronic triage (Portsmouth Model):</p> <ul style="list-style-type: none"> <li>- NHSD support for implementation 2<sup>nd</sup>/3<sup>rd</sup> week October (now delayed).</li> <li>- 2 weekly ICS task and finish group</li> <li>- Trust need to consider any estates needed and order equipment</li> <li>- Need to consider navigator role</li> <li>- BHNFT to establish local task and finish group</li> </ul> <p>GP streaming workshop currently being organised (awaiting date). The group will:</p> <ul style="list-style-type: none"> <li>- Discuss learning and recommendations from ECIST site visits.</li> <li>- Consider options for front door streaming in A&amp;E.</li> <li>- Finalise approach and design implementation plans.</li> </ul>
	Project 2			Ensuring all services are accurately profiled on the DoS – work ongoing.

# BARNSELY INTEGRATED CARE PARTNERSHIP

	Directory of Services and alternative dispositions			<p>Work required to increase bookable capacity.</p> <p>Once electronic streaming model in place (Portsmouth model) to audit outcome dispositions to gain better understanding of service and profiling gaps in Barnsley.</p>
	<p>Project 3</p> <p>We will successfully introduce the new clinical standards for emergency care</p>	<p>Amber – No date for implementation of new standards. Focus is on readiness for introduction of standards.</p>		<p>Transformation of urgent and emergency care: models of care and measurement documents published by NHS E&amp;I in December 2020. This document proposed a system wide bundle of new measures for UEC services. Consultation period ended in February 2021. The final clinical standards have not been published.</p> <p>In response to the proposed changes the Barnsley UEC Group produced a document highlighting what work has taken place and what is required to achieve the proposed changes.</p> <p>Barnsley Urgent and Emergency Care Delivery Board – Improvement and Development Plan (May 2021):</p> <div style="text-align: center;">               Barnsley UEC Delivery Board - Imp         </div> <p>Highlight report produced to monitor key areas identified within the plan at UEC board meetings:</p> <div style="text-align: center;">               UEC Plan Highlight Report 10.09.2021.d         </div> <p>Awaiting confirmation and publication of updated clinical standards for emergency care from NHS E&amp;I.</p>
				<p>Approval received from management team to repurpose £26k innovation funds for</p>

RAG Status Key: ● Off track/missed ● At risk ● On track

# BARNSELEY INTEGRATED CARE PARTNERSHIP

	<p>Project 4</p> <p>We will provide consistent messaging and signposting support to best utilise self-care and urgent care away from A&amp;E</p>	<p>Amber – not yet having impact</p>	<p>work to support the UEC board.</p> <p>Proposal taken to UEC board regarding how to use this funding on 16/09/2021 was approved by the board members. Full paper detailing how funding will be used:</p> <div data-bbox="1128 352 1196 416" data-label="Image"> </div> <p>Winter plan comms and engagement func</p> <p>Coordinated communications in development to increase awareness of the services in Barnsley and how to use these services appropriately in line with need (aim for draft communication plan by 31/10/2021).</p> <p>Communications proposal presented at Best Start Partnership Meeting on 12/10/2021. Focusing on how best to utilise the £15k CVS small grants funding element which is aimed at local voluntary and community sector groups to work with the target communities to deliver relevant interventions in 2021/2022 (the target community is families with children aged 0-2).</p> <p>Task and finish group:</p> <p>Action from the task and finish group on 09/09/2021 was to complete a mystery shopping exercise in Primary Care GP services focusing on last weeks ED data of patient presentation who were 'told' to attend ED by Primary Care. Completed 04/10/2021. The following was identified:</p> <ul style="list-style-type: none"> <li>- Extremely difficult to get through to Primary Care to book an appointment.</li> <li>- There was no evidence of Primary Care telling patient to go directly to ED if appointments weren't available.</li> <li>- Some practices were offering bookable appointments at a future date.</li> </ul> <p>PC telephony systems are in the process of being updated:</p> <ul style="list-style-type: none"> <li>- Phase 1 (LIFT buildings) - work has commenced and date for completion 31 October 2021.</li> <li>- Phase 2 (all other Primary Care buildings) - discussions are in the early planning stages, and once started the work is expected to be finished quite</li> </ul>
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# BARNSELEY INTEGRATED CARE PARTNERSHIP

				<p>quickly.</p> <ul style="list-style-type: none"> <li>- However, a note of caution that whilst the telephony systems will be upgraded and more phone lines put in, Primary Care still need the staff/capacity to answer the phones.</li> </ul>
	<p>Project 5</p> <p>Ongoing review of SDEC activity and development of pathways</p>			<p>SDEC services went live 28/06/2021.</p> <p>Comms sent to Primary Care on 25/06/2021 via Primary Care Bulletin.</p> <p>YAS crews have access to SDEC's via RightCare, pathways are in place and working, there is a gradual increase in referrals for SDEC's from YAS crews.</p> <p>Referrals from NHS111 remain very low in number so this needs further development work.</p> <p>UEC task and finish group established, one initial focus is on the SDEC review and to consider suitability of ECIST's proposed improvements.</p>
	<p>Project 6</p> <p>Winter planning</p>			<p>Winter plan in development.</p> <p>Priorities discussed and monitored at UEC board.</p>

Top 3 Risks/Issues	Mitigation
<p>Excessive service demand in all areas:</p> <ul style="list-style-type: none"> <li>• A&amp;E attendances have increased dramatically in the first half</li> </ul>	<ul style="list-style-type: none"> <li>• ECIST review completed. Review provides next steps and further recommendations specific to their observations of Primary Care Interfacing with the Emergency Department in</li> </ul>

RAG Status Key:
● Off track/missed
 ● At risk
 ● On track

## BARNSELY INTEGRATED CARE PARTNERSHIP

<p>of 2021.</p> <ul style="list-style-type: none"> <li>GP's have also reported increased numbers accessing Primary Care services.</li> <li>Increased patient numbers may impact capacity to engage in improvement work.</li> </ul> <p>Fluctuations in patient's use of services following the 3<sup>rd</sup> Covid-19 lockdown continue to make it difficult to predict/forecast future service use numbers/patterns.</p>	<p>Barnsley.</p> <ul style="list-style-type: none"> <li>ECIST review recommends further audit work to better understand changes to how the public are using UEC services.</li> <li>Ongoing daily SitRep meetings.</li> <li>Joint working at UEC board.</li> <li>Services aware of pressure system wide and working collaboratively where possible.</li> <li>Streamlining meetings.</li> </ul>
<p>Winter pressures:</p> <ul style="list-style-type: none"> <li>Uncertainty of covid impact going forward, plus multiple variables for winter including flu/RSV, weather etc.</li> </ul>	<ul style="list-style-type: none"> <li>Winter plan in development.</li> </ul>
<p>Workforce:</p> <ul style="list-style-type: none"> <li>Challenged workforce (morale) and staffing gaps through vacancies and sickness.</li> </ul>	<ul style="list-style-type: none"> <li>Joint recruitment approach.</li> <li>UEC board representatives attend the Workforce Group – to share key updates from Workforce Group back into UEC Board.</li> <li>Workforce challenges included in winter planning.</li> </ul>

### Issues for escalation/decision/support required

- Ongoing pressure on all UEC services across Barnsley.

# Barnsley Strategic Winter Plan 2021/22 - System Overview

Barnsley Urgent and Emergency Care  
Delivery Board

October 2021

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## Introduction

As in other years, winter is NOT an emergency, but is an element of good business continuity and contingency planning. It is an annual event and for the most part we can forecast the pressures and to some extent the weather and the nature of prevailing infectious diseases. In 2021 however, winter continues to be set against the back drop of COVID-19 and therefore winter planning is set in the context of the Governments [‘COVID 19 Response: Autumn Winter Plan’](#) published in September 2021.

The Government plan is set around 5 key areas aimed at sustaining the progress made in the response and recovery from COVID 19 and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure. The Government plan to achieve this by:

- a) Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- b) Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- c) Supporting the NHS and social care: managing pressures and recovering services.
- d) Advising people on how to protect themselves and others: clear guidance and communications.
- e) Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

The last 18 months have however shown that the pandemic can change course rapidly and unexpectedly and it remains hard to predict with certainty what will happen and therefore our local plans aim to provide resilience across health and care services to ensure that we are able to manage the pressures and continue to recover services as quickly as possible.

In addition, winter is always a challenging time for the NHS. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21.

The Barnsley Urgent and Emergency Care Delivery Board Winter Plan 2021/22 has been produced with input from health and care partners working in Barnsley. The plan has been developed taking account of the lessons learned from 2020/21, including the response to COVID 19 and from previous years.

This planning document sets out the arrangements in place and the actions that have been taken along with new initiatives being put in place over winter to help us to manage these pressures and continue to deliver high quality services and care during times of increased demand and pressure.

## Purpose and Aims

The purpose of this plan is to provide a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health services for our patients throughout the winter period. It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures and potential resurgence of COVID 19

**The purpose of this plan is not to duplicate or replace other emergency preparedness, resilience and response or business continuity arrangements.** Individual organisations will therefore have their own operational plans and detailed escalation processes.

This plan should be read alongside the Barnsley Integrated Care Partnership, Health and Care Plan 2021/22 which sets out the broader approach and priorities for health and care services during 2021/22.

The Barnsley Strategic Winter Plan is not intended to duplicate or replace individual provider/partner operational plans and processes which form an integral part of business continuity arrangements. It is intended to set out the 'system arrangements' for winter and complement the other plans by increasing the focus on winter and providing a co-ordinated approach across the whole health and social care system.

Our aim is to provide safe, effective and timely care for our patients and population through the delivery of our reset plans and amidst any subsequent resurgence of the COVID-19 pandemic and anticipated demands on services through the 2020/21 winter period.

## Governance

The Barnsley Urgent and Emergency Care Delivery Board, chaired by the Deputy Chief Executive, Barnsley Hospital NHS Foundation Trust is responsible for bringing together all local Health and Social Care partners to develop a co-ordinated and planned approach to dealing with urgent care and the pressures associated with winter, ensuring an integrated response to any emergency or disruptive challenge impacting on the health community.

The Delivery Board is responsible for the co-ordination and local assurance of system planning ahead of winter to ensure a whole system approach to preparing for and managing winter, seasonal flu and other pressures across the local hospital system, as well as the NHS and social care more generally.

The Delivery Board membership consists of representatives from the following organisations:

- Barnsley Hospital NHS Foundation Trust
- NHS Barnsley Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust

- Yorkshire Ambulance Service
- Barnsley Healthcare Federation
- Barnsley Metropolitan Borough Council
- Barnsley CVS
- Healthwatch Barnsley

Each organisation has an executive level representative identified to attend the Board.

The Delivery Board has clear terms of reference setting out the scope, purpose, responsibilities and membership of the Board.

The Board plays a key role, supporting the development of a Barnsley response to national, regional and local requirements for urgent and emergency care, ensuring partners' actions are co-ordinated and pulled together to form a cohesive local strategy for improving and delivering integrated urgent care services in Barnsley. The Board also has oversight of performance and provides the strategic level of support for escalation arrangements and ensures a system wide response addressing and significant periods of pressure.

Whilst the Delivery Board brings all partners together to provide collective ownership of the challenges and develop shared plans, each organisation has its own governance and decision making arrangements which need to be adhered to. The members of the board have the responsibility of taking recommendations of the delivery board through these governance arrangements where a decision is required by an individual organisation.

## **Barnsley Health and Care Plan 2021/22**

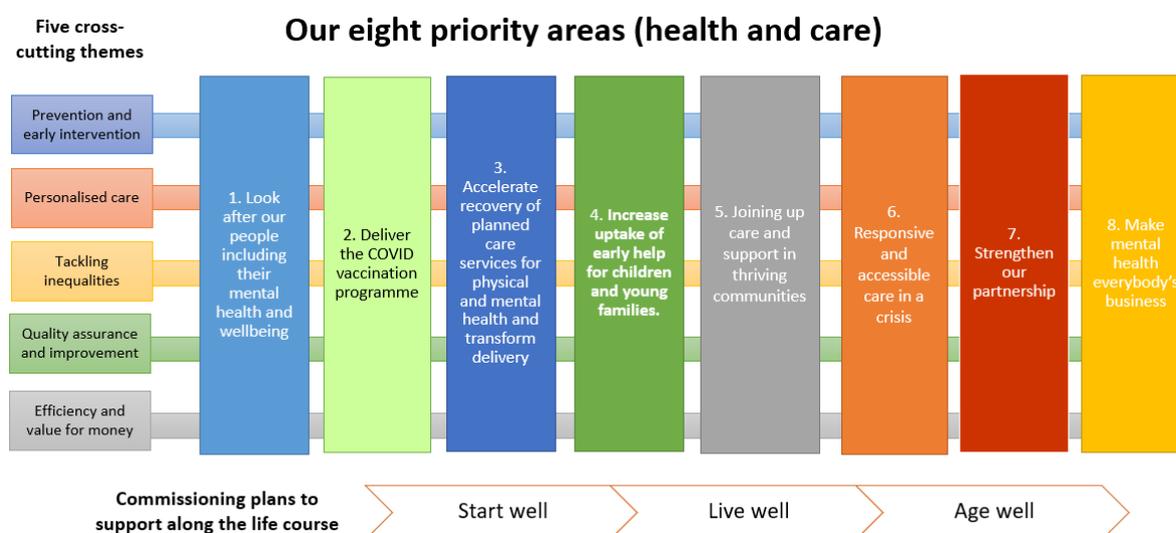
The last year has been incredibly difficult for everyone. For health and care services it has been a period like no other services continue to be under significant strain. During the early part of the pandemic back in spring 2020 the pressure was to prepare for a likely surge in illness, maintain essential services and protect staff and service users from exposure to the virus. During the summer and Autumn staff worked tirelessly to restore services, accelerate treatment for people who had experienced delays and to encourage those people who chose to stay away from services to return if they had concerns about their health.

Many people have waited longer for treatment because of the pandemic and whilst the majority of services were sustained or have been recovered, social distancing measures and the limitations of the health and care estate mean that not all services are operating at the same level as before the pandemic. We remain committed to restoring services safely and as quickly as possible as well as building back fairer by prioritising those people most at risk of poor health outcomes.

Recently, on the back of easing of restrictions we have seen a big increase in demand for health and care services and this has already been resulting in some people experiencing

difficulties accessing care when they want it. Many services are now experiencing unprecedented levels of demand. Across general practice, A&E and parts of community services activity is now higher than before the pandemic and is becoming unsustainable.

Our eight priorities for 2021/22, set out below, build on the progress made over the last year to sustain and transform services during the pandemic whilst also recognising the associated ongoing demands. The five cross cutting themes run through all of the work.



The key deliverables against each of these priorities is set out in the table below

Priorities	Deliverables
Look after our people including their mental health and wellbeing	<ul style="list-style-type: none"> <li>Launch a Barnsley Health and Social Care Academy</li> <li>Create partnership wide training opportunities bringing together 100's of staff to learn together and share practice</li> </ul>
Deliver the Covid Vaccination Programme	<ul style="list-style-type: none"> <li>Deliver the COVID vaccination programme in line with national requirements</li> <li>Undertake focussed work on low uptake groups using targeted approaches and behavioural insights to maximise uptake</li> </ul>
Accelerate recovery of planned care services for physical and mental health and transform delivery	<ul style="list-style-type: none"> <li>Establish measures to ensure the safe and effective care for people waiting for treatment</li> <li>Provide targeted interventions to encourage those who have stayed away from services to come forward and access treatment</li> <li>Extend advice and guidance, patient initiated out-patient follow up, video appointments</li> </ul>

	and other innovations to create more efficient pathways and choice for patients.
Increase uptake of early help for children and young families	<ul style="list-style-type: none"> <li>• Establish mental health and wellbeing teams in Barnsley Schools</li> <li>• Create a single point of access for children and young people's emotional health and wellbeing services</li> <li>• Work with local maternity and neonatal services to improve services and outcomes for parents and babies</li> </ul>
Join up care and support in thriving communities	<ul style="list-style-type: none"> <li>• Have more and better conversations with people about their health and wellbeing and how we can co-produce solutions to issues that matter to them.</li> <li>• Deliver targeted, proactive interventions to those who are at greatest risk of poor health and wellbeing outcomes and inequalities.</li> <li>• Work with our communities to increase resources that support health and wellbeing.</li> </ul>
Responsive and accessible care in a crisis	<ul style="list-style-type: none"> <li>• Provide consistent messaging and signposting support to best utilise self-care and urgent care away from A&amp;E</li> <li>• Review and implement and new 'front door' navigation and streaming model</li> <li>• Introduce new clinical standards for emergency care</li> </ul>
Strengthen our partnership	<ul style="list-style-type: none"> <li>• Work with our staff and stakeholders to adopt and deliver a place-development strategy</li> </ul>
Make mental health everybody's business	<ul style="list-style-type: none"> <li>• Produce and all age mental health strategy to underpin delivery across our partnership, increasing provision of early support</li> </ul>

## Lessons Learned from Winter 2020/21

There is an ongoing process for reviewing pressures within the system throughout the year with regular discussions taking place at the UEC Delivery Board. In addition all organisations have their own internal review processes to inform the development of operational plans. Looking back at the winter of 2020/21 and the early part of 2021 the key lessons identified by the UEC Delivery Board to take into 2021/22 were:

- Having a clear focus at the Urgent and Emergency Care Delivery Board and recognising the whole system pressures and role in supporting resilience.
- Maintaining robust governance arrangements including escalation and exception reporting arrangements – strategic through to daily operational calls.
- Maintaining mature relationships across place at strategic and operational levels and working collectively and collaboratively to manage pressures and demand. Barnsley system 'Bronze' established in response to COVID and retained has provided additional capacity to work through key issues and identify solutions e.g. Implementation of Discharge to Assess
- Continuing to increase utilisation of the Rightcare Barnsley service, linking key services together to support admission avoidance, flow and discharge. Increasing referrals from 111 and Ambulance to allow access to SDEC and out of hospital services.
- Proactive social care support for discharge through the Hospital Social work team – including 7 day working.
- Discharge to Assess arrangements established rapidly in response to COVID to ensure timely discharge from hospital and improve patient experience. This included a strong partnership approach with a multi-disciplinary approach to discharge planning.
- Flexibility of IHEART primary care at scale services (out of hours, extended hours and COVID services) to meet peaks and surges in demand including over bank holiday periods.

## Key System Risks

Whilst the year on year learning and continuous service developments help to ensure plans are robust and services are able to effectively manage the pressures associated with winter, there will inevitably still be some risk across the system over the winter period. This plan, along with the individual organisation plans and the escalation arrangement in place in Barnsley and across South Yorkshire and Bassetlaw aim to mitigate some of these risks.

Each partner organisation has strategic and operational risk management arrangements and risk registers in place and these are monitored through the individual organisational governance arrangements.

The key risks/issues for the winter period, identified by the UEC Delivery Board are:

- Excessive demand for services across all areas of the system
- Risk of further pressures as a result of the rate of infection with flu and fluctuating levels of covid19 infection – Staff and Patients
- Resilience and capacity of external provider market for social care provision - Home care / Reablement resource to meet demand
- Risks to discharge and flow due to capacity in NRU, IMC & community care packages
- Workforce challenges – Sickness, morale, and mental health
- Multiple outbreaks of flu and/or covid-19 in community including care homes
- Consistency of Primary care provision for streaming and navigation at the A&E Front Door
- Ongoing Covid19 issues – Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing

## **Readiness for Winter 2021/22**

The plans for winter 2021/22, both operational and this strategic plan aim to ensure that learning from winter along with key risks identified have been taken account of and that the resilience of services is strengthened to ensure access to the right care at the right time and in the right place.

The Barnsley UEC Delivery Board will undertake ongoing review and evaluation of capacity and demand across the system throughout the winter period and will escalate any issues as appropriate through the Integrated Care Partnership.

The Integrated Care Partnership Delivery Group acts as the Partnership 'Gold Command' for managing escalations due to pressures in the system. The ICP also has an operational 'Bronze' Group which supports partners at an operational level with planning and delivery of actions to mitigate issues.

Each organisation will have operational plans in place for winter including details of specific actions aimed at ensuring staffing capacity and service resilience over winter and each organisation has escalation processes in place and appropriate business continuity arrangements and plans. Current arrangements are in place across the system include a common escalation framework which includes clear actions for all partners in response to the level of pressure being experienced across the system. The escalation framework is based upon the national OPEL framework and will therefore be reviewed and refined in line with any changes to this framework.

SitRep calls take place on a regular basis dependent upon the level of demand and operational pressures escalation level (OPEL). The SitRep calls include Acute, Community, Social Care (including reablement), Primary Care and Ambulance providers, all of who have access to the local escalation information, and the CCG. The frequency of SitRep calls is adjusted to reflect the level of demand and pressure on services and in times of extreme pressures this will be at least daily.

The escalation and SitRep arrangements will continue to be used as the mechanism for identifying any potential surges in demand or capacity issues and ensure that these are managed effectively, flexing resources where appropriate to respond to areas of specific concern. These arrangements also provide the mechanism for de-escalation.

All organisations also have in place infection control plans linked to Emergency Preparedness, Resilience and Response arrangements which would come into place should there be an outbreak of infection such as norovirus or potentially a flu pandemic. Plans also include business continuity arrangements. Details of any outbreaks are reporting into the SitRep calls.

In addition to information arising from the escalation and SitRep arrangements, the Urgent and Emergency Care Delivery Board will continue to receive the monthly UEC performance dashboard on key performance and activity information to ensure system wide oversight of performance issues and risks.

There will also be ongoing communications and engagement activity in place throughout the lead up to and over the winter period. A dedicated budget has been identified to support the delivery of the communications and engagement plan. Part of this will be utilised to support the delivery of communication activity, promoting 'Think 111 First' and the 'Help us to Help You' campaign and the [Healthier Together](#) website providing advice and guidance for parents, carers and children and young people.

The second part of the funding will be offered as small grants to local voluntary and community sector groups to work with the target communities to deliver relevant interventions in 2021/2022. Support to administer these grants would be sought from Barnsley Council.

There will also continue to be ongoing COVID and Flu awareness raising activity encouraging everyone to continue to take sensible steps to reduce the risk of spreading infection and to maximise the uptake of both flu and COVID vaccinations across the Barnsley population.

## **Barnsley Plans for 2020/21**

Across Barnsley there are a wide range of transformational plans in place aimed at improving integration between services, improving outcomes for patients, ensuring that pathways and referral processes are in line with national variation and reducing health inequalities for our patients.

This includes the Barnsley UEC Delivery Board Plan which includes the key priorities to help to deliver the change required to meet the needs of patients and ensure that growing demand for services can be met in the most appropriate way.

The key UEC priorities are:

- Front door streaming/navigation – including increasing alternative dispositions to ED and bookable appointments across the system
- 111 First and wider communications
- Same day emergency care (SDEC)
- Directory of Services (DoS) – Ensuring all available service options are available to 111 and other Health Care Professionals

This winter plan is not intended to duplicate these and therefore this section sets out the headlines specifically related to managing demand over the winter period, demonstrating how key elements of our plans come together to meet expected levels of demand by ensuring appropriate capacity is in place across the system and in order to manage peaks in pressure that we see every year over the winter months and taking into account the potential impact of any increase in the prevalence of Covid 19.

The plans for each part of the system have been developed taking into consideration the expected demand levels, capacity requirements and work force challenges to reflect the Key Lines of Enquiry (KLOE) developed by NHSE/I to support winter planning considerations.

# KLOEs will be developed to support conversations, grouped under five specific domains



## EXTERNAL EVENTS

Systems should consider both national and local factors beyond the immediate healthcare setting and how these have the potential to impact on the domains below. Systems may wish to use strategic planning techniques such as PESTLE analysis to support this. These events may be things that are unusual for this winter, such as the impact of covid-19 prevalence or they may be routine winter challenges such as short term influxes/outfluxes of tourism, extreme weather events or routine movement of staff between sectors

## DEMAND

Systems should use sophisticated techniques to model expected demand on their services across the winter period. Such plans should consider a range of scenarios and be realistic around what is expected. Where providers do not have good history of accurate forecasting additional analytical support should be considered as well as signposting to national planning tools

## CAPACITY

Systems should thoroughly review their available physical capacity including, but not limited to, inpatient spaces. Where the capacity available does not meet the predicted levels of demand mitigating actions must be taken. Systems should also define thresholds at which capacity risks being overwhelmed and agree clear escalation procedures if these tolerances are met. Systems should also make sensible assessments of how IPC protocols will impact on available space looking to maximise digital solutions

## EXIT FLOW

Systems should review points of interaction between services and identify instances of friction. Where delays are identified systems must ensure approaches are in place to alleviate these agreed between affected parties. Processes should ensure care pathways are optimised with only patients requiring an inpatient stay being admitted and that discharge takes place promptly

## WORKFORCE

Systems should ensure that both clinical and non-clinical workforce levels are reviewed and aligned to the expected levels of demand and capacity. Steps must be taken to ensure all rosters are completed in good time and any workforce gaps mitigated as far as possible. Procedures should also be agreed to manage short notice sickness effectively to limit this impacting service delivery, this should include system-level interventions such as staff passporting and integrated working arrangements

## Summary of headline actions

Preventing/minimising urgent care demand	Access to urgent/same day care and treatment	Treatment (in-patient care) and flow	Discharge and out of hospital support
<ul style="list-style-type: none"> <li>• Communications and engagement activity to help people to understand and choose the right services</li> <li>• Increasing access to alternative services from 111</li> <li>• Ensuring all LTC reviews are undertaken in a timely manner</li> <li>• Maximising use of additional roles in Primary Care</li> <li>• Pulse oximetry@home pathways</li> <li>• Extending core hours of Neighbourhood Teams and Urgent Community Response</li> <li>• Nursing capacity for step up palliative care provision</li> <li>• Increased capacity to support Crisis Response nursing out of hours to prevent patients requiring care home or hospital beds</li> <li>• Increased focus on secondary prevention to avoid escalation up pathways.</li> <li>• Out of hours CAMHS crisis line</li> </ul>	<ul style="list-style-type: none"> <li>• Additional capacity in 111 and 999 services</li> <li>• Improving Ambulance handover process</li> <li>• Increased ED capacity</li> <li>• Additional majors' capacity including additional bays following reconfiguration.</li> <li>• Introducing physical and digital navigation/signposting to alternative services</li> <li>• Improving GP/streaming in ED</li> <li>• New co-located Children's ED and Assessment Unit</li> <li>• Fully embedded the 24/7 Community Crisis Response within 2 hours.</li> <li>• All age Mental Health Liaison - 1hr response</li> <li>• New CAMHS model embedded</li> <li>• Psychiatric Liaison Service provides 24-hour cover (all ages)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased critical care capacity</li> <li>• Flexible use of bed capacity to provide for additional beds as required</li> <li>• Increased capacity and hours of medical and surgical same day emergency care (SDEC)</li> <li>• Direct access to SDEC via 111/999 and other HCP's through Rightcare Barnsley</li> <li>• Paediatric RSV pathways in place between secondary and primary care</li> <li>• Intermediate Care bed capacity in place to provide rehabilitation for patients unable to return home</li> <li>• Maintaining capacity in in-patient MH services</li> <li>• MH patient flow service, 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual 'COVID Ward' supporting patients outside of hospital</li> <li>• Discharge Hub in place</li> <li>• Increased capacity for rehabilitation support and intensive rehabilitation therapy through Neighbourhood Rehab Service (NRS)</li> <li>• Comprehensive Discharge to Assess model with additional assessment slots from September 2021</li> <li>• In-reach support and early supported discharge for patients admitted to hospital due to respiratory conditions</li> <li>• Increased hospital social work cover</li> <li>• Increased use of tech and equipment to support patients at home</li> <li>• Work with current home care providers to increase capacity</li> <li>• Five additional home care providers identified</li> <li>• Additional reablement capacity</li> </ul>

Further details of issues affecting demand, actions to maximise capacity and maintain/enhance services over winter and workforce plans are included below

## **Acute**

### Demand

- A&E attendances expected to be 100-110% of 19/20 levels
- Non-Elective activity is rising month on month and is expected to be back to 100% of 2019/20 levels (which were high in comparison to similar neighbours) by Q3/4
- Elective recovery will continue over winter with planned activity at 95% of 2019-20 levels. Referrals have increased to near the same levels.
- Covid activity is expected to remain at c5-10% bed base

### Actions and plans to maximise capacity and maintain flow

- Capacity is in place to support approximately 300 attendances day in ED (including limited GP stream)
- Critical care capacity has been increased to 3x 19/20 baseline
- Additional 'majors' capacity through reconfiguration to create additional bed space in ED
- Bed capacity is in place to match 2019/20 levels with provision for a further 38 flex beds (including 20 bedded medical ward scheduled to open Nov 21)
- Additional imaging workforce is in place for winter to provide additional imaging capacity
- Medical & surgical SDEC to be in place 12 hours per day, 7 days per week with 2 hour diagnostic turnaround. Direct access pathways are in place via RightCare for GP referrals and YAS pathways are in place for direct access
- Emergency Department are able to flex capacity where activity is exceeding expected demand through use of agency staff.
- Point of care testing machines are available in ED, SDEC and AMU to support admission pathways and flow.
- A virtual covid ward has been established and will continue to be in place to support patients outside of hospital.
- Discharge hub is in place and working effectively.
- Work is ongoing as part of the SYB ICS iUEC programme to improve ambulance handover times and processes
- Working with SYB ICS UEC Programme to introduce digital navigation at the front of ED to signpost patients to appropriate alternative services such as SDEC, GP services, Pharmacy etc
- Paediatric RSV pathways developed between secondary care and primary care. (Comms plans include raising awareness of pathways)
- New co-located Children's ED and Children's Assessment Unit in place and already seeing impact in reduced admissions and better linkages to Children's Community Nursing Teams.

### Workforce

- Temporary staffing will continue for medics, nursing, therapy & imaging to support gaps from vacancies, sickness, maternity & additional work, managed via workforce group & reported to Executive Team monthly.
- Seasonal recruitment has been approved for imaging, pharmacy, nursing, therapy.

## Ambulance/111

### Demand

- 999 and 111 services have been under significant pressure since Autumn 2020 and even further from May 2021
- 999 calls received have increased by 30% in 2021 (including calls back to patients where delays occur)
- Increased ambulance handover times increase impact of additional demand by restricting resource availability
- 111 demand running above expected levels (17% Apr – Aug 21)

### Actions and plans to maximise capacity and maintain flow

- Strategic level calls with all key internal directorates present (999, 111 & PTS) three times p/week. There is also 7 day on-call strategic rota with tactical support 24hrs. When required, the strategic cell has been stepped up to daily calls in order to manage demand and initiate actions.
- Additional capacity (supported by additional funding) is being put in place across frontline services, 111 and the emergency operations centre.
- Plans are in place to maintain sufficient supplies (consumables, PPE, winter stocks etc to keep vehicles on the road) and good link are in place with NHS Supply Chain
- Implementation and embedding of 111 First, working with DOS leads and improving pathways
- Continue to work with hospital ED teams to improve handover delays
- Strengthen PTS services by increasing opportunities to do multi patient journeys taking a risk based approach
- Working with commissioners re 111 clinician access across IUEC system

### Workforce

- Redeployment of clinical staff in non-clinical roles back to frontline work, and the bolstering of frontline operations with private provider ambulances and transport vehicles
- Recruitment underway for additional capacity
- Ensuring capacity and demand alignment to maximise capacity during peak times.

## Community Services

### Demand

- **Neighbourhood Teams:** Surge in demand is estimated to be around 5% to 7% based on previous winters, this will be managed through business continuity and caseload management.
- **Neighbourhood Rehabilitation Service (NRS):** Increase in patients supported at home from 70 to 100. Plans to accommodate a 20% surge in home visiting requirements (exceeding the 100 beds) are in place utilising overtime and increases in part time hours.
- **SPA** Further roll out of pathways with YAS via our Integrated RightCare SPA for Crisis Response and Breathe Community Respiratory Service.

- **IV's in Community** Expand the first IV pathways to include residents in Care homes with Chest and UTIs infection utilising skills and knowledge from our specialist teams.
- **EOL Care:** increase in fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. We would look to access the Better Care fund for these beds and pilot during this winter. 2 Nursing beds required
- **Crisis Response** nursing, out of hours, seeing an increase in need for wrap around care to keep people safe until core services come back on stream at 8am

#### Actions and plans to maximise capacity and maintain flow

- **Neighbourhood Teams** - to ensure core hours are extended as per specification and mobilisation. Recruitment almost complete which also links to the new National Anticipatory Care specification / modelling. This will also link into our Crisis Response Service. Full recruitment will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours and agency, where required, but being mindful not to overburden current staff with extra hours.
- **Neighbourhood Rehabilitation Service (NRS)** recruitment against new model is almost complete. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT and Physiotherapy being sited together allows for more flexibility across the system to manage the demand and patient flow overall. This will enable the delivery of the increase in beds at home from 70 to 100.
- **Discharge to Assess** – this was implemented during Covid. A permanent model has been agreed between partners. Recruitment to additional posts, by BHNFT, is still underway with the team sitting in SWYPFT under at Memorandum of Understanding. We have developed a single hub for all adult therapy services and support workforce, with Social care, Reablement and Social Workers aligned within the team. Additional assessment slots will be available from September 2021, seeing an increase to 16 from 10.
- **EOL Care** – Arrangements are in place to secure nursing bed capacity in the Independent Sector, specifically for fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. Additional specialist training will be provided to care home staff and in-reach will be provided by the palliative care service.
- **Crisis response:** Agreed increased resource into Supportive Care at Home to support Crisis Response nursing out of hours to prevent patients needing to be stepped up to Independent Care Homes beds or hospital.
- Community Urgent Response capacity in place – working to increase utilisation and access via Rightcare Barnsley, particularly to reduce ambulance conveyance and hospital admission
- Increased focus on secondary prevention across all service areas, preventing patients escalating up pathways and requiring more complex care at home or in needing admissions to hospital.
- Increase focus on supporting self-managed care, reducing the frequency of home visits and clinic attendance where appropriate.
- In reach support and early supported discharge for patients admitted to Hospital and exacerbation management to avoid admission provided by the BREATHE service working with secondary care

#### Workforce

- **Neighbourhood Teams:** Drive to reduce vacancy factor will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours, and agency, where required, but being mindful not to overburden current staff with extra hours. Ongoing recruitment drive, hotspot Band 5 nurses, 5 WTE appointed ready to start October
- **Neighbourhood Rehabilitation Service (NRS)** recruitment is almost complete to new posts. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT, Physiotherapy, Social care reablement and Hospital D2A therapy team being sited together allows for more flexibility across the system to manage the demand and patient flow overall.
- **Discharge to Assess** – Recruitment to key therapy post remains challenging but we are attracting candidates beyond the Barnsley provider boundary because of the positive narrative around partnership working

## Mental Health

### Demand

- Community Mental Health (adults/children)
- Pandemic related pressures continue to impact – with increases in mental health crisis, self-harm etc. presentations - business continuity arrangements remain in place.
- Specific demand pressures on adult SPA/core/IHBT service (including psychology).
- Adult Intensive Home Based Treatment (IHBT) caseload significantly increased. Currently 75 with average in last 6 months 67.
- CAMHS eating disorder pathway under pressure with high caseload numbers and increase in acuity.
- CAMHS eating disorder and crisis pathways adversely impacted by national shortfall of Tier 4 beds.
- IAPT referral levels during early stages of pandemic led to increase in waiting list/times.
- Modelling suggests significant increase in referrals across adult/children services from October 2021.

### Mental Health Acute Wards and 136 Suite

- Last Winter and subsequent lockdown exit strategy has seen increasing pressures on beds and community services across the SWYPFT system. Since July these pressures have continued to rise exceeding typical winter demand. The psychological impact of the pandemic and lockdowns is not fully understood but there has been an increase in mental health crisis where alcohol, drug use and self-harm are a significant feature.
- Increased pressure on partnership agencies is reflected in a rise in referrals from emergency departments and section 136 usage. Pressure on the 136 suites continues to exceed commissioned activity assumptions and the three suites within SWYPFT are being utilised round the clock. The 136 suite in Barnsley has been impacted by the wider workforce pressures within inpatient services.
- The impact of covid infection on the wards risks further bed reductions due to cohorting/quarantine
- Pressure on social care provision is delaying discharge into care for older adults with dementia

### Actions and plans to maximise capacity and maintain flow

#### Community Mental Health (adults/children)

- All-age liaison team at BHNFT maintaining effective response times. One hour response to referral in A&E's remains in the 90%+ range - Liaison function includes a specialist post focused on supporting high intensity users of A&E
- Working closely with police to develop other forms of support to service users well known to services.
- IHBT will operate 136 suite and triage functions from October 2021
- A dedicated street triage service is under consideration. This will offer real time advice, assessment and possible crisis alternative to 136 on site assessment
- IAPT capacity restructured to predominantly offer groups-based support. Waiting lists/times maintained.
- Out of hours CAMHS crisis line (Night Owls) under consideration.
- Adult SPA developing a brief intervention capability (as part of locally agreed ARRS). This will divert activity from core teams.

#### Mental Health Acute Wards and 136 Suite

- All wards are fully functional and acute OOA usage has remained at an all-time low despite the immense pressure of demand for beds.
- There is a centralised patient flow room located at Fieldhead, mirroring the acute trust winter room model. This assists the patient flow team in coordination
- The patient flow service now operates a 7 day model to manage communication between patient flow practitioners, gatekeeping services and the inpatient areas.
- We are working closely with police to look at offering other forms of support to service users well known to services. We have developed a high intensity user network which meets regularly.
- A dedicated street triage service is in place within four localities of the Trust but is not in place in Barnsley, outside of a telephone advice offer. This model works alongside police to offer real time advice, co assessment and possible alternative to 136 on site assessment
- The Psychiatric Liaison Service continues to provide 24-hour on-site cover for all ages including for younger people
- Last winter saw a restructuring of the CAMHS service and crisis response and this winter will see the formation of an all-age liaison service. These developments will have a significant impact on response to crisis (particularly in ED)
- Housing worker continues to be based within the patient flow service successfully supporting discharge where accommodation is a factor

#### Workforce

##### Community Mental Health (adults/children)

- Inpatient and community services are experiencing staffing pressures and high levels of vacancies.
- Seasonal ill health will compound existing vacancies.
- Ongoing a proactive utilisation of bank and agency staffing to supplement staffing levels.
- Senior cover at weekends has been stepped up to work through real time issues
- A number of incentives are being explored to ensure safe staffing levels are maintained.
- The Trust reviews safer staffing levels at EMT and there is a coordinated approach to the monitoring of safety, recruitment and retention
- Operational services work very closely with the bank team and safer staffing lead
- BCP's are in place for essential services and have plans for redeployment if staffing becomes critical or staff cannot make it to work due to weather
- Business continuity plans are in place to ensure cover during adverse weather conditions and during the holiday period

## Primary Care

### Demand

- Demand for GP appointments continues to rise and is above pre pandemic levels
- iHEART Extended Access is already seeing activity over 10% above usual levels and this is expected to increase further over the winter period.
- Out of Hours demand is high with expected demand rising further during the winter months
- The Blue Clinic is seeing continuous numbers of patients with COVID/respiratory symptoms and with ongoing high levels of infection rate in Barnsley this is not anticipated to reduce.

### Actions and plans to maximise capacity and maintain flow

- All GP practices and primary care services are open and running at increased capacity to support additional demand.
- BHF working with BHNFT to improve the streaming offer
- Anticipatory Care Programme is in place to identify high risk patients taking a PHM approach and utilising risk stratification tools
- Ensuring that all LTC reviews are undertaken (prioritised by risk) and providing appropriate support guidance and onward referral – for example to the community BREATHE (Respiratory) service to support patients to manage their conditions
- Maximising use of additional roles such as First Contact Physio's, Physicians associates and Nurse associates to maximise capacity within general practice and increase available appointments with appropriate clinicians.
- Pulse Oximetry @ Home pathway is in place supporting for higher risk patients and helping to avoid exacerbation and potential hospital admission.
- Increasing capacity with the Blue (COVID) Clinic, extending operating hours to cover day and evening, providing additional face to face appointments for patients (Children and Adults) for patients with Covid symptoms to free up GP practices to support non Covid patients and provide face to face appointments where required including for all under 5's.
- Utilise PCN additional roles such as care coordinators and health and wellbeing coaches to provide advice and guidance as part of a targeted awareness campaign (linked to comms) around self-management, spotting early warning signs and improving knowledge on existing NHS services.
- Provide patients with information on how to self-manage respiratory infections in children and make them aware of other NHS services out there other than ED and GP practice.
- Work with secondary and community to ensure clear pathways and processes are in place to support patients with respiratory conditions, avoiding hospital admission or following hospital admission where this has been required
- Increased capacity in IHEART Extended Access services to provide additional appointments in Primary Care – from 1500 appointments in April 2021 to 1800 appointments per month from September
- Support to the delivery of the Oximetry @ Home pathway and Long Covid assessment and treatment pathways
- Roll out Community Pharmacy Referral Service to provide an alternative service for patients to be referred to from GP practices and 111.

## Workforce

- Maximise the use of additional roles in Primary Care employed through the ARRS scheme through the PCN DES.
- Review of staffing rotas in extended access, OOH and hot clinics to make sure that capacity is aligned to expected demand and peaks in activity.
- Resilience arrangements in place between practices and supported by BHF to provide mutual aid and support where workforce or other issues put the delivery of the services at risk
- Utilise Locum support if this is required to maintain resilience across GP practices and other services.

## **Social Care**

### Demand

- Joint Commissioning working with operational teams to monitor level of demand in key areas (hospital discharge/reablement/home care/residential care).
- Demand for assessment has increased to support increased hospital activity and discharge requirements – this is in the context of capacity challenges in the market as a result of covid related staffing pressures.
- Challenges in the provider market has resulted in increased demand for support from reablement services as the provider of last resort.
- Review of demand for designated beds to be completed and solution agreed within bronze cell

### Actions and plans to maximise capacity and maintain flow

- Increasing the hospital social work cover to 8pm Monday to Friday and increasing support over the weekends and Bank Holidays.
- Co- location with Community nursing teams to increase capacity and prevent duplication, when safe and appropriate
- Increasing the appropriate use of equipment, to reduce physical resource
- Pilot for Admission Avoidance & Social workers now deployed in GP practice
- All home care providers to be asked to consider review of packages to identify opportunities to reduce or change structure of packages to free up capacity
- Sitrep data collated weekly for home care and residential care provision to ensure accurate understanding of capacity available
- 5 additional home care providers identified to increase overall capacity for care packages
- New contract issued for bridging and additional reablement capacity to support hospital discharges
- Providers asked to review business continuity plans in preparation for winter
- Capacity in brokerage support increased to ensure sufficient cover for hospital discharges and CHC fast track

## Workforce

- Staff levels across providers monitored using NHS capacity tracker

- Memorandum of Understanding to be re-issued to support shared staffing arrangements across care sector
- Development of a pool of bank staff
- In House provision to be utilised according to priority, should there be increased risk.
- Provider forums in place to explore opportunities around recruitment and retention

## **Ongoing Review and Evaluation**

The Barnsley UEC Delivery Board will continue to have oversight of activity and performance and will oversee the delivery of the winter resilience schemes included within this plan. The Board will also continue to identify improvement actions to ensure that services are able to effectively meet the urgent and emergency care needs of the local population, and will support the local delivery of the South Yorkshire and Bassetlaw Urgent and Emergency Care Programme priorities.

Throughout the winter period the Board will undertake ongoing review and evaluation of plans, assessing the impact of the developments put in place and where appropriate identifying additional actions to support the system during periods of increased pressure.

**GOVERNING BODY**

11 November 2021

**Primary Care Assurance Report**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input type="checkbox"/>	
<b>2.</b>	<b>PURPOSE</b>		
	The purpose of this report is to provide an update to Governing Body regarding the priorities that are stated within the Primary Care Governing Body Assurance Framework (GBAF).		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive Lead	Jamie Wike	Chief Operating Officer
	Author	Julie Frampton	Head of Primary Care
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Primary Care Commissioning Committee	Bi - Monthly	Assurance
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	The purpose of this report is to provide an update to Governing Body regarding the priorities that are stated within the Primary Care Governing Body Assurance Framework (GBAF).		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>		
	<ul style="list-style-type: none"> <li>Note the information in the report that will provide assurance regarding the delivery of the priorities in Primary Care.</li> </ul>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	Nil		

**Agenda time allocation for report:**

10 mins

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	
	4.1 Mental Health		10.1 Compliance with statutory duties	✓
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		CCG 14/10	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
3.1	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
3.2	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	Y
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	Y
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	Y
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	Y
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.8	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	Y
	Has a Single Tender Waiver form been completed if appropriate?	Y
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	Y/N/NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

**PART 2 – DETAILED REPORT**

<b>1.</b>	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	<p>The Long-Term Plan and Network Contract DES has provided a clear direction for the future of primary care in which general practice is the foundation of a strong, joined up health and care system. This is a five-year programme of work, and it remains important that we continue to learn and respond to the changing circumstances.</p> <p>The Barnsley CCG Governing Body Assurance Framework (GBAF) provides assurance for the Governing Body in the delivery of the CCG's annual strategic objectives. The Primary Care Commissioning Committee is accountable for providing assurance for the risks regarding the delivery of primary care priorities ensuring the following are successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> <li>• Support the embedding of new ways of working earned from the pandemic</li> <li>• Deliver investment into Primary Care and improve health inequalities via the Practice Delivery Agreement (PDA).</li> <li>• Support practice quality improvement and Care Quality Commission (CQC) rating by use of the Quality Dashboard and regular meeting to support action plan delivery for those practices having domains that "require improvement"</li> <li>• Ensure recruitment/retention/development of the clinical and non-clinical workforce</li> <li>• Work with the Primary Care Network (PCN) to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them to meet recruitment plans</li> <li>• Support the recruitment and retention of extra doctors working in general practice.</li> <li>• Improve access particularly during the working week with more bookable appointments at evenings and weekends.</li> <li>• Improve access by offering online booking, online consultation, total triage, and other digital options and to focus on supporting improvements in practices with long waits for routine appointments</li> <li>• Provide Barnsley Clinical Commissioning Committee (CCG) support to implement the current DES Service Specification and to support preparation for the remaining Service Specification to be delivered from Oct 2021</li> <li>• Meet 2021/22 trajectories set out in the Network Contract DES and support planning to achieve the Key Performance Indicators (KPIs).</li> <li>• Improve infrastructure, digital capability, digital literacy and inclusion.</li> <li>• Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews</li> </ul>
<b>2.</b>	<b>DISCUSSION / ISSUES</b>
	<p><b>1) Progress with Long Term Plan and Network Contract DES</b></p> <ul style="list-style-type: none"> <li>• Access activity – Access is an issue with demand exceeding capacity</li> </ul>

within GP practices. A “Hot” Covid clinic remains in place to support face to face assessments where any Covid positive or suspected Covid symptomatic people could access help. This was enhanced by a Covid Home Visiting service for those people too poorly or unable to attend the clinic. Appointments within i-Heart have also flexed to meet needs and have been offered to practices where sickness, for example, has put additional pressure on appointment availability. Telephony is also an issue and a 2-phase project is underway to update telephony to more modern systems to support access. This is nearing completion for practices within the LIFT buildings and the second phase will commence with the remaining practices within the next month.

- Practices eDeclaration (eDEC) – every practice in Barnsley submitted their annual declaration confirming that they are compliant against their core contracts. The Primary Care Team will review the e-declarations to address any areas of non-compliance.
- Primary Care Networks/Neighbourhood Networks – All practices in Barnsley signed up to the Network Contract DES for 2021-22.
- NHS Barnsley CCG continues to invest recurrently into primary care and in line with previous agreements. The total investment enables the CCG to set a guaranteed and consistent income level giving practices the investment to increase resilience and deliver quality improvement. The aim being to meet demand and deliver improved access and better outcomes for patients.
- eConsultation – Barnsley CCG has ensured that all practices have access to AccuRx Total Triage to support the online/video consultations required as part of the contractual requirement to deliver care via this medium. AccuRx is a new provider and has offered practices an alternative suite of services to support delivery of care. The uptake by practices of the AccuRx service is slow and therefore work is underway to identify support to help practices to maximise the use of the tool.
- Social Prescribing – The My Best Life service continues to enable all GPs and other health professionals across Barnsley to have a mechanism to link patients with non-medical needs to community and self-care solutions. The type of support varies widely depending on the individual’s needs to support improvements in health, wellbeing, and quality of life with a reduction in social isolation, exclusion, and loneliness. The benefit to the GP is a reduction in patient contacts. The contract with South Yorkshire Housing Association (SYHA) ends in March 2022 with the requirement for the provision to deliver Social Prescribing passing to the PCN as described in the Network Contract DES.
- Quality Improvement Support – The CCG produces a Quality Dashboard for each practice within Barnsley. The practices are provided with their quality dashboard which updates them with their progress against several key indicators. Practices are encouraged to use this tool to aid quality improvement and to use this to demonstrate to the CQC

how the practice has enhanced its quality performance using a recognised Quality Improvement tool. The CCG provides bespoke support to practices when any variation is identified within the dashboard e.g., infection control and prescribing.

- Primary Care Workforce – This risk has been reviewed at Primary Care Commissioning Committee (PCCC) following concerns with the recruitment to the Addition Role Reimbursement Scheme (ARRs) supporting the Service Specification delivery and achievement by the PCN. Workforce plans for 2021-22 were submitted at the end of August which showed a full utilisation of the resources to recruit this year. The PC team have worked with the PCN Managers to review the recruitment against trajectory and have noted a deficit where roles are difficult to recruit into. An indicative workforce plan for the next 2 years is due for submission imminently.

## 2) Primary Care Networks

Primary Care Networks – plans for 2021/22 and 2022/23

Notification regarding the PCN service specifications, Impact and Investment fund (IIF) and the Additional Role Reimbursement scheme from NHS England has been received and communicated out to GPs and the PCN.

There are five areas of focus for PCNs over the coming 18 months. These are:

- Improving prevention and tackling health inequalities in the delivery of primary care
- Supporting better patient outcomes in the community through proactive primary care
- Supporting improved patient access to primary care services
- Delivering better outcomes for patients on medication
- Helping create a more sustainable NHS.

The PCN Clinical Directors are asked to support the delivery of these plans and to work with Commissioners and stakeholders to widen the participation in PCNs across local partners like community pharmacy and community providers. There is also preliminary work to plan in advance of the full Health Inequalities, Personalised Care and Anticipatory Care service specifications, and some clinical indicators ahead of the full Cardiovascular service specification to deliver from October 2021 and over the next eighteen months.

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

## GOVERNING BODY

November 2021

### Digital & Technology Assurance Report

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>												
	<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"/>				
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<b>2.</b>	<b>PURPOSE</b>												
	<p>To provide Governing Body with an update on the IT/Digital projects and schemes currently being delivered across the CCG area. Some of these schemes have been in the delivery stage for a while, others are ending and some are in the early stages of implementation.</p> <p>The report provides Governing Body with information and assurance with respect to Priority Area 9 – Digital &amp; Technology on the CCG's GBAF, specifically:</p> <table border="1"> <thead> <tr> <th style="background-color: #d9e1f2;">Key deliverable per GBAF</th> <th style="background-color: #d9e1f2;">Assurance provided</th> </tr> </thead> <tbody> <tr> <td>1. Development of a system wide shared care record</td> <td>Covered in detailed report</td> </tr> <tr> <td>2. Ensure the delivery of the GP IT Futures Model to:</td> <td></td> </tr> <tr> <td>Comply with mandatory core standards re: interoperability and cyber security</td> <td>Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2021/22. All work to ensure Cyber security is delivered to all machines via the BBS IT team.</td> </tr> <tr> <td>Delivery of O365 across Barnsley</td> <td>Work is ongoing to delivery this work and to then use the functions within the suite to support workstreams</td> </tr> <tr> <td>Support the delivery of the Digital Primary Care First projects</td> <td>Ardens and TytoCare</td> </tr> </tbody> </table>	Key deliverable per GBAF	Assurance provided	1. Development of a system wide shared care record	Covered in detailed report	2. Ensure the delivery of the GP IT Futures Model to:		Comply with mandatory core standards re: interoperability and cyber security	Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2021/22. All work to ensure Cyber security is delivered to all machines via the BBS IT team.	Delivery of O365 across Barnsley	Work is ongoing to delivery this work and to then use the functions within the suite to support workstreams	Support the delivery of the Digital Primary Care First projects	Ardens and TytoCare
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Comply with mandatory core standards re: interoperability and cyber security	Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2021/22. All work to ensure Cyber security is delivered to all machines via the BBS IT team.												
Delivery of O365 across Barnsley	Work is ongoing to delivery this work and to then use the functions within the suite to support workstreams												
Support the delivery of the Digital Primary Care First projects	Ardens and TytoCare												

	<p>Support the implementation and roll out of the GP IT Refresh programme, eConsultaion, Corporate Wi-Fi,</p>	<p>GP IT refresh in progress for 2021-22. AccuRx Patient Triage has replaced the Doctorlink provision and is being rolled out in practices. This links with several “tools” already procured from AccuRx i.e., “floreys”, Bulk SMS messaging. Corporate Wi-Fi solution to compliment the public access Wi-Fi in practices,</p>
	<p>Support the wider use of digital technology as described within the Long-Term Plan</p>	<p>Continues. Work to look at Digital inclusion and literacy and Digital Citizen commenced to support the rapid move to digital access. The ICS and BBS IT teams are working closely to review the digital roadmap and look to secure new digital and IT opportunities to support primary and community teams.</p>
	<p>Support the resilience work at Hillder House with the servers and CCG corporate IT needs</p>	<p>BBS IT team are working to complete the upgrades following the interruption from C-19.</p>
	<p>Working closely with the SY&amp;B ICS digital and IT workstream. BBS IT monthly meetings monitor and map workstreams locally</p>	<p>The Head of Primary Care attends the workstream meetings and ensures matters are taken forward in Barnsley place as appropriate.</p>
	<p>Lloyd George notes digitisation programme</p>	<p>This is still in planning with NHS Digital and it has been suggested that NHS England look at a National long term storage solution with digitise on demand rather than trying to get every record in GP practices fully digitised.</p>
	<p>Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hillder House</p>	<p>The technical work to support this for GP practices within LIFT/CHP buildings is nearing completion. Hillder House will also have an upgrade as it is on the same circuitry.</p>

**3. REPORT OF**

	Name	Designation
Executive Lead & Author Shared Care	Jeremy Budd	Director of Strategic Commissioning and Partnerships
Author – GP IT	Julie Frampton	Head of Primary Care (GPIT Digital Lead)

<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	BBS IT Group	Various	Progress monitored via IT work plan
	Barnsley Strategic Digital Group	Various	Progress monitored via Integrated Care Delivery Group
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<p>NHS England has mandated that a minimum viable solution for a summary care record should be delivered in all areas across England by April 2022. The Barnsley Strategic Digital Group is currently undertaking work to identify a preferred solution for Barnsley, with a key principle that we adopt the same solution across Barnsley. Progress since the last update to GB includes:</p> <ol style="list-style-type: none"> <li>1. Partners have agreed that a digital programme manager is required in order to deliver capacity to our joint ambition to deliver a shared care record, a digital strategy for Barnsley and progress joined up work on digital inclusion. The interim position is being jointly funded by non recurrent monies from Barnsley CCG and BMBC. The position will be employed by BMBC, but work at the direction of the Strategic Digital Group</li> <li>2. SYB ICS has agreed to adopt the Yorkshire &amp; Humber Care Record programme as the technology backbone for delivering a shared care record across the ICS. Our ICS digital team is currently working with partners across the ICS to determine how fast we will be able to onboard records into the system. This is a positive step forward in terms of clarity of approach</li> <li>3. In Barnsley we are looking to develop a business case to support the purchase and deployment of a shared care record viewer. Currently there are two main options; the viewer that is being developed by the YHCR programme and secondly a viewer that is already in use by some partners in Barnsley. This is IMX-CR (formerly known as Viper360). Technology demonstrations have taken place with BMBC, BHNFT, SWYPFT and primary care PCN colleagues. The new digital programme manager will work with the Digital Strategy Group to develop an options appraisal and business case, which we expect to complete in early 2022.</li> </ol> <p>GP IT has moved rapidly to adopt several devices, services, and platforms to support total triage, online and virtual consultations to ensure care could be accessed safely without the need for face-to-face appointments, where appropriate, during the C-19 pandemic. Revision of data sharing and IG requirements as a direct response to support people to deliver care in this way has enabled a rapid transition to alternative methods of access.</p> <p>The Long-Term Plan requirements have moved forward at pace. The rapid expansion has highlighted the need to look to support those in digital poverty, literacy and inclusion and projects are underway to support those people both professionally and, with the public, to use these tools.</p>		

	Locally the BBS IT team are working to support the roll out of the GP IT refresh programme, support the transition to O365, support the vaccination clinics, wider IT needs, and work to further embed digital change.
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note - for information</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>None</li> </ul>

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

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

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

**PART 2 – DETAILED REPORT**

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

	<p>Shared care records have processes in place to ensure the correct records are matched, that patient consent is addressed, that records can only be viewed by clinicians and care professionals with the right authority to view and that data is secure and safe.</p> <p>NHS England has now mandated that a minimum viable solution for a summary care record should be delivered in all areas across England by September 2021. The Barnsley Strategic Digital Group is currently undertaking a rapid piece of work, together with SYB ICS Digital Programme colleagues, to identify potential options by the end of May 2021.</p> <p>At the point of writing this paper, the Barnsley Strategic Digital Group, and SYB ICS, are working to understand the current state of interconnectivity between health and care partners across Barnsley and to explore in more detail what appear to be two main options to progress as shared care record to meet the minimum viable solution. These will be shared with all partners at the end of May 2021.</p> <p>Beyond the minimum viable solutions, SYB ICS is committed to working with the Yorkshire &amp; Humber Shared Care Record programme and this is likely to be the focus of further work to fully deploy and embed a shared care record (including population health management tools) in Barnsley. At this point the rollout of the Yorkshire &amp; Humber programme is not likely to reach Barnsley until 2022/23.</p>								
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**GOVERNING BODY**

11th November 2021

**Continuing Health Care and Complex Case Assurance Update**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input checked="" 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 checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input checked="" 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 checked="" type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
	To update GB on assurance in the CHC and Complex Case (Individual Funding) Work Streams									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Jayne Sivakumar</td> <td>Chief Nurse</td> </tr> <tr> <td>Author</td> <td>Jo Harrison</td> <td>Specialist Clinical Portfolio Manager</td> </tr> </tbody> </table>		<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse	Author	Jo Harrison	Specialist Clinical Portfolio Manager
	<b>Name</b>	<b>Designation</b>								
Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse								
Author	Jo Harrison	Specialist Clinical Portfolio Manager								
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
	<p>The matters raised in this paper have been and will continue to be subject to consideration in various forums:</p> <ul style="list-style-type: none"> <li>• Governing Body meetings - quarterly</li> <li>• Audit Committee Meetings – on request</li> <li>• Finance and Performance Committee meetings – on request</li> <li>• Quality and Patient Safety Committee – bi-monthly</li> <li>• Senior Management Team meetings – on request</li> </ul> <p>In the reports to Audit, Finance and Quality committees, activity and spend is highlighted in detail.</p> <p>It is not intended to provide in – depth detail in this update, rather to sight GB members on the governance and assurance structures that are now in place and to give a general overview of progress.</p>									
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p><b>5.1 Background and Introduction</b></p> <p>The issues and risks in the work streams of CHC, CCC and Complex Cases</p>									

(Individual Funding) are well known in the CCG. The work streams have also been audited by 360 Assurance and actions plans are in place and being worked through. A 360 Assurance Audit 'revisit' is pending and the Terms of Reference are currently under discussion.

## **5.2 Current Position**

### **5.2.1 Continuing Health Care (CHC)**

The team continues to face numerous challenges in terms of demand and capacity. A demand and capacity modelling exercise has been recently completed and is currently being analysed. The findings will be disseminated in the appropriate forums and subsequent actions will be agreed and implemented.

Recruitment and retention of staffing remains an issue. Agency staffing is in place to cover a shortfall in Nurse Assessor capacity. Two Nurses are due to go on maternity leave in the New Year and plans to cover the service are currently being discussed.

The team is on track to meet the quarterly NHSEI KPIs for 28 day assessments and assessments outside hospital. The Discharge to Assess process remains in place.

Outstanding reviews are at 6.6 %, which is very low and an acceptable tolerance level.

Comparison data has shown an exponential increase in eligible cases and that this has increased spend.

Provider and market behaviour is also a factor affecting spend. There is a notable increase in providers insisting on 1:1 and 2:1 staffing for new admissions. This is usually centred on management of falls or behaviour. The care managers follow up with requests for 24 hour grids to demonstrate use of enhanced staffing and to enable a negotiation to reduce this where possible. This is not unique to the CHC Team or to Barnsley in general and is a national issue.

### **5.2.2 CCC / CYP IFR and Complex Cases**

The team continues to work on:

- Outstanding reviews
- Data cleansing on Broadcare
- Development of databases on the CCG shared drive and System 1
- Process refinement
- Collaborative working with BMBC colleagues
- 360 Assurance Audit actions

The team is now in a position where monthly reports on activity and spend are provided to give oversight and assurance on key deliverables in specific funding lines and also to provide auditable data. Information from the monthly reports is interrogated and submitted in tabular form on the QPSC highlight report, which is now a standing item on that agenda.

Actions from the 360 Assurance Audit have been given priority. One action is delayed, which is the timescale for completing all outstanding CCC reviews. As stated in earlier reports, the CCC reviews have been aligned with Education Health and Care Plan (EHCP) reviews. Four reviews due to be completed in October have had to be rescheduled for early November. It is not possible to assume that all booked reviews will go ahead on a given date as there is a risk of short notice cancellation and in some cases, multiple cancellations, mostly by parents, if their personal circumstances change. Of the cases delayed in this case, the clinical and financial risk is low.

The total caseload of CYP with ongoing funding has decreased from 34 to 16. This is mainly due to CYP no longer being eligible for CCC when their outstanding reviews were completed. There have also been discussions about non-eligible CYP who were funded via the Childrens' Resource Allocation Group (CRAG), resulting in an agreement with BMBC to stop funding 6 cases. This presented an annual saving of iro £50,000. This was achieved in Quarters 1 and 2.

Monthly meetings with BMBC colleagues have been arranged to ensure information for recharges etc. is shared both ways.

The CCC Nurse Assessor / Case Manager has resigned and is due to leave post at the end of November. This will be a loss to the team as he has made great inroads into the outstanding work and process and has also formed very positive relationships internally and with partners. This does, however, present an opportunity to do something different with the role and address what is felt to be a gap with the case management of CYP in the Transforming Care Partnership cohort. A business proposal has been submitted for a decision by EMT.

### **5.2.3 Complex Cases**

All 360 Assurance audit actions have been implemented. The audit 'revisit' will test the impact of the measures put in place from the actions set at the original audit.

#### **S117**

The Complex Case and Quality Manager for non TCP cases now holds the caseload for all existing and new Band 5 (100% funded) cases and will keep them under clinical review. Quality of care, patient safety and best value are the focus in all cases. It is felt that on the cases reviewed to date, there is stronger assurance on the quality of care. In addition, the CCQM will make a recommendation on the ongoing funding split. There are 2 cases outstanding for review. To date clinical input into reviewing the cases has saved iro £11,000 per week. However, the overall spend in this cohort has risen significantly this year. There have been 29 new cases funded through S117 panel. This corresponds with increased numbers in the mental health system as a whole in the borough. There are links to wider commissioning priorities and transformation work currently being undertaken.

The new cases stepping down from either the TCP or Out Of Area Locked Rehabilitation (OOAMH) cohort apply the most budget pressure as they are often difficult to place and have high staffing levels. The market is very small locally, regionally and nationally and providers have control of pricing. As with CHC

cases, the demand for enhanced staffing is a significant issue.

Activity and spend in all cases are recorded and monitored via a case tracker.

### **TCP**

This cohort of patients is among the most complex of people with a Learning Disability and / or Autism in the country. The Complex Case Manager (CCM) works closely with Joint Commissioning and the Calderdale, Kirklees, Wakefield and Barnsley (CKWB) TCP Hub on the case management, monitoring and review of patients. There is a requirement to regularly report data sets to NHSEI on the TCP Clinical Platform.

Currently the CCM manages both Adult and CYP cases. This is a complex and exponentially increasing workload. Discussions have commenced with partners in BMBC about how cases felt to require a CETR are referred and managed. There is potential for identifying gaps in systems and services and improving pathways. This issue will be included in a paper being presented to the next ECG. Discussions are underway in terms of separating the care management of CYP from adults and are linked to vacancy control within the CCC Nurse role.

### **Specialist Psychiatric Inpatient Beds**

In order to monitor and manage spend and patient quality of care and safety the following processes have been introduced:

- The Bed Manager at SWYPFT is now required to submit a bespoke Care Package Agreement form to the CCG's Care Agreement Panel for discussion and submitted for sign off by the Chief Nurse and Chief Finance Officer
- It is made clear that all cases should have short length of stay and should be repatriated to SWYPFT / stepped down as soon as possible
- The SWYPFT Bed Manager is required to provide weekly updates on patient progress

There has been a recent demand for CCG funded general acute beds. These are essentially 'overspill' beds required when SWYPFT demand exceeds capacity. Recent data presented to Clinical Quality Board shows an increase in demand for beds. This is not related to the Covid pandemic. Focused work has commenced with the aim of delivering inpatient services within the annual financial envelope and is linked to wider commissioning and transformation.

### **Neuro Rehabilitation IFR**

All requests for specialised hospital and registered neuro rehabilitation are usually referred to the IFR panel hosted by Sheffield CCG. Recently there have been some exceptional cases brought into the CCG for urgent pragmatic funding decisions due to acute hospital system pressures and the patient's needs sitting outside of the specification for the SWYPFT Neuro Rehabilitation Unit. The Neuro Rehabilitation pathway within SWYPFT is currently being reviewed and process mapped. There is currently a focused piece of work on refining the funding pathways and processes for all patients. This includes a discussion with NHSEI Specialised Commissioning

For all new cases, expectations of outcomes and length of stay will be clearly

	<p>communicated and closely scrutinised and managed. Cases will be monitored and regularly reviewed for quality, safety and best value, especially in terms of the use of enhanced staffing, where 1 to 1 observation and care is utilised at a high hourly rate.</p> <p>Overall, there is a view that there is much more control, oversight and monitoring in the funding lines. There is now more accurate recording of decision making and case management issues. Whilst the overall picture shows increased spend despite increased scrutiny and challenge (and savings made in some areas), the data is enabling a more effective analysis of the affecting factors.</p>
<b>6.</b>	<b>GOVERNING BODY IS ASKED TO:</b>
	<p>Note the update and progress in the funding streams and agree on the nature and content of future GB updates, given the various reporting mechanisms now in place.</p> <p>Note the increase in numbers of patients in the systems highlighted and the issues with the provider market.</p>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>		
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):		
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans
	2.1 Primary Care		7.1 Transforming Care for people with LD
	3.1 Cancer		8.1 Maternity
	4.1 Mental Health	<b>x</b>	9.1 Digital and Technology
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties
	5.2 Integrated Care @ Place	<b>x</b>	
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		CCG 21/02, 21/03, 20/03, 21/01
<b>2.</b>	<b>Links to statutory duties</b>		
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):		
	Management of conflicts of interest (s14O)	<b>See 3.2</b>	Duties as to reducing inequalities (s14T) <b>See 3.5</b>
	Duty to promote the NHS Constitution (s14P)	<b>x</b>	Duty to promote the involvement of each patient (s14U) <b>x</b>
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	<b>See 3.3</b>	Duty as to patient choice (s14V)
	Duty as to improvement in quality of services (s14R)	<b>See 3.4</b>	Duty as to promoting integration (s14Z1) <b>x</b>
	Duty in relation to quality of primary medical services (s14S)	<b>See 3.4</b>	Public involvement and consultation (s14Z2) <b>See 3.6</b>
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )		
<b>3.1</b>	<b>Clinical Leadership</b>		
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		<b>Y</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>		
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?		<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>		
	Have any financial implications been considered & discussed with the Finance Team?		<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?		<b>NA</b>

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

## GOVERNING BODY

11 November 2021

### Children and young people's Commissioning Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>
	<i>Information</i>	<input checked="" type="checkbox"/>	<i>x</i>
<b>2.</b>	<b>PURPOSE</b>		
	The purpose of this report is to inform Governing Body members as to the issues and challenges within children's services commissioned within the Borough.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Jamie MacInnes	Clinical lead
	Author	Patrick Otway	Head of Commissioning (Mental Health, Children's and Maternity)
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Governing Body	Mar 2021	Noted
	Governing Body	Sep 2020	Noted
	Governing Body	Mar 2020	Noted
	Governing Body	Sep 2019	Noted
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	Children's commissioning of health services focuses around continued improvements in supporting the emotional health and wellbeing of Barnsley's children and young people (especially with the impact of Covid-19), acute and community paediatric services, Special Educational Needs and Disabilities (SEND) and neurodevelopment disorders, young people accessing the Youth Justice System (YOT) and jointly commissioned services with the Local Authority.		

## **Children and young people's emotional health and wellbeing**

A significant amount of work continues to be progressed to improve and transform the provision of children and young people's emotional health and wellbeing (CYP EWB) services within Barnsley and this has been supported and driven by the jointly funded post (between the CCG and Public Health) of the Children and Young People's Transformation Lead and the recently established Children and Young People's Mental Health Steering Group.

To date, the focus of the CYPMHS Steering Group's work remains:

- a) Reviewing and signing off the proposed clinical pathways for consideration at CCG Clinical Forum
- b) Ongoing updates of the CAMHS waiting list position in terms of numbers and waiting times
- c) Developing proposals for the effective use of additional investment and outlining the expected impact of such investment
- d) Overseeing the work of newly established task and finish groups that focus on the ADHD pathway, Children in Care pathway, development of a Single point of contact, Eating Disorder pathway and crisis care

In terms of the current CAMHS waiting times the CAMHS Service manager has advised that it was still a relatively positive position despite the current pressures faced, especially within specialist pathways. The waits for short-term interventions had increased but this was likely because this was the first contact point for most young people and the service was seeing an increase in the appropriateness of referrals. The ADHD assessment data on waits was positive; 10 people were currently waiting for assessment, with 3 waiting as a secondary intervention. For general waiting times, most patients were offered first intervention within 3 months of referral, with the team working hard to meet the agreed referral to treatment KPIs from April 2022. Some agency staff were still being utilised to meet the demand.

The opportunity for CAMHS to re-direct referrals to other partners appropriately is not to be under-estimated. This has been a key 'enabler' for referrers, CYP and their families as well as other professionals, including CAMHS staff, to recognise that CAMHS should not be seen as the 'only service' who supports CYP with mental health issues.

## **Acute and Community Paediatric Services**

The newly revised service specification for both the Children's Assessment Unit and the Community Paediatric Nursing Team have now been signed off. The specifications have also been discussed at the Children's Executive Commissioning Group who have requested additional information as to how these aspects could better support and link in with Children's services in general. These aspects will be discussed at a future ECG meeting.

Currently however, there are system pressures and challenges being faced within the children's wards at BHNFT as they are experiencing more children and young people within the hospital who are medically fit for discharge but who are waiting for

a Tier 4 bed, especially in relation to Eating Disorder issues. Whilst the issue regarding the lack of Tier 4 beds (currently commissioned by NHS E/I) has been regularly highlighted to Governing Body, the impact on the children's wards has become more apparent recently. Discussions are to be held between CCG Commissioners, SWYPFT and BHNFT to explore how we can work even better together to ensure that the young people receive the most appropriate support, in a timely manner, given the current constraints on bed capacity and the surge in demand.

### **Special Educational Needs and Disabilities (SEND)**

Barnsley's Joint Ofsted and CQC SEND Inspection was formally undertaken during the last two weeks of September 2021. All partners worked extremely well together to ensure that the inspection team had as much information as possible and that everything the inspection team requested was provided.

Although Barnsley are still to receive the final Joint SEND Inspection report, which will outline any recommendations (and potentially the requirement of any Statements of Written Action) the initial feedback is generally positive.

As reported previously, Barnsley's SEND Strategy is due for renewal in 2022 and so a number of short term Task and Finish Groups have been established to focus on key elements of the strategy to ensure full co-production with all partners, including at the heart of everything, those young people with SEND and their parents / carers.

Within Barnsley it is the Local Authority's SEND and Inclusion team who lead on the majority of the aspects in relation to young people with SEND and clinical input is provided by the CCG's Designated Clinical Officer (DCO) and the 0 – 19 Public Health Nursing Service.

A key area of challenge faced within the system is of an increase in demand for short term respite and the continued overdemand faced by Newsome Avenue. The CCG makes a financial contribution towards these facilities and the Local Authority had requested that this financial contribution be increased given the increasing cost pressures faced. The whole service provision was to be reviewed together with the increase in children's continuing healthcare packages and provision for children with complex health needs.

The additional health funded provision to pupils at Greenacre school is currently being remodelled. The existing provision was established 4 years ago to provide support with the safe administration of medicines to pupils at Greenacre school and is delivered by 4 health care assistants, permanently on site. This provision however appears to have evolved to also provide the identified health need of Greenacre pupils via the Education, Health and Care Plan (EHCP) process, but this was not intended to provide that support and neither is this the most robust or effective way of providing the identified health need.

The service model being considered is therefore to provide, to all pupils with SEND regardless of the school they attend within the Borough, on-going, comprehensive training to non-teaching school staff to enable any delegated clinical tasks to be

undertaken appropriately by non-clinical staff (as outlined in national guidance) and to ensure clinical staff attend the EHCP / Annual Reviews of each child to ensure the health need of each child is appropriately identified. This will ensure that a more robust, appropriate and sustainable support is provided and that each child's identified health need is supported to enable all children with SEND within the borough to continue to access education, as appropriate.

### **Neurodevelopment disorders**

The ADHD and Autism assessment and diagnostic pathways were considered by the Joint SEND Inspection team during their inspection and whilst they highlighted issues in terms of access and waiting times they also acknowledged the progress that had already been made to improve the pathways and the plans already in progress to further reduce waiting times and post-diagnostic support.

The National, all-age autism strategy was published last year and a local strategy is being developed to focus on delivering both the recommendations within the national strategy and the issues raised by local people within the current engagement that is underway with people who have or care for someone with autism.

One recommendation of the National Autism Strategy is that each locality should have an Autism Partnership Board and within Barnsley we are therefore considering transforming the current Autism Steering Group into an Autism Partnership Board, which is likely to be chaired by the Local Authority's Head of SEND and Inclusion.

To better support young people with Autism within the borough there has also been two short-term Task and Finish Groups established to focus on those young people with co-morbidity (i.e. autism and mental health issues) and to consider the development of a local sleep pathway, with sleep deprivation impacting significantly on the lives of many people with autism and their families and carers.

### **Youth Offending Team (YOT)**

Whilst the number of young people accessing YOT services in Barnsley is a small number of the local population it is worthwhile noting that a significant amount of these vulnerable young people have some level of Learning Disability and a large number also have a Speech, Language and Communication Need (SLCN). This service is also one of the highest referrers into the Children and Young People's Substance Misuse Service.

In response to this evidence a proposal was considered to provide Speech and Language support within the Youth Justice Service and this proposal was recently approved by the CCG as it will ensure that the young person's needs are identified as early as possible and will enable the most appropriate support to be provided to meet those needs. This will also significantly impact positively on the young person's emotional health and wellbeing

### **Joint Commissioning**

There are numerous plans / strategies developed in relation to children and young

	<p>people but the overarching plan for Children’s services is the Children’s Services Improvement plan (CSIP), developed and maintained by BMBC and supported by partners. This plan is currently under review.</p> <p>As outlined in previous reports, the CSIP plan focuses on the following key areas:</p> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Private Fostering</li> <li>• Care Leavers</li> <li>• ‘Front Door’</li> <li>• Early Help</li> <li>• Individual Child Plans</li> <li>• Neglect and Child Abuse</li> <li>• Diversity</li> <li>• Edge of Care – Teenagers and Homelessness</li> <li>• Mental Health</li> <li>• Voice and Engagement of the Child</li> <li>• Permanent Placements – Care / Adoption / Fostering</li> <li>• Placement Stability</li> </ul> <p>The main challenge however that continues to be faced by the system is a continued increase in demand and how best to utilise existing resources to deliver the most appropriate and effective support.</p>
<p><b>6.</b></p>	<p><b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b></p>
	<ul style="list-style-type: none"> <li>• Governing Body is asked to note the report and the progress outlined.</li> </ul>
<p><b>7.</b></p>	<p><b>APPENDICES / LINKS TO FURTHER INFORMATION</b></p>
	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

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

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

	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>/NA</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
<b>3.5</b>	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
<b>3.6</b>	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
<b>3.7</b>	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
<b>3.8</b>	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
<b>3.9</b>	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
<b>3.10</b>	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

**NAME OF GOVERNING BODY / COMMITTEE**

11 November 2021

**NEW DELIVERY MODELS FOR CHILDREN'S ASSESSMENT UNIT  
AND CHILDREN'S COMMUNITY NURSING**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>
	<i>Information</i>	<input type="checkbox"/>	
<b>2.</b>	<b>PURPOSE</b>		
	To outline and seek approval of new service specifications for the Children's Community Nursing Team and Children's Assessment Unit.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Jamie Macinnes	Governing Body Clinical Lead Children
	Author	Angela Fawcett	Designated Safeguarding Nurse
		Leanne Winter	CAT Manager
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Clinical Forum	18/3/21	Approved with some suggestions made, which have been incorporated into current specifications.
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	The NHS Long Term Plan outlines clear objectives describing how services should operate to best meet the needs of children and young people through models of care that are age appropriate, closer to home and bring together physical and mental health services. In addition, as a response to COVID, work has been done by BHNFT to prevent admission and/or support early discharge for children and young people which has further informed this work.		

Barnsley CCG in partnership with BHNFT has developed service specifications in relation to Children's Assessment Unit (CAU) and Children's Community Nursing (CCN). These services are within the block contract and have previously been delivered without a service specification.

This paper outlines the changes for both CAU and CCN along with a rationale as to how these changes will enhance the model of care and improve patient outcomes.

### **Children's Assessment Unit (CAU)**

CAU is an integral component of the urgent and emergency care offer for children and young people in Barnsley. It has well established links to the paediatric ward and compliments other paediatric services offering an alternative to hospital admission, supporting and enhancing the work of GP's, Community Practitioners and Emergency Departments. However, there is a recognition that the service can be improved through closer physical integration with Paediatric Emergency Department and other service developments which the specification aims to support. A physical improvement programme now means that the new build CAU is sited next to the Paediatric Emergency Department (PED). This has acted as a catalyst for reviewing the role of CAU and looking at new and more integrated ways of working specifically in relation to Children's Emergency department.

The CAU will offer a dedicated facility for the acutely unwell child, providing assessment, observation and treatment of an illness, without the need for inpatient admission. It also provides open door access for children with lifelong conditions who are known to the service.

The service will operate 24 hours a day, 7 days a week taking admissions at all times, a model has been piloted and operational since October 2021. Prior to October 2021 CAU admitted patients between 8am-10pm only, meaning outside of these hours' children and young people were admitted to Children's Ward.

Newly established Patient Flow Coordinator roles will provide a single point of access for practitioners and referrals for paediatric medical admissions, ensuring children and young people are directed to the most appropriate service (CAU or inpatient children's ward). However, it should be noted that surgical admissions will still require discussion with the surgical team. Referrals are anticipated from the following sources;

- Emergency Department
- Primary Care
- Community Midwives
- 0-19 Practitioners
- Children on Open door or return access.

This service is intended to support the development of streamlined access between GPs and the CAU. Streamlined access would deliver better support to GPs and in turn to children and their families.

## Children's Community Nursing (CCN)

Development of the CCN service and the supporting specification has been progressed in partnership between BHNFT and Barnsley CCG. The previous children's community service model was outdated and did not fully meet the requirements of children and young people within Barnsley. There was an over-reliance on the acute service provision, for services that could be provided within the home. It is the ambition of both the provider (BHNFT) and the CCG to develop the service significantly and enhance the level of care that can be provided in the community.

This vision is supported by the South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS). In their review of Hospital Services for Paediatrics, they advocate the need for all areas to develop 'A Hospital at Home Service'. The SY&B ICS are supporting the Paediatric Acute Rapid Response Outreach Team (PARROT) modelling, used currently within Rotherham, and are advocating this model is adopted/adapted for the remainder of the SYB footprint.

Children's Community Nursing Services (CCNS) should be the bedrock of this provision and provide care to:

- Children with acute and short-term conditions;
- Children with long-term conditions;
- Children with disabilities and complex conditions, including those requiring continuing care and neonates;
- Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.

Many areas of the country have worked to develop the existing CCNS provision, in order to provide this extended level of care. Thus, reducing the need for hospital admission, length of stay and providing a better experience for the child and family.

The table below demonstrates the changes the new CCN model will deliver;

Existing model	Proposed new model
No existing acute pathways	12 hour 7 day a week service for Paediatric Acute Rapid Response Outreach Team. Initial pathways to be included; <ul style="list-style-type: none"> <li>- Respiratory</li> <li>- Diarrhoea and vomiting</li> </ul>
5 day a week complex community children's nursing service, 9am - 4:30pm	5 day a week complex community children's nursing service extended to 8am-8pm
Dr/Registrar led clinics	Nurse delivered clinics with medical support. This will initially be for Jaundice but future developments will include an Allergy nurse delivered clinic.

	Various points of access for CAU, Children's Ward, Children ED.	Single point of access via Nurse Flow Coordinators for Primary Care and other referral sources
<p><b>Timeline</b></p> <p>As detailed above the operational model highlighted for CAU has been successfully operational since October 2020 in response to the physical re-location of the unit and the operational pressures caused by COVID.</p> <p>In relation to the proposed changes outlined for the CCN service the Acute Pathways and extended hours service detailed above have become operational in the last few months, following a period of staff consultation and in response to COVID. A service development and improvement plan has been developed which will inform future work; once the initial pathways are embedded and the CCN team have undertaken a programme of training and development the introduction of other Acute pathways will be prioritise. Work is also ongoing in relation to a number of linked areas specifically; Continence and Multi-agency training to ensure that the specification is an accurate reflection of existing pathways.</p> <p><b>Outcomes and Key Performance Indicators</b></p> <p>The proposals outlined above for both CAU and CCN are primarily focussed with improving patient outcomes by avoiding unnecessary hospital admissions or promoting early discharge. Delivering care at home reduces the impact on a child/young person's life and can reduce the impact on the child's education.</p> <p>The new models of care will improve connectivity between children's services and primary care through improved communication links via the Nurse Flow Coordinators. The new CCN model which will offer a 7 day a week service better reflects the needs of the patients and their families and is considered at a national level the appropriate direction of travel for Community Nursing provision.</p> <p>Extensive work was carried out in relation to identifying appropriate performance measures for both services. Consideration was given to national datasets and other locally developed datasets and how they could be applied. However, given that the delivery models are a new way of working we have no existing baseline from which the measure performance. It was agreed in partnership with BHNFT, that the service specifications would, therefore, include a KPI in relation to data collection and completion. This KPI will be monitored regularly and will be used to determine delivery level KPIs which will be introduced in 2022/23.</p>		
6.		
	The Governing body is asked to provide comment and approval of the two specifications for CAU and CCN new models of care.	
7.	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	Appendix A – Service Specification for Community Nursing Service Appendix B - Service Specification for Children's Assessment Unit	
<b>Agenda time allocation for report:</b>		<i>10 minutes</i>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care	x	6.1 Efficiency Plans	
	2.1 Primary Care	x	7.1 Transforming Care for people with LD	x
	3.1 Cancer		8.1 Maternity	
	3.2 Maximising Elective Activity		9.1 Digital and Technology	
	4.1 Mental Health		10.1 Compliance with statutory duties	
	5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	5.2 Integrated Care @ Place	x	12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	5.3 Implementing Population Health Management And Personalised Care	x		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	x	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	x
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
3.1	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			Y
	<i>Discussed at Clinical forum and feedback incorporated into revised</i>			

	<i>specification.</i>	
3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>Y</b>
	<i>No conflicts identified</i>	
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>
	<i>Delivery models outlined within the service specifications will be delivered within the existing financial envelope.</i>	
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>N</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
	<i>Patient consultation was conducted and led by BHNFT.</i>	
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>Y</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	

	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>

## SCHEDULE 2 – THE SERVICES

### A. Service Specification

<b>Service Specification No.</b>	TBC
<b>Service</b>	Community Children’s Nursing Services
<b>Commissioner Lead</b>	Angela Fawcett – Designated Nurse for Children and Children’s Commissioner
<b>Provider Lead</b>	BHNFT
<b>Period</b>	01/06/21 – 31/05/23
<b>Date of Review</b>	January 2023

<b>1. Population Needs</b>
<p><b>1.1. National Context</b></p> <p>Successive Government reports have established a clear ambition that “<i>Children should only be admitted to hospital if the care they require could not be equally well provided at home</i>”. To facilitate this, they support the development of the Children’s Community Health Provision to facilitate care in the home/community. Furthermore the NHS Long Term Plan outlines clear objectives describing how services should operate to best meet the needs of children and young people;</p> <ul style="list-style-type: none"> <li>• From 2019-20 clinical networks will be rolled out to ensure the NHS improves the quality of care for children with long-term conditions. This will be achieved through sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.</li> <li>• Paediatric networks, which will involve hospitals, NHS staff and patients and their families, will ensure that there is a coordinated approach to critical care and surgical services, enabling children and young people to access specialised and non-specialised services in times of urgent, emergency and planned.</li> <li>• Local areas will design and implement <b>models of care that are age appropriate, closer to home and bring together physical and mental health services</b>. These models will support health development by providing holistic care across local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services.</li> </ul>

Research has described the importance of reliable, accessible expert provision to families to enable them to care for their child safely and confidently at home.<sup>i</sup> The Department of Health (2011) in their report *NHS at Home: Community Children's Nursing Services*, suggest Children's Community Nursing Services (CCNS) should be the bedrock of this provision and provide care to:

- Children with acute and short-term conditions;
- Children with long-term conditions;
- Children with disabilities and complex conditions, including those requiring continuing care and neonates;
- Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.

The report advocates that children and young people are being admitted to hospital unnecessarily:

*'The increasing high volume of children and young people needing emergency and urgent care, coupled with the significant variation in the length of stay, offers an opportunity for some organizations to provide better care more efficiently. By reducing the length of stay of patients who stay between 1 and 2 days (by an average of half a day) there are potential savings of at least £53 million (excluding length of stay of zero). The savings could be at least £161 million.'*

This argument is further supported by the Royal College of Paediatrics and Child Health (2015). In their report *Facing the Future: Together for Child Health* they recommend that acute services are supported by community children's nursing service which operates 24/7 for advice, support and visits as required. Whilst Barnsley is not in a position currently to deliver a 24/7 service, an extension of the current service to 12 hours 7 days a week, will be a step towards this longer term vision.

Many areas of the country have worked to develop the existing CCNS provision, in order to provide this extended level of care. Thus, reducing the need for hospital admission, length of stay and providing a better experience for the child and family.

## **1.2. Local Context**

As per the Borough Profile (2019)<sup>1</sup> the population of Barnsley is circa 243,341. The 0-18 population is 52,858 (21.7%).

The existing children's community service is well-established and provides good care for the children and young people accessing it. However there is recognition from the Provider and Commissioners that there is an opportunity for service development to better meet the needs of children and young people closer to home. Development of the service and this supporting

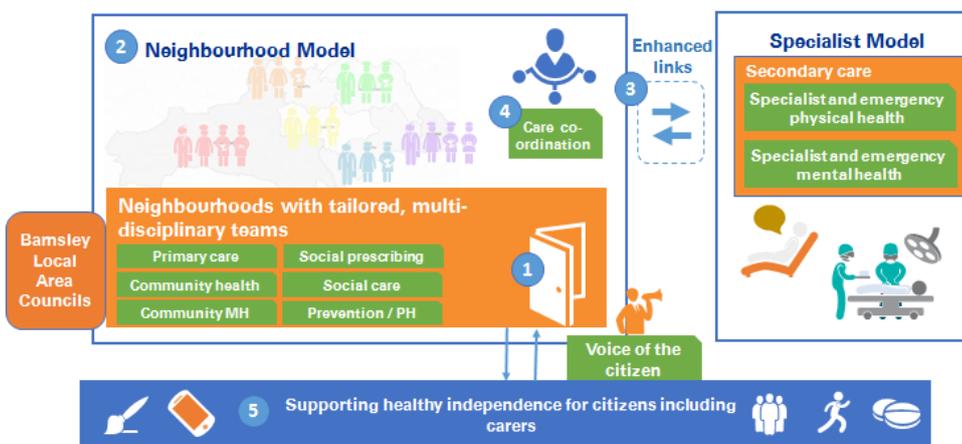
<sup>1</sup> Barnsley Borough Profile 2019: <https://www.barnsley.gov.uk/media/11759/our-borough-profile-20190724.pdf>

specification has been progressed in partnership between BHNFT and Barnsley CCG. The current children’s community service model is outdated and does not fully meet the requirements of children and young people within Barnsley. There is an over-reliance on the acute service provision, for services that could be provided within the home or an alternative setting. It is the ambition of both the provider (BHNFT) and the CCG to develop the service significantly and enhance the level of care that can be provided in the community.

This vision is supported by the South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS). In their review of Hospital Services for Paediatrics, they advocate the need for all areas to develop ‘A Hospital at Home Service’. The SY&B ICS are supporting the Paediatric Acute Rapid Response Outreach Team (PARROT) modelling, used currently within Rotherham, and are advocating this model is adopted/adapted for the remainder of the SYB footprint.

The provision of the service being delivered within the community is based on healthcare providers working collaboratively and taking an integrated approach to care and support of children and young people within a Neighbourhood Team (NT) multidisciplinary approach. NT’s are an essential component which the CCG is directly responsible for commissioning. The diagram below demonstrates the key features of the service that include:

- Services wrapped around primary care, recognising all patients registered with a practice
- Access via a single point of access and referral
- Integrated, seamless delivery across primary and community provision
- Provision of 24/7 services where appropriate
- Personalised, holistic care planning
- Care and case management approach including MDT approach where appropriate



### **1.3. Outline Service Model**

- 12 hour 7 day a week service for Paediatric Acute Rapid Response Outreach Team
- The service will link closely with Emergency Department (ED), Children's Assessment Unit (CAU) and the Paediatric ward to avoid admissions and promote earlier discharge, and will have clear pathways in place to support this.
- 5 day a week complex community children's nursing service
- Nurse delivered clinics
- Established connections within the wider Neighbourhood Team
- A linked paediatrician to support and provide oversight to the CCN service

The service provider will deliver a service model, building on current provision that focuses on care that will assist in reducing hospital admissions and facilitate earlier discharge from hospital. It will offer holistic care to children, young people and their families in the home or appropriate community setting. The service provider will build on the existing service by increasing provision to offer an 8am -8pm service 7 days a week and includes telephone support and visits as required. The provider will be expected to deliver a range of clinical care management, to children and young people who meet their criteria for referral.

The new service will focus on key clinical presentations/needs that have been identified as currently entering the acute Trust system or being delayed within that system. These include, but are not limited, to the interventions outlined below.

#### Acute Children's Community Nursing Service

The Acute CCN service will focus on a limited number of pathways, this is to ensure that the service is able to implement and monitor the service changes and ensure they are safe and effective. Further pathways may be agreed and added at future date, and these potential pathways are outlined in the attached Service Development Plan. The pathways which will be delivered by the CCN team initially will be:

Acute respiratory illnesses (RSV etc) with staff facilitating early discharge home by undertaking clinical observations within the family home, supporting with educating of family members in relations to treatment of the condition and on going assessment of the child to ensure any deterioration is recognised early and treated. Any longer term respiratory illnesses will continue to be under the care of the respiratory specialist nurse as part of the wider ambulatory care service.

- Dehydration/ D&V- with staff facilitating early discharge home by undertaking clinical observations within the family home, supporting with educating of family members in relations to treatment of the condition and ongoing assessment of the child to ensure any deterioration is recognised early and treated.

#### The complex children CCN service

Children / Young people to be treated.	Interventions
<b><i>Children with acute and short-term conditions</i></b>	<ul style="list-style-type: none"> <li>▪ Various subcutaneous and intramuscular injections</li> <li>▪ Administration of IV medication</li> <li>▪ Post-operative dressings and follow up care</li> <li>▪ Stoma care, including washouts</li> <li>▪ Suture removal</li> <li>▪ Nurse prescribing in relation to the acute conditions on the active pathways</li> <li>▪ Asthma care</li> <li>▪ Childhood illness in relation to the active pathways</li> <li>▪ Clinical observation – e.g. oxygen saturations Blood pressure monitoring in relation to the active pathways</li> <li>▪ Obtaining blood samples, if required for specific diagnoses where the child is open to the CCN team</li> <li>▪ Condition specific health promotion, advice and appropriate signposting in relation to active pathways Therapeutic assessment and management of respiratory conditions including pulse oximetry, breathing control, physical techniques and suction, auscultation, use of cough assist following surgical intervention</li> <li>▪ Safeguarding needs- for children who are being cared for as part of the clinical pathways where safeguarding concerns may be present.</li> </ul>
Children with long-term conditions;	<ul style="list-style-type: none"> <li>▪ Administration and support around of inhaled medication</li> <li>▪ Administration of various subcutaneous and intramuscular injections</li> <li>▪ Administration of IV medication</li> <li>▪ Post-operative dressings and follow up care including wound assessment and management relating to long term condition</li> <li>▪ Pressure area care management</li> <li>▪ Stoma care, including washouts</li> <li>▪ Obtaining blood samples if required for specific condition diagnoses where the child</li> </ul>

	<p>is open to the CCN team</p> <ul style="list-style-type: none"> <li>▪ Pain control of long term condition, new presentations to be treated by a medical practitioner</li> <li>▪ Asthma care</li> <li>▪ Dermatology support</li> <li>▪ Enteral feeding support</li> <li>▪ Health promotion and advice in relation to long term condition</li> <li>▪ Training of parents/carers and another non-employed carer</li> <li>▪ Therapeutic assessment and management of respiratory conditions including pulse oximetry, breathing control, physical techniques and suction, auscultation, use of cough assist, NIV, CPAP, PEP, following surgical intervention</li> <li>▪ To support with Care co-ordination as part of a multi-agency team including:             <ul style="list-style-type: none"> <li>▪ Family support</li> <li>▪ Discharge planning from inpatient unit</li> <li>▪ Transition planning</li> </ul> </li> </ul>	
<p><b>Children with disabilities and complex conditions, including those requiring continuing care</b></p>	<ul style="list-style-type: none"> <li>▪ Tracheostomy care</li> <li>▪ Gastrostomy care</li> <li>▪ Enteral feeding management</li> <li>▪ Work with other therapists / therapeutic play team to deliver a holistic approach to care provision</li> <li>Post-operative dressings and follow up care including wound assessment and management relating to disability/complex condition</li> <li>▪ Pressure area care management</li> <li>▪ Administer Stoma care, including washouts</li> <li>▪ Deliver enteral feeds and offer support in relation to enteral feeding.</li> <li>▪ Care of child on ventilator support</li> <li>▪ Be involved with Pain Management</li> <li>▪ Case management</li> <li>▪ Contribute to Care co-ordination including:             <ul style="list-style-type: none"> <li>Family support</li> <li>Discharge planning from inpatient unit</li> </ul> </li> </ul>	

	<p>Safeguarding</p> <p>Planning transition as part of MDT</p> <ul style="list-style-type: none"> <li>▪ Training of parents and another non-employed carer.</li> <li>▪ Therapeutic assessment and management of respiratory conditions including pulse oximetry, breathing control, physical techniques and suction, auscultation, use of cough assist, NIV, CPAP, PEP</li> </ul>
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**2. Outcomes**

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

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

The service will deliver on a variety of outcomes from the national outcome’s framework, children and young people’s forum and targets, while also improving on quality care for patients. Although children are listed as part of Domain 3 of the outcomes framework it is recognised that several of the domain areas will benefit from the increase in service provision.

**2.2. Local defined outcomes**

Aims:

- Transforming Children’s Community Services to offer enhanced provision through care

closer to home.

- Improve the Quality of Care through integrated acute and community pathways of care and improved referral processes.
- Reduce and prevent hospitalisation of children and young people who have identified clinical needs that are manageable within the community.
- Improving patient experience through care closer to home. Increased patient satisfaction.
- Enable/support earlier discharge from hospital if care can be safely delivered at home or other appropriate community settings.
- Ensure that CAU is used appropriately.

The model will deliver the following objectives;

- Provide a 7 day Community Children's Nursing Team service operating 12 hrs a day
- Deliver improved clinical pathways working in partnership across acute and community care
- Facilitate early discharge and contribute to the prevention of admission to hospital. This will be measured through the monitoring of;
  - average length of stay on Children's ward
  - the numbers of non-elective re-admissions to CAU
- Provide a planned package of nursing care to the child or young people who have an identified/complex nursing need, in their home or an appropriate alternative setting
- Enable all children and young people to contribute towards their personalised care plan
- Enable children/young people to be nursed in all community settings appropriate to the child/young person and their family: - for example- home, schools, children's centre, nurseries, playgroups, residential homes, and short break facilities, clinics through multi-agency working and support
- Provide teaching and training to parents/carers to empower them to facilitate nursing and therapy care at home
- Provide support to all young people undergoing transition (year 9) and undergoing transfer from children to adult services
- Provide advice to universal service and primary care providers in relation to children on their active caseload
- Promote Multi-Disciplinary Team working on agreed care pathways between acute and community services
- Provide a telephone support/advice service to children and families with complex care needs who are actively on the CCN case load and to children referred via the acute care pathway.
- Develop roles within the team to ensure a resilient and robust service.
- Develop/Provide nurse delivered clinics
- Create a more streamlined holistic service
- Improved patient and carer experience
- Provide or arrange appropriate onward referrals to other specialist services

### **2.3. Public Health Outcomes / National indicator / Evidence**

The service will have an awareness of the children’s and young people’s forum work, public health outcomes and NHS outcome framework and will understand how their provision can influence these outcomes.

### **2.4. Workforce Evidence**

The service provider will have in place appropriate staffing levels to deliver the services outlined on this specification. They will ensure the service works to the national professional regulatory quality standards as set out in the relevant regulatory guidance;

- NMC/GMC Registration for qualified staff

### **2.5 Service performance and monitoring**

Oversight of performance and monitoring of the service will be recorded through existing contract monitoring arrangements between the CCG and BHNFT. Further development around data sets, outlined in the Service Development and Improvement Plan (SDIP), will support development of appropriate KPIs. The data collection will focus on key areas of the service namely; referral source, use of acute pathways by number and clinical need and use of complex needs service by number and clinical need. KPIs will be agreed between the CCG and BHNFT once sufficient quality data is collated (no later than October 2022) to ensure the KPIs reflect the delivery and operation of the service. To ensure development of datasets and accurate completion of data is prioritized the service will report against the KPI detailed below.

#### **KPI: Accurate and full completion of appropriate data fields on all service users**

Numerator: Number of patients accessing CCN provision (Acute and Complex Health) with all necessary data fields completed.

Denominator: Total number of patients accessing CCN provision (Acute and Complex Health)

Clinical governance will be provided through the existing Clinical Quality Board, reports will be submitted inline with the SQPR schedule in the contract.

## **3. Scope**

### **3.1 Population covered and referral criteria**

The provider will offer a service to all children and young people registered with a Barnsley GP or those resident within Barnsley where they have an assessed nursing and therapy need

that meets the referral criteria (outlined above). The service will cover young people from 1 year up to the age of 16 (15 years, 364 days), where a SEND child is open to a Paediatrician the service would support until the 19<sup>th</sup> birthday. The service provided will be equitable to all children and young people resident within Barnsley. There will be no barriers to access through cultural beliefs and practices (where ‘cultural’ denotes gender, ethnicity or disability).

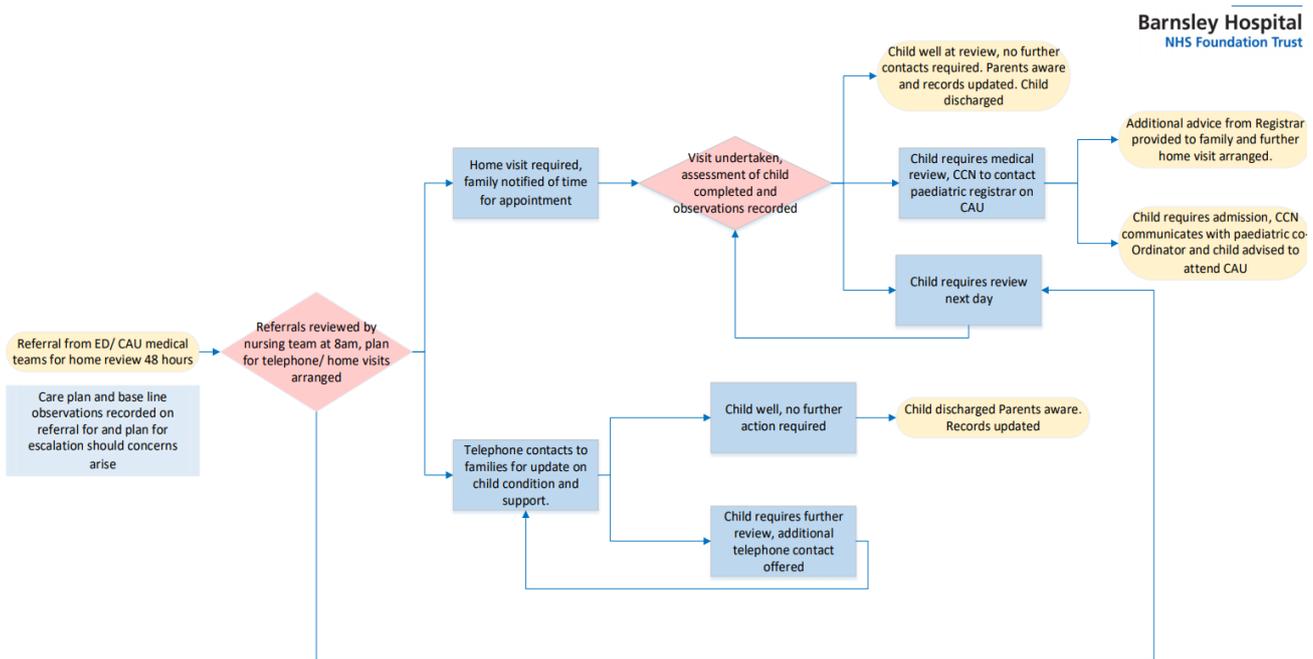
The service operates a seven day a week service between the hours of 8am-8pm.

### 3.2 Referral Sources

The Acute CCN Service will take referrals from sources detailed below;

- Children’s Assessment Unit
- Paediatric ward
- Children’s Emergency Department
- Other Secondary care Paediatric services

The acute CCN service pathway can be seen below;

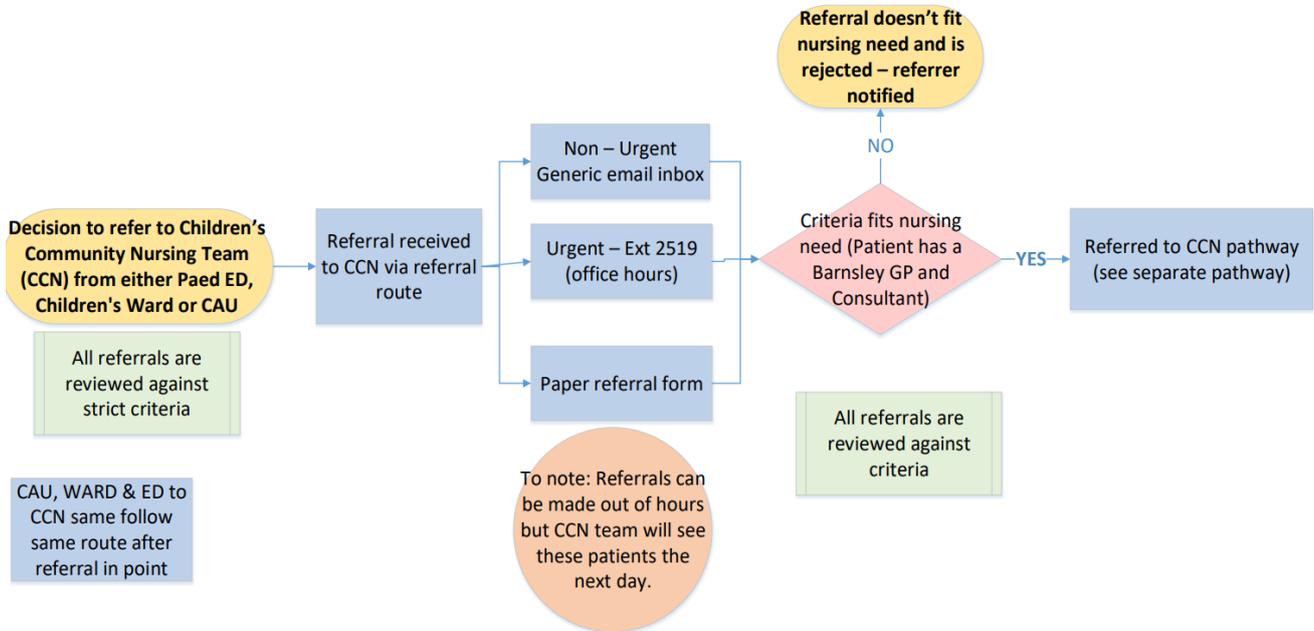


The Complex Needs Children’s Service will take referrals from sources detailed below;

- General Practitioners/Primary Care
- Clinical Practitioners within the Paediatric services at BHNFT
- Clinical Practitioners from other Acute providers
- 0-19 Service
- School Nurses
- Health Visitors

- Therapists
- Community Pediatricians
- Other health professionals

The Complex Needs Children’s Service Pathway can be seen below;



### 3.3 Partnerships and coordination/integrated services

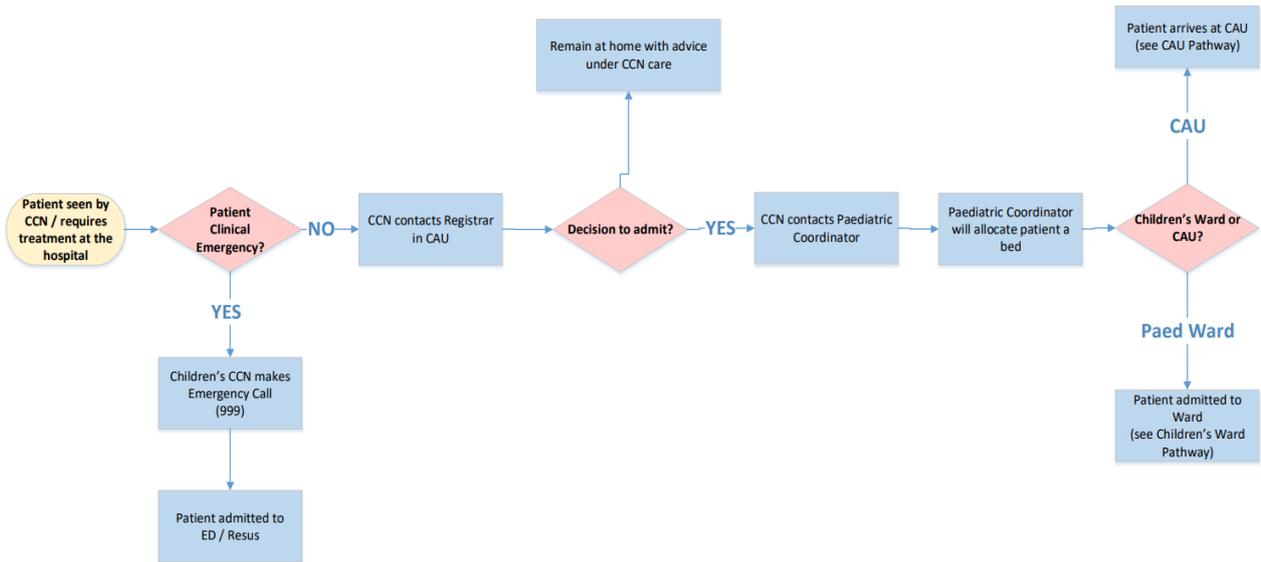
The community health team service will refer to other professionals and agencies as appropriate to identified need including CAMHS, specialist therapeutic play support, therapists, other health professionals, social care, voluntary organisations etc. The team will also make referrals via the early help, child in need or child protection process as appropriate.

### 3.4 Interdependence with other services/providers

- Paediatric services (CAU, ED, Ward, other secondary care Paediatric providers)
- SWYFT Neighbourhood Teams (including Continence service)
- BHNFT Dermatology service
- BHNFT Orthopaedic service
- SCHT Paediatric Orthopaedic service
- BHNFT Diabetes service

Professional/Agency	Level
GPs	High
Health Visitors	Medium
School Nurses	Medium
Acute care Trusts	High
Other Allied Health Professionals	Medium
Family Centers	Low
Educational and Paediatric Psychologists	Medium
Early Years Support	Medium
Medical Colleagues	High
Hospice services/palliative care	Low
CAMHS	Medium

Referrals from the CCN service to CAU will follow the pathway; below



### 3.5 Staffing Requirements

The provider will have in place the required number of appropriately trained staff to fully meet the requirements of this specification.

## 4. Applicable Service Standards

### 4.1 Applicable Service Standards

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

- Relevant NICE guidelines for conditions being treated/managed
- Relevant NPSA and MHRA safety guidance / alerts
- Association for Children with Life-Threatening or Terminal Conditions and their families, ACT (2004)
- Healthy lives, brighter futures - The Strategy for children and young people's health, DH / DCSF (2009)
- Better Care: Better Lives, DH/CNO-DCF&M (2008)
- Aiming High for Disabled Children DH/DCSF (2007)
- Making It Better: For Children and Young People, DH (2007)
- NSF for Children, Young People and Maternity Services. Transition: getting it right for young people DH (2006)
- The National Service Framework for Long-term Conditions, DH (2005)
- Commissioning Children and Young People's Palliative Care Services, DH (2005)
- NSF for Children, Young People and Maternity Services. Disabled Children and Young, DH (2004)
- People and those with Complex Health Needs. Standard 8.
- NSF for Children, Young People and Maternity Services, DH (2004)
- Children and Young People who are Ill. Standard 6.
- Getting it right: National Service Framework for Children. Standard for Hospital Services, DH (2003).
- Every Child Matters, HMSO(2003)
- Children and Young Peoples Plan
- Health lives/Brighter Futures, DH ( 2009)
- The Children Act, HMSO (2004)
- Working Together HMSO (2018) (Updated 2020)
- NHS at Home: children's community nursing services, DH (2011)
- Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
- The NMC (Nursing and Midwifery Council) Standards and Codes of Practice
- Any relevant internal policies, procedures, guidance or pathways

## **5. Applicable quality requirements**

The Provider will have relevant policies and procedures in place.

For the avoidance of doubt, nothing in this specification is intended to prevent the Service Provider from setting higher quality standards than those specified.

The Service Provider will have a robust system for monitoring complaints and suggestions; feedback from service users will inform service delivery.

The Service Provider will submit quarterly reports summarising any complaints, investigations and remedial actions.

## 6. Location of Provider Premises

- The Provider's Premises are located at:  
Barnsley Hospital NHS Foundation Trust  
Gawber Road  
Barnsley  
S Yorkshire,  
S75 2EP  
Website: <http://www.barnsleyhospital.nhs.uk>

Services maybe delivered however, in a variety of other community settings where agreed to be appropriate.

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<sup>i</sup> Carter B, Coad J, Goodenough I et al. (2009) *Community Children's Nursing in England: An appreciative review of CCNs*. Department of Health in collaboration with the University of Lancashire and the University of the West of England.

## SCHEDULE 2 – THE SERVICES

### A. Service Specification

<b>Service Specification No.</b>	TBC
<b>Service</b>	Children’s Assessment Unit
<b>Commissioner Lead</b>	Angela Fawcett – Designated Nurse for Children and Children’s Commissioner
<b>Provider Lead</b>	BHNFT
<b>Period</b>	01/06/21 – 31/05/23
<b>Date of Review</b>	January 2023

<b>1. Population Needs</b>
<p><b>1.1. National Context</b></p> <p>With current pressures on healthcare services, particularly in urgent and emergency care, there are opportunities to develop creative solutions that deliver a high standard of care to all infants, children and young people. The NHS Long Term Plan outlines clear objectives describing how services should operate to best meet the needs of children and young people;</p> <ul style="list-style-type: none"> <li>• From 2019-20 clinical networks will be rolled out to ensure the NHS improves the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes. This will be achieved through sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.</li> <li>• Paediatric networks, which will involve hospitals, NHS staff and patients and their families, will ensure that there is a coordinated approach to critical care and surgical services, enabling children and young people to access specialised and non-specialised services in times of urgent, emergency and planned need.</li> <li>• Local areas will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services. These models will support health development by providing holistic care across local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services.</li> </ul> <p>Barnsley Hospital NHS Foundation Trust’s (BHNFT) Children’s Assessment Unit is an integral component of the urgent and emergency care offer for children and young people in Barnsley. It has well established links to the paediatric ward and complements other paediatric services offering an alternative to hospital admission, supporting and enhancing the work of GP’s,</p>

Community Practitioners and Emergency Departments. However, there is a recognition that the service can be improved through closer physical integration with Paediatric Emergency Department and other service developments outlined in this specification.

### **1.2. Local Context**

As per the Borough Profile (2019)<sup>1</sup> the population of Barnsley is circa 243,341. The 0-18 population makes up just under 22% of this at 52,858. Last year, 2,785 children were seen in the Children's Assessment Unit (CAU) at BHNFT.

The CAU has been relocated and now sits alongside Paediatric Emergency department which is intended to promote closer working together. In addition, the current Children's Community Nursing Service is being expanded to offer an enhanced service available 12 hrs a day, 7 days per week, with the aim of supporting care at home, earlier discharge and prevention of unnecessary admissions. Consequently, these developments have acted as a catalyst for reviewing the role of CAU and looking at new and more integrated ways of working. More specifically we hope to achieve seamless connectivity to the Children's Emergency department.

The aim of this service specification is to outline what the new CAU model will offer, the standards that must be in place/achieved and the outcomes and assurances expected and required.

### **1.3 Local Engagement**

This specification has been developed in collaboration with stakeholders and will be commissioned by NHS Barnsley CCG. Consultation events have been held with young people and families and their views gained.

### **1.4 Outline Service Model**

The CAU will offer a dedicated 24hour 7 day facility for the acutely unwell child, providing assessment, observation and treatment for children and young people requiring stays of up to 24 hour, without the need for admission to an inpatient ward. The exception to this will be those with trauma or surgical conditions who may need emergency care who will access care via Childrens Emergency Department and those who have open access (up to 48 hours post discharge) or open door (for those with certain diagnosis/ long term conditions) who will access the appropriate care via the paediatric flow coordinator team.

### **1.5 Service Criteria**

The CAU will see children aged 0-16, in some instances SEND children open to Paediatricians can access the service up to age 19. See service flow diagrams included at Section 3 – Scope.

## **2. Outcomes**

<sup>1</sup> Barnsley Borough Profile 2019: <https://www.barnsley.gov.uk/media/11759/our-borough-profile-20190724.pdf>

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

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

2.2 As a provider of acute paediatric care the service provider will need to meet the following outcomes. The standards outlined in Facing the Future 2010 (revised 2015) and listed below must be achieved.

1. Every child or young person who is admitted to a paediatric department with an acute medical problem is seen by an appropriately qualified clinician, in line with national guidelines, within four hours of presentation.
2. Every child or young person who presents to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent staff, speciality and associate specialist grade doctor who is trained and assessed as competent in acute paediatric care) within the first 14 hours.
3. Every child or young person with an acute medical problem who is referred for a paediatric opinion is seen by, or has the case discussed with, an appropriately qualified clinician, in line with national guidelines.
4. All short stay paediatric assessment units have access to a paediatric consultant (or equivalent) opinion throughout all the hours they are open.
5. At least one medical handover in every 24 hours is led by a paediatric consultant (or equivalent).
6. A paediatric consultant (or equivalent) is present in the hospital during times of peak activity.
7. All general paediatric inpatient units adopt an attending consultant (or equivalent) system, most often in the form of the 'consultant of the week' system.
8. All general acute paediatric rotas are made up of at least ten whole time equivalents, all of whom are European Working Time Directive compliant.

9. Specialist paediatricians are available for immediate telephone advice for acute problems for all specialties, and for all paediatricians.

2.3 In addition the following standards taken from the RCPCH guidance - Standards for Short-Stay Paediatric Assessment Units or Children’s Assessment Units (March 2017), must be achieved and have been tailored as appropriate to our local need. Details of the evidence required for each standard is also listed in the table below and again has been tailored to local need and will form part of performance monitoring of the service.

<b>Governance</b>		
	<b>Standard</b>	<b>Evidence</b>
1	The CAU operates as part of a regional paediatric network of local and specialised children’s services	Network level agreement in place
2	A Standard Operating Policy (SOP) must be in place with a named senior paediatrician and named senior children’s nurse responsible for the management and coordination of the service	Copy of SOP reviewed and updated annually Named Senior Paediatrician and Senior Nurse Lead in place with allocated time outlined in job description
3	Clear pathways for access, referral and admission to the unit (including defined inclusion and exclusion criteria), pathways for escalation of care and discharge must be in place and audited against.	Network level agreement Copy of pathway updated every two years Evidence of audit against compliance
4	Safeguarding Policies are in place and followed	Safeguarding policy in place and updated every 2 years Evidence of audits to demonstrate compliance Named Dr and Nurse in post and available for advice and support
5	Evidence-based guidelines are used for the management of conditions with which infants, children and young people may be admitted to the CAU.	Network level agreement - Use of protocols, guidance and appropriate toolkits
6	Agreed pathways for shared care with speciality teams such as Child and Adolescent Mental Health Services (CAMHS), general paediatric surgery, orthopaedic surgery, Ear Nose and Throat	Network level agreement  Copies of pathways  List of main leads with contact details available within service

	(ENT), plastic surgery, ophthalmology, oral surgery and dentistry, maxillofacial, gynaecology and neurosurgery must be in place.	
7	Audits are in place to assess performance against locally agreed care quality indicators.	Evidence of audit and performance against the agreed indicators
8	Processes must be in place for implementing learning from complaints, compliments, transfers and adverse events	Minutes of meetings and case reviews - Evidence of change implemented where appropriate
<b>Environment and Opening Hours</b>		
9	The unit must have its own dedicated footprint with secure, restricted access to ensure the safety and security of infants, children and young people	Functioning security systems visible - Visual evidence - Audit of area against criteria
10	A child and young person friendly and developmentally appropriate play area must be available for all infants, children and young people	Area Visits including young people Friends and Family feedback
11	Hours of operation should match times of population demand of the CAU	Hours reflective of population need and outlined in SOP
12	Equipment must be available to support the day to-day activity on the unit as well as resuscitation, stabilisation and transfer of infants, children and young people who become critically unwell	Documented list of equipment, presence of equipment and evidence of checks Presence of transfer equipment and copies of protocols Compliance with Resuscitation Council (UK) guidelines
13	Provision for meals, bathroom and parent facilities	Area visit
<b>Recognition and Management of the Deteriorating Child</b>		
14	All infants, children and young people accessing the CAU must have a standardised initial assessment including pain score within 15 minutes of arrival, if this has not taken place in the emergency department. Regular paediatric early warning score	Copy of SOP Evidence of triage system and supporting training programme Written protocol Evidence of audit in PEWS Evidence of training in PEWS

	assessments should subsequently be undertaken with appropriate escalation of care	
15	There is urgent access to a paediatric resuscitation team including personnel with advanced airway, intubation and ventilation skills during all hours of operation	There is urgent access to a paediatric resuscitation team including personnel with advanced airway, intubation and ventilation skills during all hours of operation
16	Guidelines for the stabilisation and transfer of infants, children and young people must be in place for all of the following situations: - Accessing advice from and transfer to the Paediatric Intensive Care Unit - Inter-hospital transfer - Transfer within the hospital	Network level agreement to be developed - Agreed stabilisation and transfer guidelines.
<b>Promotion of Ambulatory and Community Based Care</b>		
17	The CAU can access support from community children’s nursing teams 12 hours a day, seven days a week, with visits as required depending on the needs of the children using the service	On call access arrangements Evidence of acute visits
18	A written discharge summary is sent electronically to the infant, children or young person’s GP and other relevant healthcare professionals (including health visitors and school nurses as appropriate) within 24 hours of discharge. A copy of the information is given to the child or young person and their parents and carers	Percentage of discharge summaries received by GPs within 24 hours Percentage of discharge summaries received electronically by GPs Evidence of copy given to child and parents and carers
<b>Supporting Services</b>		
19	The CAU has timely access to pathology, radiology and pharmacy services with paediatric appropriate advice from these services during all hours of operation of the unit	Evidence of hours of opening and policies
20	Healthcare professionals assessing or treating infants, children and young people in the CAU have	Evidence of access to electronic healthcare records

	access to the child's shared electronic healthcare record	
	<b>Communication with Children, Young People and Families</b>	
21	Children and young people and their parents and carers receive regular updates on their condition and management plan, and are fully involved in the decision making process	Feedback from children, young people and parents/carers
22	Children and young people and their parents and carers are provided, at the time of their discharge, with both verbal and written discharge and safety netting information, in a form that is accessible and that they understand	Evidence that information is provided Evidence that child and parent/carer understanding of the information is checked Evidence of use of translation services Friends and Family Feedback
23	The CAU actively engages with children, young people and parents and carers and uses their feedback to inform service delivery and development.	Evidence of engagement of service users Evidence of patient involvement in decisions about service development in minutes
	<b>Staffing</b>	
24	Every infant, child or young person on the CAU with an acute medical problem is seen by a healthcare professional with the appropriate competencies to work on the tier-two (middle grade) paediatric rota within four hours of admission to the unit.	Network level agreement Case note audit Copies of rotas
25	Every infant, child or young person on the CAU with an acute medical problem is seen by a consultant paediatrician* within 14 hours of admission to the unit, with more immediate review as required according to illness severity or if a member of staff is concerned. *or equivalent staff, associate specialist or specialty doctor who is trained and assessed as competent to work on the paediatric consultant	Network level agreement Case note audit Copies of rotas

	rota. This may include designated consultants, such as paediatric emergency medicine consultants.	
26	A consultant paediatrician* is readily available on the hospital site at times of peak activity of the CAU and is able to attend the CAU at all times within 30 minutes. Throughout all the hours they are open, CAU's have access to the opinion of a consultant paediatrician* via telephone.	Network level agreement Copies of rotas and job plans
27	The CAU has access to a paediatrician with child protection experience and skills (of at least level three safeguarding competencies) who is available to provide immediate advice and subsequent assessment, if necessary, for all infants, children and young people where there are safeguarding concerns.	Network level agreement Copies of rotas
28	CAU children's nurse staffing comply with Royal College of Nursing guidelines (a minimum of two children's nurses for every six to eight beds) with regular audit of patient acuity using appropriate tools to ensure that levels are appropriate for the number, dependency and case mix of infants, children and young people normally cared for by the service	Operational policy Evidence of tool available and staff trained to use it
29	Every infant, child or young person on the CAU with an acute medical problem is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged. This could be: a paediatrician on the consultant rota*, a paediatrician or clinician who is trained and assessed as	Copies of rotas - Case note audit

	competent to work on the tier-two (middle grade) rota, or a registered children’s nurse who has completed a recognised advanced children’s nurse practitioner programme. Nurse-led discharge, when appropriate should be supported by policy, education & training	
30	The CAU has access to appropriately qualified play specialists and allied health professionals.	Copy of rota
<b>Training and Continuing Professional Development (CPD)</b>		
31	Nursing staff should possess competencies in triage (where patients have direct access to CAU), recognition and management of the deteriorating child, including resuscitation and pain management.	Summary of training records, and evidence of completing competencies
32	All clinical staff have appropriate, up-to-date paediatric resuscitation training. At least one member of staff with advanced paediatric resuscitation provider certification must be available at all times	Summary of training records

**2.4 Monitoring and performance**

Oversight of performance and monitoring of the service will be recorded through existing contract monitoring arrangements between the CCG and BHNFT. Further development around data sets, outlined in the Service Development and Improvement Plan (SDIP), will support development of appropriate KPIs. The data collection will focus on key areas of the service namely; patient satisfaction, referral source, discharge routes and use of open door/return access. KPIs will be agreed between the CCG and BHNFT once sufficient quality data is collated (no later than October 2022) to ensure the KPIs reflect the delivery and operation of the service. To ensure development of datasets and accurate completion of data is prioritized the service will report against the KPI detailed below.

**KPI: Accurate and full completion of appropriate data fields on all service users**

Numerator: Number of patients accessing CCN provision (Acute and Complex Health) with all necessary data fields completed.

Denominator: Total number of patients accessing CCN provision (Acute and Complex Health)

Clinical governance will be provided through the existing Clinical Quality Board, reports will be submitted inline with the SQPR schedule in the contract.

### 3. Scope

#### 3.1 Access

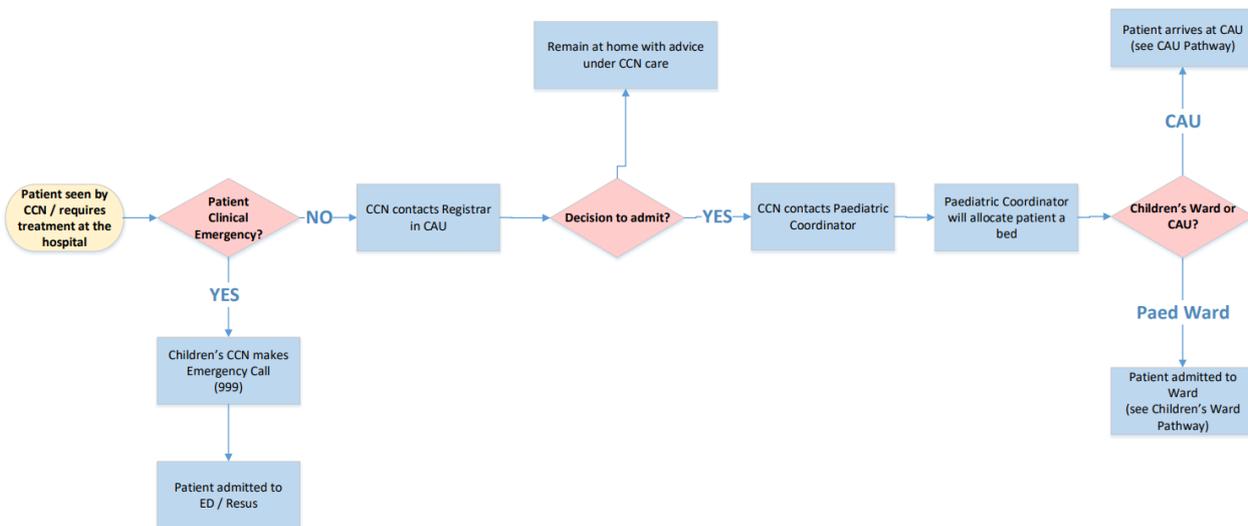
The service will operate 24 hours a day 7 days a week. Children can remain on CAU for up to 24 hours. Patients requiring stays over 24 hours will usually be admitted to Children’s ward.

#### 3.2 Referral Sources

All referrals would go to the Children’s services patients flow co-ordinators. Referrals will predominantly come from but are not limited to:

- Emergency Department
- Primary Care
- Community Midwives
- 0-19 Practitioners
- Children on Open door or return access.

Referrals may be received from the Community Nursing Service in some instances and should follow the pathway below;



#### 3.3 Open Door or Return Access

Open door will be available for children with long term conditions. The open door provision will relate only to the specific condition. Open door status is determined by a Paediatric Consultant, recorded on patient notes and reviewed regularly. Families are given contact details for Open door, open door requests are routed through the Nurse Flow Coordinator.

Return Access will be available for patients discharged from Children’s ward or Children’s Emergency Department where a Paediatric Consultant has determined return access is appropriate. Return access is available on a 24/48 hour basis.

**3.3 Staffing**

The service should be appropriately staffed with suitably trained staff to meet the requirements of this specification. As a minimum the staffing requirements below should be in place.

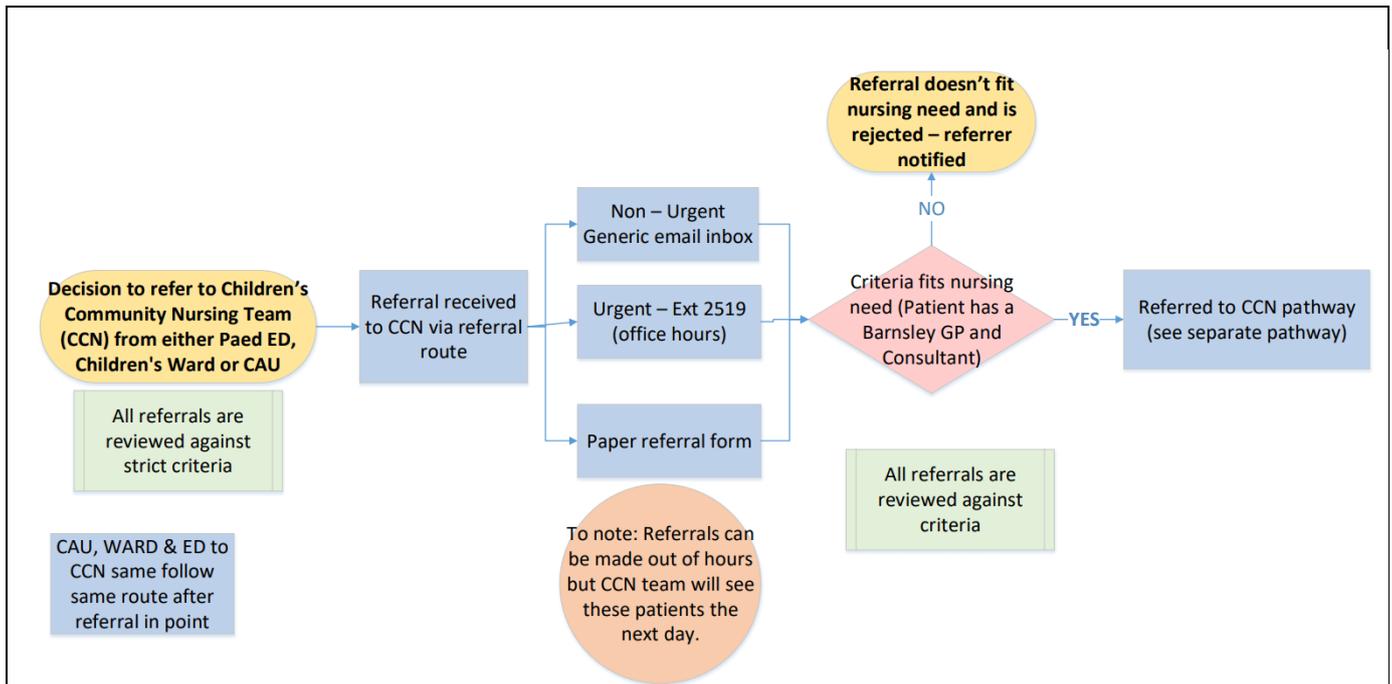
- Consultants (or someone assessed as competent to work on the paediatric consultant rota), should be ‘available’ to consult at all times when the unit is operational. This support can be via a call but the Consultant must be able to attend the unit within 30 mins if required (RCPCH - 2014).
- Wherever the consultants are based, children staying for more than fourteen hours at a CAU should receive a consultant review of their case before further treatment decisions are made (RCPCH, 2011).
- Appropriate medical cover in line with National Guidance.
- The unit should be staffed by at least two registered children’s nurses at all times (RCN, 2013a)
- A play therapist should be available to support as required.

**3.5 Interdependence with other services/providers**

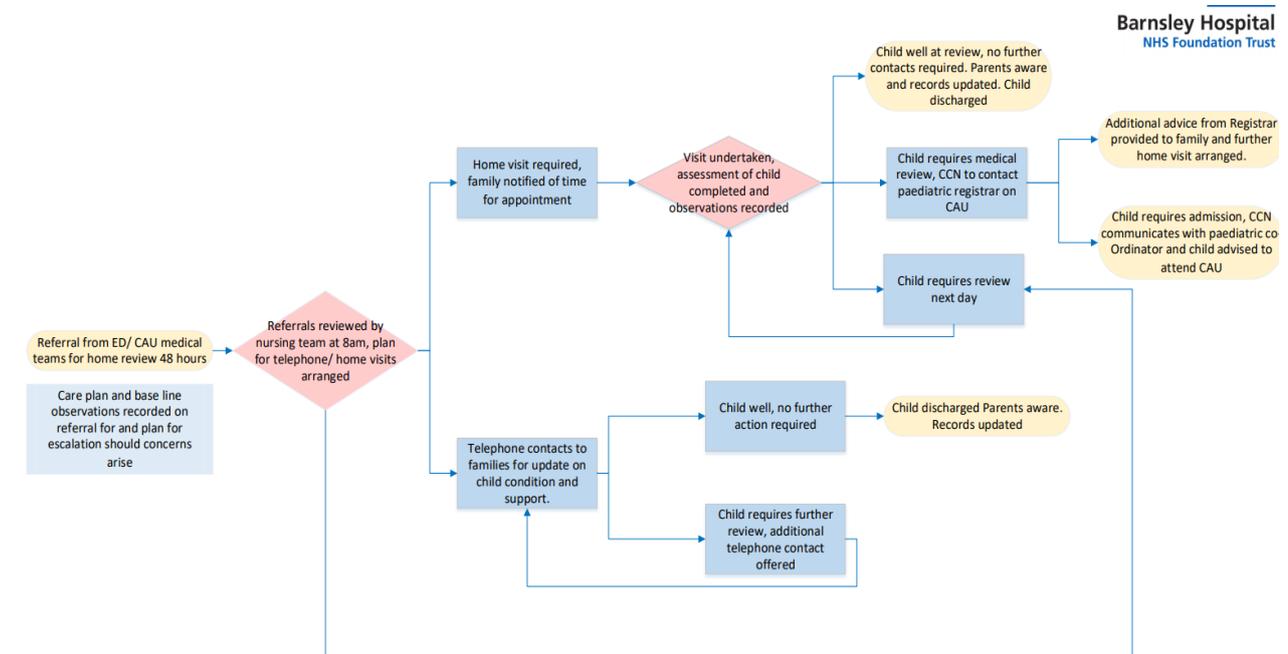
The CAU operates within a healthcare environment which is both dynamic and evolving, and strong relationships between a CAU and community services, primary care, urgent and emergency care, secondary and specialist paediatric services are essential. To support this clear pathways and referral guidance should be in place. The CAU should work with and complement other paediatric services delivering care to the Barnsley population. In addition, the unit will work with social care and the police in relation to safeguarding.

<b>Agent</b>	<b>Level</b>
GPs	High
Health Visitors	High
School Nurses	Medium
Midwives	High
Emergency Dept	High
Paediatric Ward	High
Paediatric Out patients	High
Paediatric therapies	Medium
CAMHS	Medium
Police	Medium
Local authority	Medium

Streamlined interdependencies will exist between the CAU and CCN team, the below pathway shows how referrals will flow from the CAU to CCN team where applicable.



In addition to the above on occasion patients may need referring from the CAU teams with a need for urgent priority to the Acute CCN service (Dehydration/ Respiratory Illness). In these circumstances the below pathway will be followed;



#### 4. Applicable Service Standards

Clinical care will be derived from an increasing number of national guidelines (for example, sepsis, asthma etc.) and should contribute to a range of clinical care and performance

indicators. As these are dynamic, they will not be listed in this service specification but there is an understanding that any applicable Trust and national guidance i.e. NICE will be fully complied with in addition to the standards outlined in section 2.

#### **5. Applicable quality requirements**

The Provider will have relevant policies and procedures in place.

For the avoidance of doubt, nothing in this specification is intended to prevent the Service Provider from setting higher quality standards than those specified.

The Service Provider will have a robust system for monitoring complaints and suggestions; feedback from service users will inform service delivery.

The Service Provider will submit reports summarising any complaints, investigations and remedial actions.

#### **6. Providers Premises**

**The Provider's Premises are located at:**

Barnsley Hospital NHS Foundation Trust  
Gawber Road  
Barnsley  
S Yorkshire,  
S75 2EP

Website: <http://www.barnsleyhospital.nhs.uk>

## Governing Body

11 November 2021

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

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	Decision	<input type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
		<input checked="" type="checkbox"/>	Information
		<input checked="" type="checkbox"/>	
<b>2.</b>	<b>PURPOSE</b>		
	Provide the November 2021 Governing Body with the agreed highlights of the discussions at the Quality & Patient Safety Committee on 21 October 2021. The information provided is in addition to the monthly performance report and ongoing risk management via the Assurance Framework and Risk Register.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Jayne Sivakumar	Chief Nurse
	Author	Hilary Fitzgerald	Quality Manager
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Quality and Patient Committee	21 August 2021	To raise as highlights to the Governing Body
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<p>At the Quality and Patient Safety Committee meeting on 21 August 2021, it was agreed that the following quality issues are highlighted to the Governing Body and rated:</p> <ul style="list-style-type: none"> <li>• Green - Infection Prevention and Control Contracting report April 2021-September 2021.</li> <li>• Green - Adults and Children Safeguarding Update</li> <li>• Green - BCCG Patient Experience Report Qtr. 2 2021/22</li> <li>• Amber – Barnsley Hospice CQC Update</li> <li>• Amber - Lymphoedema Service Update</li> </ul>		

	<ul style="list-style-type: none"> <li>• Amber – Sentinel Stroke National Audit Programme (SSNAP) Data</li> <li>• Red – Oncology Provision</li> </ul> <p>Details of the highlights can be found in Appendix A of this report.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	Note the Quality Highlights identified for information and assurance.
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – Quality Highlights Report

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

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

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

**Appendix A Quality Highlights Report**

Issue	Consideration	Action
Infection Prevention and Control Contracting report April - September 2021.	QPSC received for assurance BHNFT's Infection Prevention and Control Contracting report April 2021- September 2021 that contains performance information relating to the key performance indicators for the audits of GP practices and care homes. Information is also provided in relation to outbreak management, training and the infection prevention and control website.	QPSC was assured that BHNFT's IPC contractual requirements for care homes and GP practices are being met.
Adults and Children Safeguarding Update	The Chief Nurse presented for assurance the Barnsley Safeguarding Adults Partnership Annual Report 2020/21 and the Barnsley Safeguarding Children's Partnership Annual report 2020/21. It was highlighted that the work of the Boards in 2020/21 has to be viewed against the backdrop of Covid 19. The areas that remain a concern for the Safeguarding Adults Partnership are self neglect and hoarding. The Safeguarding Children's Partnership report highlights increased concerns about hidden harms to children due to the impacts of Covid 19 e.g. reduced school attendance.	QPSC was assured that the Safeguarding Partnership Boards have maintained their regular activity throughout Covid19.
BCCG Patient Experience Report Qtr.2 2021/22	QPSC received for assurance BCCG's Quarterly Patient Experience Report for Qtr. 2 of 2021/22.  The report demonstrates that the CCG continues to meet its statutory duties in relation to complaints handling, apart from 1 breach of the required statutory acknowledgement timescale. The CCG's average complaint response time increased significantly during the quarter mainly due to delays in receiving information from external parties to enable the CCG to complete its investigations. The report also shows the CCG's continued commitment to use patient experience feedback to improve the services it provides.	QPSC was assured that complaints and concerns received by the Quality Team are being managed effectively and that learning from complaints has been acted upon.

Issue	Consideration	Action
Barnsley Hospice CQC Update	<p>The Chief Nurse provided QPSC with an update on Barnsley Hospice's progress towards completing their CQC action plans following the inspection which took place between 28 April and 4 May 2021. The Hospice expects the CQC to provide feedback on the plans in mid-November 2021.</p> <p>QPSC was also informed that the Chief Executive had recently changed. Early feedback from the new post holder indicates that whilst lots of positive changes/improvements have been made, there is still work to do to strengthen communication/engagement with teams and the overall governance systems.</p>	QPSC noted the ongoing work to implement the required CQC actions and agreed to monitor the progress.
Lymphoedema Service Update	QPSC received an update about the recent cessation of the Lymphoedema Service operated by Barnsley Hospice for cancer patients. The Committee was informed that the CCG is liaising with SWYPFT for them to provide the service but this will take 4-6 weeks to implement. Therefore, to ensure clinical oversight and continuity of care, the CCG has put an in-house nursing service in place to support via the Medicines Management Team.	The Committee noted the latest position with regard to the Lymphoedema Service for cancer patients and agreed the importance of services being commissioned properly.
Sentinel Stroke National Audit Programme	<p>The Committee was updated on discussions with BHNFT on 1 October 2021 regarding their SSNAP Audit results for stroke patients admitted to and/ or discharged from BHNFT between April 2019 - March 2020. The data identified BHNFT as a mortality outlier.</p> <p>The Trust has developed an action plan and shared its key actions with the CCG. The Trust provided reassurance that the current actions will be implemented within the timeline. However, as the data results are historical the Trust may receive a further outlier notification letter.</p>	QPSC noted the SSNAP Audit results for BHNFT FOR 2019/20 and noted that further updates will be provided at the BHNFT Clinical Board.
Oncology Provision	QPSC received an update on changes to Oncology provision in Barnsley and plans to create a Hub and Sub Hub model with Doncaster, Weston Park, Sheffield and Chesterfield.	QPSC noted the update and agreed that a risk should be put on the Risk Register about the potential impact on Barnsley patients.

Issue	Consideration	Action
	<p>These plans are a response to staffing issues at Weston Park Hospital, which are likely to remain for some time due to a shortage of Oncologist capacity, not only in the South Yorkshire &amp; Bassetlaw region but also across the UK.</p> <p>The Committee received the details of the potential risks that may arise from the change and the actions being taken to mitigate these whilst a long term solution is developed.</p>	

**GOVERNING BODY**  
(public session)

11 November 2021

**Safeguarding Annual Report Children and Adult**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input type="checkbox"/>	<i>Information</i>
			<input checked="" type="checkbox"/>
<b>2.</b>	<b>PURPOSE</b>		
	To introduce the Safeguarding Annual Reports for Children and Adults		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Author	Angela Fawcett	Designated Safeguarding Nurse
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Safeguarding Adult Board and	July 21	Approved
	Safeguarding Children Partnership	Sept 21	Approved
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<p>Both reports reflect a challenging 12 months in safeguarding, with national lockdowns and the many implications of the pandemic leading to increased concerns and activity. However, positively both reports demonstrate the resilience and the strength of the boards, partners and workforce who have worked tirelessly to maintain statutory functions and safeguard those who are vulnerable in Barnsley.</p> <p><b>Children</b> - The Safeguarding Partnership has played an important role in bringing agencies together to debate issues and to provide assurance through audit</p>		

activity and multi-agency training that partners are fully sighted on the risks to children and young people and are working together effectively to support their families and to safeguard children from harm. The Partnership has delivered the highest ever level of training support to multi-agency partners by adapting positively to virtual working, which has resulted in higher levels of engagement and increased efficiencies for all services. This trend will continue into 2021-22 as a new way of working, with occasional meetings and training in person to help reaffirm the strong relationships that partnership thrives upon.

Following the retirement of the Partnership Board Manager, the position has been vacant for much of the period of this report. However, a new appointment has now been made and has been in post since September. The Partnership have also recently appointed a new Independent Scrutineer who will take over from the current Independent Chair of the partnership. In doing this the ambition is to strengthen the scrutiny of safeguarding effectiveness across the partnership. The Partnership will have a particular focus upon:

- Reducing the numbers of children harmed by overlay (following a significantly high number locally)
- Embedding the learning from local and national child safeguarding practice reviews into practice
- Working closely with the 3 statutory safeguarding partners to improve our work across the partnership on neglect and poverty proofing, taking into account the impact of the pandemic on the communities of Barnsley and the effects of neglect upon children and promoting more use of the Graded Care Profile by all staff
- Implement the recommendations and learning from the recent Ofsted report (May 2021) into sexual harassment and sexual abuse in schools and incorporate the challenge on this into our S175 safeguarding survey with all schools
- Implement the revised anti bullying strategy and action plan
- Strengthen engagement with young people and their voice in the development and co-production of safeguarding strategies and the work of the Partnership.
- Increase the take up and effectiveness of Early Help and support to families, especially this experiencing poverty through social disadvantage as we recover from the pandemic

In terms of activity cases of neglect remain high.

**Adults** – As with children the Board reacted and adapted quickly to remote working and will continue to build on some of the benefits and efficiencies this has offered. The Board and it's work has been strengthened significantly by the appointment of a new training manager who has developed and is now offering multi-agency training packages, benefiting all agencies and ultimately helping to protect and safeguard.

The Board has reviewed its strategic plan and priorities, strengthening the link between the work of the sub groups and the Board itself and has helped to identify successes and areas for additional work. The priorities agreed are:

- Ambition 1: To ensure that collectively we all work hard to prevent harm and abuse across Barnsley.

	<ul style="list-style-type: none"> <li>▪ Ambition 2: To develop citizen led approaches to safeguarding</li> <li>▪ Ambition 3: To continue to develop safe transition experiences for young people</li> <li>▪ Ambition 4: Learning together and continually improving.</li> </ul> <p>In terms of activity, self-neglect and hoarding continue to be of concern. Of note to the CCG, the report refers to an increase of referrals by GP's but this remains low. In response we have worked with the Board and have provided safeguarding training at a recent BEST event. As with Children the promotion of early help is a priority.</p>
<b>6.</b>	
	<p><b>The Governing body is asked to note the reports and be assured by the continuing commitment to safeguarding.</b></p>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<p>Appendix A – Link to children’s annual report -  <a href="https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/safeguarding-children-annual-report/">https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/safeguarding-children-annual-report/</a></p> <p>Appendix B - Link to adult annual report -  <a href="https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board/safeguarding-adults-annual-report/">https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board/safeguarding-adults-annual-report/</a></p>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1 Urgent & Emergency Care		6.1 Efficiency Plans	
	1 Primary Care		7.1 Transforming Care for people with LD	
	1 Cancer		8.1 Maternity	
	2 Maximising Elective Activity		9.1 Digital and Technology	
	1 Mental Health		10.1 Compliance with statutory duties	X
	1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
	2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
	3 Implementing Population Health Management And Personalised Care			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		<i>Provide ref(s) or state N/A</i>	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	<b>See 3.2</b>	Duties as to reducing inequalities (s14T)	<b>See 3.5</b>
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	<b>See 3.3</b>	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	<b>See 3.4</b>	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	<b>See 3.4</b>	Public involvement and consultation (s14Z2)	<b>See 3.6</b>
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
3.1	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?		<b>NA</b>	
	<i>Discussed at Clinical forum and feedback incorporated into revised</i>			

	<i>specification.</i>	
3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>NA</b>
	<i>No conflicts identified</i>	
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>
3.4	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
3.5	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
3.7	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
3.8	<b>Procurement considerations</b>	

	<table border="1"> <tr> <td>Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td><b>NA</b></td> </tr> <tr> <td>Has a Single Tender Waiver form been completed if appropriate?</td> <td><b>NA</b></td> </tr> <tr> <td>Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td><b>NA</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>		
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Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>								
Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>								
3.9	<p><b>Human Resources</b></p> <table border="1"> <tr> <td>Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td> <td><b>NA</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>						
Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>								
3.10	<p><b>Environmental Sustainability</b></p> <table border="1"> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td> <td><b>NA</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>						
Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>								

## GOVERNING BODY

11 November 2021

### RISK AND GOVERNANCE EXCEPTION REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input checked="" type="checkbox"/>
		<i>Information</i> <input type="checkbox"/>	
<b>2.</b>	<b>PURPOSE</b>		
	<ul style="list-style-type: none"> <li>To assure the Governing Body re the delivery of the CCG's annual strategic objectives</li> <li>To assure the Governing Body that the current risks to the organisation are being effectively managed and monitored appropriately</li> <li>To share the Quarter 2 Workforce Report.</li> </ul>		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	All Committees	Various	Review extracts of the GBAF and Risk register at every meeting
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
<b>5.1</b>	<b>Governing Body Assurance Framework</b>		
	<p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. The GBAF continues to be monitored by the established mechanisms regular review by Exec Leads, and is attached at Appendix 1 for Governing Body's assurance.</p>		

## 5.2 Corporate Risk Register

The *Corporate Risk Register* is a mechanism to effectively manage the current risks to the organisation. Governing Body receives the full Risk Register twice a year (November and March) with exception reports brought to intervening meetings. This report therefore provides the Governing Body with a full report of the Corporate Risk Register (Appendix 2).

There are currently 11 red (extreme) risks on the CCG's Risk Register which have been escalated to the Assurance Framework as gaps in assurance against risks on the Assurance Framework:

- Ref CCG 18/04 (rated score 20, 'extreme') - If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non- elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.
- Ref 18/02 (rated score 16 'extreme') - If the CCG and BMBC do not develop a collaborative commissioning approach underpinned by shared values there is a risk that BMBC commissioned services will not meet the requirements and aspirations of the CCG for the people of Barnsley leading to increased health inequalities and poorer health outcomes.
- Ref CCG 14/10 (rated score 16 'extreme') – Risks resulting from not being able to attract and retain a suitable and sufficient Primary Care clinical workforce.
- Ref CCG 20/03 (rated score 16 'extreme') – Potential adverse consequences if the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place
- Ref CCG 14/15 (rated score 15 'extreme') – Potential impact on quality & patient safety of incomplete D1 discharge letters.
- Ref CCG 19/05 (rated score 15 'extreme') - If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas.
- COVID 1 - Disruption to health and social care – hidden harm - During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This 'hidden harm' may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.
- COVID 2 - Backlog and demand surge - A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.

	<ul style="list-style-type: none"> <li>• Ref CCG 13/13 - 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.</li> <li>• 21/02 - If the Barnsley and South Yorkshire and Bassetlaw System are unable to commission care that demonstrates value for money for complex patients, there is a risk that the market of private provision will create significant financial risk to the CCG. This is a national issue with provision for this cohort of patients being limited and therefore costly.</li> <li>• 21/03 - If issues in the timely reporting of data continue in relation to Continuing Health Care (Adult and Children) and complex case management (Including S117), this is likely to result in the financial forecast for this area to be misstated and lead to variation in the forecast position, creating financial risk.</li> </ul>
<b>5.3</b>	<p><b>Quarter 2 Workforce Report 2021/22</b></p> <p>The CCG receives a quarterly workforce report from the HR shared service based at Sheffield CCG which provides a range of information relating to CCG staff turnover, sickness absence, and mandatory &amp; statutory training (MAST) compliance. Senior Management Team has agreed to share these reports with Governing Body twice a year. The report for quarter 2 of 2021/22 is appended to this report for information. The key messages are:</p> <ul style="list-style-type: none"> <li>• Low and stable staff turnover</li> <li>• Low rate of staff sickness absence</li> <li>• Generally high rates of MAST compliance.</li> </ul>
<b>5.4</b>	<p><b>Governing Body Assurance Work Plan / Agenda Timetable</b></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. The work plan is submitted to the Governing Body on a quarterly basis for review and update as appropriate.</p> <p>The Governing Body Assurance Work Plan / Agenda Timetable at appendix 3 has been updated to March 2022.</p>
<b>6.</b>	<p><b>THE GOVERNING BODY IS ASKED TO:</b></p>
	<ul style="list-style-type: none"> <li>• Review the GBAF for 2021/22, and consider whether the risks are appropriately described and scored, and whether there is sufficient assurance that they are being effectively managed</li> <li>• Identify any additional positive assurances relevant to the risks on the GBAF</li> <li>• Review the extract of the Corporate Risk Register to confirm all risks are appropriately scored and described, and identify any potential new risks</li> <li>• Note the Quarter 2 Workforce Report 2021/22.</li> <li>• Receive and provide comments on the Governing Body work Plan &amp; Agenda Timetable 2021/22</li> </ul>
<b>7.</b>	<p><b>APPENDICES / LINKS TO FURTHER INFORMATION</b></p>

	<ul style="list-style-type: none"><li>• Appendix 1 – GBAF 2021/22</li><li>• Appendix 2 – Corporate Risk Register</li><li>• Appendix 3 - Quarter 2 Workforce Report 2021/22</li><li>• Appendix 4 - Governing Body Work Plan / Agenda Timetable 2021-22</li></ul>
<b>Agenda time allocation for report:</b>	10 minutes

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

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

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

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 1: URGENT & EMERGENCY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<ul style="list-style-type: none"> <li>Increased clinical assessment of calls to NHS 111 &amp; CAS</li> <li>Promote the use of NHS 111 as a primary route into all urgent care services - maximise the use of booked time slots in A&amp;E</li> <li>Delivery of 4 hour A&amp;E standard (or new targets arising from the Clinical Review of Standards)</li> <li>maximise the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and speciality hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services</li> <li>Enhance Same Day Emergency Care including acute frailty services, increasing the proportion patients discharged on the day of attendance and avoiding unnecessary hospital admission.</li> <li>Improved patient flow and reduce length of stay</li> <li>Rollout of the 2-hour crisis community health response at home (8am-8pm, seven days a week) by April 2022</li> </ul>				<ul style="list-style-type: none"> <li>Highest quality governance</li> <li>High quality health care</li> <li>Care closer to home</li> <li>Safe &amp; sustainable local services</li> <li>Strong partnerships, effective use of £</li> </ul>		<ul style="list-style-type: none"> <li>If partners locally and across the ICS do not engage constructively together, to develop a model for urgent care at a South Yorkshire and Bassetlaw and Barnsley level, in line with best practice and national guidance there is a risk that urgent care services are unable to meet the growing demand, constitution standards for urgent care are not achieved and the quality of patient care is negatively impacted.</li> </ul>	
<p>Links to NHSE/ Planning Guidance</p> <p>E2 - Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments</p>							
Committee Providing Assurance		FPC	Executive Lead	JW	Clinical Lead		
Risk rating	Likelihood	Consequence	Total	Date reviewed			Oct-21
Initial	3	4	12	Rationale: Likelihood currently judged to be 'possible' given current pressures and challenges across the urgent care system and the developing nature of plans to deliver outcomes of the national urgent care review. Consequence is judged as major due to the potential impact on patient care.			
Current	3	4	12				
Approach	Tolerate						
Key controls to mitigate threat:				Sources of assurance			
Operational planning process is underway for 2021/22 in line with the NHS Planning Guidance. All activity plans are being developed in line with national expectations for increased activity levels back toward those in 2019/20, reflecting local restrictions and transformation work to redesign services. Plans at provider and commissioner level will be aligned to reflect the total Barnsley population.				CCG worked with the NHSE and the SYB ICS to formulate a ICS level activity plan. Plan was submitted to NHSE in line with required deadlines. Activity levels are monitored on an ongoing basis to monitor delivery against submitted plans.			
Barnsley UEC Delivery Board meets monthly, with representation from the CCG, to ensure oversight of performance and planning for urgent care locally and ensure delivery of urgent care standards including local system wide planning for winter and other seasonal pressures.				CCG GB members (x2) and Chief Operating Officer represent the CCG as members of the local delivery board. UEC Delivery Board Performance Dashboard is in place enabling all key performance and activity information from across partners to be reviewed by the Board and for actions to be agreed to address any areas of concern. UEC Delivery Board Priorities have been agreed as: A&E Front Door & 111 First, Enhancement and expansion of SDEC, Reducing avoidable admissions and readmissions. Revised UEC Board Plan has been developed in line with Planning Guidance and other NHSE Guidance on the transformation of urgent and emergency care, including implementation of new standards. Barnsley Flu Plan is in place and agreed by partners. Barnsley are engaged in a SYB Improving Urgent and Emergency Care programme being supported by NHSE national improvement teams to support further improvement of UEC services.			
Urgent and Emergency Care Steering Board is in place as the UEC Programme Board of the South Yorkshire and Bassetlaw Integrated Care System. Representation in place for the UEC Delivery Board partners on the Steering Group and Commissioner Reference Group.				Barnsley UEC Delivery Board are represented by Barnsley CCG Director of Strategic Planning and Performance and Barnsley Hospital Deputy Director of Nursing (Operations) ensuring Barnsley place is contributing to system developments. SYB UEC Steering Board has agreed priorities which all places are signed up to deliver locally. Oversight by the SYB Steering Board and locally through the UEC Delivery Board.			
The CCG is working with partners to improve the out of hospital service offer and ensure that more people are able to be cared for and treated at home or in a community setting without the need for an hospital attendance or admission.				Community Services specification is being mobilised for integrated community and primary care services working as part of the PCN/Neighbourhood arrangements with a focus on providing proactive care at home or in a community setting and supporting people to be better able to manage their own conditions. Integrated Care Partnership Group principles have been agreed and partnership plans developed to support the overall vision for 'left shift'. Barnsley Place plan has been agreed by the Barnsley Integrated Care Partnership with clear priorities for out of hospital services which are being taken forward through the Care Closer to Home Board.			
Urgent Care Services are in place and continuing to deliver improvements to already strong performance and enabling the ongoing delivery of planning priorities. An integrated extended hours and out of hours primary care services (IHEART 365) is in place with contracts for both elements of service delivered by Barnsley Healthcare Federation.				IUC/CAS is in place, increasing access to clinical advice and with the ability to book directly into primary care appointments for patients with a primary care need. A&E waiting time performance is consistently high, length of stay low and flow good through and out of hospital ensuring low levels of DTCC. Ambulatory Care/SDEC pathways are in place including Clinical Decision Unit, Acute Frailty Unit, Ambulatory Medical Assessment Clinic, Surgical Assessment Unit and Childrens Assessment Unit. These areas are subject to ongoing work to improve access and enhance the service offer to avoid attendance at ED where possible.			
Performance reports to Finance and Performance Committee and Governing Body on the delivery of constitution standards and CCG Improvement and Assessment Framework. Twice yearly assurance reports provided to Governing Body.				Monthly reporting through the Integrated Performance Report to Finance and Performance Committee and bi-monthly to Governing Body			
Gaps in assurance				Positive assurances received			
Gaps in control				Actions being taken to address gaps in control / assurance			
RR 18/04: If the health and care system in Barnsley is not able to commission and deliver out of hospital urgent care services which have sufficient capacity and are effective in supporting patients in the community to avoid the need for hospital attendance or non-elective admission there is a risk that non-elective activity will exceed planned levels potentially leading to (a) failure to achieve NHS Constitution targets (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG				Regular review of activity data as part of contract and performance management and monitoring arrangements. Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc. The UEC Delivery Board is overseeing work to develop appropriate services to ensure that patients are able to access appropriate care and support outside of hospital, or in a different way in hospital utilising ambulatory care pathways and implementing a model to incorporate '111 First'. CCG commissioned Out of Hospital Services have been remodeled as part of the Neighbourhood Team mobilisation and includes PCN/Neighbourhood developments.			

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<p>Delivery of the Long Term Plan</p> <p>Delivery of the Primary Care Network Contract DES to support the continued development of the Primary Care Network and sustainable primary care medical services.</p> <p>Support the reset of core GMS/PMS/APMS contract delivery across primary care</p> <p>Support the embedding of new ways of working learned from the pandemic</p> <p>Deliver investment into Primary Care and improve health inequalities via the Practice Delivery Agreement (PDA). The PDA for 2021-22 has schemes for practice delivery that supports the NHSE/I Planning Guidance and also plans in place to support using the Covid Expansion Funds (£120m).</p> <p>Support practice quality improvement and CQC rating by use of the Quality Dashboard and regular meeting to support action plan delivery for those practices having domains that "require improvement"</p> <p>Ensure recruitment/retention/development of the clinical and non-clinical workforce</p> <p>Work with the PCN to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them to meet recruitment plans</p> <p>Support the recruitment and retention of extra doctors working in general practice.</p> <p>Improve access particularly during the working week with more bookable appointments at evenings and weekends.</p> <p>Improve access by offering online booking, online consultation, total triage and other digital options and to focus on supporting improvements in practices with long waits for routine appointments</p> <p>Provide CCG support to implement the current DES Service Specifications and to support preparation for the remaining Service Specification to be delivered from Oct 2021</p> <p>Meet 2021/22 trajectories set out in the Network Contract DES and support planning to achieve the KPIs.</p> <p>Improve infrastructure, digital capability, digital literacy and inclusion.</p> <p>Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews</p>				<p>Highest quality governance</p>		<p>There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:</p> <ul style="list-style-type: none"> <li>- Engagement with primary care providers and workforce</li> <li>- Workforce and capacity shortage, recruitment and retention</li> <li>- Under development of opportunities of primary care at scale, including new models of care</li> <li>- Primary Care Network and Neighbourhoods do not mature and develop to a level that supports the integrated delivery of Primary Care at place</li> <li>- BHF do not develop as a strong partner to support Primary Care at Scale</li> <li>- Not having quality monitoring arrangements embedded in practices</li> <li>- Inadequate investment in primary care</li> <li>- Independent contractor status of General Practice</li> <li>- Preparations for moving to ICS as a statutory body impacts on capacity to deliver transformation</li> </ul>					
				<p>High quality health care</p>				<p>✓</p>			
				<p>Care closer to home</p>				<p>✓</p>			
				<p>Safe &amp; sustainable local services</p>				<p>✓</p>			
				<p>Strong partnerships, effective use of £</p>				<p>✓</p>			
<p><b>Links to NHSE/I Planning Guidance</b></p>				<p>D1 - Restoring and increasing access to primary care services</p>							
<p>Committee Providing Assurance</p>		<p>PCCC</p>		<p>Executive Lead</p>		<p>JW / JF</p>		<p>Clinical Lead</p>		<p>MG</p>	
<p><b>Risk rating</b></p>		<p>Likelihood</p>		<p>Consequence</p>		<p>Total</p>		<p>Date reviewed</p>		<p>Oct-21</p>	
<p>Initial</p>		<p>3</p>		<p>4</p>		<p>12</p>		<p>Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.</p>			
<p>Current</p>		<p>3</p>		<p>4</p>		<p>12</p>					
<p>Appetite</p>		<p>3</p>		<p>4</p>		<p>12</p>					
<p>Approach</p>		<p><b>TOLERATE</b></p>									
<p><b>Key controls to mitigate threat:</b></p>				<p><b>Sources of assurance</b></p>				<p><b>Rec'd?</b></p>			
<p>All practices are required to complete the National Workforce Data Return.</p> <p>ARRs roles identified in the PCN workforce plan and recruitment plans in place. Monitoring in place.</p>				<p>National database regularly updated to show workforce</p> <p>National PCN Dashboard developed and evolving</p> <p>CCG to monitor recruitment by PCN</p>				<p>Ongoing</p>			
<p>Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area</p>				<p>Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC).</p>				<p>Ongoing</p>			
<p>Optimum use of BEST sessions</p> <p>A contract is in place with BHF for the BEST programme which enables the CCG to support the programme</p>				<p>BEST programme and Programme co-ordination being led by BHF</p> <p>Contract management meetings in place to assess and reporting via PCCC</p>				<p>Ongoing</p>			

<p>Established a Primary care Strategy Group and delivery Group to support delivery of the primary Care Transformation programme. Development of Neighbourhood working within each of the 6 Neighbourhoods supported by the PCN and CCG. Bi-monthly PCN meetings established for all practices in the PCN. The 3 service specification from the Network Contract DES are now being undertaken by practices across each Neighbourhood. Work with the PCN to prepare for the next Service Specifications Work with the PCN regarding tackling health inequalities which have been further impacted by Covid. PCN Manager meetings set up with the CCG PC Team to support the Long Term Plan and DES delivery.</p>	<p>Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme 6 Neighbourhood Networks have been agreed with the support of a single Primary Care Network facilitated by the GP Federation. This supports the transition and development of the PCN via the Neighbourhoods to deliver the primary care elements of the NHS Long Term Plan and Network Contract DES. Meetings are set for the year to ensure that the PCNs are able to meet regularly.</p>	<p>Ongoing</p>
<p>BHF - Existence of strong federation supports Primary Care at Scale</p>	<p>BHF contract monitoring, oversight by PCCC</p>	<p>Ongoing</p>
<p>Practices increasingly engaging with Community, voluntary and social care providers Personalisation/Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care and the PCN are now delivering a young peoples Social Prescribing service. Work towards joining the services together as directed in the Network Contract DES. Collaboration to deliver primary care transformation and service delivery</p>	<p>Personalisation and Social Prescribing are key elements in the Long Term Plan. Care Coordinators, Health and Wellbeing Coaches are in place to support people with self care. Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme</p>	<p>Ongoing</p>
<p>Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.)</p>	<p>NHS England 360 Stakeholder Survey results shared with stakeholders and published on the CCG website. Ensuring BCCG stakeholders have a high level of satisfaction with the CCG's leadership &amp; engagement.</p>	<p>Ongoing</p>
<p>SYB ICS has a workforce hub established, regular PC workforce meetings established which enables PC in Barnsley to collaborate with other CCGs, HEE, providers and Universities.</p>	<p>BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care.</p>	<p>Ongoing</p>
<p><b>Gaps in assurance</b></p>	<p><b>Positive assurances received</b></p>	
<p>APRIL 2021 - under recruitment in 2020-21 to ARR's roles has impacted on the additional support for the practices within the PCN - RISK HAS BEEN UPDATED TO REFLECT. JUNE 21 - BHF contract reporting and submitted SQP are under review due to data quality issues and outstanding reporting issues that remain unresolved. Update report submitted to PCCC reflecting the concern. JULY 2021 - BEST contract still requires work around KPI reporting and achievement.</p>	<p>APRIL 2021 - Workforce plans have been discussed with BHF who facilitate recruitment on behalf of the PCN to maximise the opportunity to recruit roles this coming year. JUNE 21- 2021/22 PDA working group re-established to complete the PC section of the PDA. Initial meeting very positive and work is underway to finalise this section of the PDA. JULY 2021 - Agreement from SMT to move to a Minimum Data Set to try to achieve accurate contractual reporting and to ensure the CCG has relevant quality data sets with which to monitor achievement.</p>	
<p><b>Gaps in control</b></p>	<p><b>Actions being taken to address gaps in control / assurance</b></p>	

MAY 21 - PCN CD/Management meetings do not have regular input from CCG PC Commissioner therefore not able to support the development and maturing of the PCN nor have an effective comms route for sharing ICS/Regional and emergent information to support the Network Contract DES delivery.

The PC Team and PCN CDs work with member practices to address any gaps/ variance and to develop a workforce plan going forward supported by the Additional Role Recruitment via the Network Contract DES. The rolling recruitment and inclusion of new roles each year supports the PCN service delivery.

Working closely with BHF to ensure the PCN maximise the recruitment opportunity for Barnsley. Practices encouraged to look at skill mix with innovative recruitment.

The Primary Care Network and underpinning 6 Neighbourhood Networks are established and working on all elements of the Network Contract DES and Long Term Plan.

The PC Team work closely with the PCN Managers to ensure delivery is on track.

NHS England 360 Assurance audit in progress to provide NHS England with assurance of robust Primary Care processes. New topics are identified each year and the Head of Primary Care works with 360 to complete each plan.

Requested the the CCG Medical Director be involved with the planning of the BEST sessions as per contract.

2021-22 PDA includes reference to work required for PC from the Planning Guidance.

PRIORITY AREA 3.1: CANCER				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<ul style="list-style-type: none"> <li>Preventing cancer incidence</li> <li>Reduced Inequalities especially those diagnosed at emergency admission.</li> <li>Improved cancer diagnosed rates at stage 1 or 2</li> <li>Early Diagnosis - Implement rapid assessment and diagnosis pathways for all tumour sites</li> <li>Improve care and treatment - embed new cancer waiting times system</li> <li>Improve Patient Experience along pathways and LWBAC</li> <li>Increasing Positive Experience at EOL by increasing early identification and reducing 3 or more admissions in last 3 months of life</li> <li>Deliver Survivorship Program (LWABC) including recovery package and stratified pathways</li> <li>Commissioning for Value adopted if appropriate</li> <li>Achieve 10 waiting time standards including the 62 day referral-to-treatment cancer standard and 28 day faster diagnosis standard and pre-covid position.</li> </ul>				Highest quality governance		✓	
				High quality health care		✓	
				Care closer to home		✓	
				Safe & sustainable local services		✓	
				Strong partnerships, effective use of £		✓	
				Links to NHSE/I Planning Guidance		<p>1. Risk to delivery of the 62 day wait NHS Constitution standard if clear pathways from cancer diagnosis to treatment are not developed; capacity in place to meet the demand and services are able to respond to the impact of Covid restrictions on delivery of the Cancer Waiting Times.</p> <p>2. Risk to delivery of early diagnosis if:                      (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 and deliver the PCN DES .</p> <p>3. Risk that, if the CCG does not have a clear local strategy for delivering cancer priorities and performance, Barnsley people morbidity and mortality from cancer will be impacted negatively for people at risk of cancer; Living With and Beyond Cancer (LWABC) and improving 62 day target and delivering 10 CWT standards .</p> <p>4. Risk that the incidence of cancer is not reduced, and of poorer outcomes post treatment, if steps to promote healthy lifestyles for Barnsley people are not successful.</p>	
				C2 - Restore full operation of all cancer services			
Committee providing assurance		FPC	Executive Lead		JW	Clinical Lead	Dr H Kadarsha
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>			<b>Date reviewed</b>	<b>Oct-21</b>
Initial	3	4	12			RATIONALE: Likelihood has been scored at 5 due to performance issues because of COVID impact but will be kept under monthly review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered. A number of areas are challenging and not delivering due to additional demand in the system and time required for demand to be addressed to reduce the back log plus P3 restoration targets	
Current	5	4	20				
Appetite	5	4	20				
Approach	Treat						
<b>Key controls to mitigate threat:</b>				<b>Sources of assurance</b>		<b>Rec'd?</b>	
Programme Governance arrangements							

<p>Steering Group: On track. CCG Contracting process: Reporting requirements relating to cancer coming via contracting. 6 weekly reporting to BCSG about minimising harm and restoration programme delivery progress plus areas that require escalation.</p>	<p>HQS implementation group established, to develop and monitor quality priorities including CDG aim to reduce clinical variation and define quality measures for the CA programme. CCG will continue supporting at ICS/CA level via membership of group and CE CCG and Cancer Lead representation at CA board and CA Quality board . Steering group meeting 6 weekly and produces 6 weekly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO An 6 monthly assurance report submitted for governing body. contracting process ensures controls in place for BHNFT and STHT performance and contractual totals. This is reported to CCG via Finance &amp; Performance committee and CQB /Quality and patient safety via Chief Nurse . 6 weekly reporting to SMT about minimising harm and P3 restoration programme delivery progress plus areas that require escalation</p>	<p>Ongoing</p>
<p><b>62 Day Waits and 28 FDS</b></p>		
<p>Current CCG performance for 62 RTT June 2021 is 84% from Q4 position that was 63% (target 85%). Challenged pathways remain as Lower GI and Urology . Cancer patients remain first priority by BHNFT services . 28 FDS is for 62.3% June 2021 ( 75% target by October 2021 ) , main challenged tumour pathways are lower GI and Urology . To meet the target audit undertaken to identify how can improve referral form and tests completion so that BHNFT can triage and meet FDS target, employed patient tracking co-ordinators BHNFT to unblock any hold ups. PCN trialling using care-coordinators to support referral process .</p>	<p>Performance is reported to CCG via Finance &amp; Performance committee and via CA board reporting arrangements. CCG meets BHNFT cancer lead weekly to monitor performance and gain assurance about improvement actions to address minimising COVID impact and P3 restoration. Steering group meeting 6 weekly and produces monthly programme assurance and risk register that is approved by steering group and shared with CA. This group monitors programme delivery and updates shared with CCG SRO monthly . Restoration plan agreed with BHNFT by CCG. DON gaining assurance about maintaining quality from BHNFT and STHT during restoration period. t</p>	<p>Ongoing</p>
<p><b>Prevention</b></p>		
<p>Cervical started June 2020 Bowel restarted early September and Breast screening 5 days mid September .CCG raised at BHNFT CQB that breast screening staff capacity is a risk and impacting on restoration. Extended Cervical screening running again via I-HEART .PHE provided additional recovery funding to BHNFT for Breast screening backlogs.</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. The BCS work is reported to CCG via contractual process, via leads attendance at CCG Steering Group and bi-monthly assurance meetings with BCS by CCG cancer programme lead. Out of hours cervical screening pilot monitored via existing I-Heart contract assurance .</p>	<p>Ongoing</p>
<p><b>Early Diagnosis</b></p>		

<p>Timed pathways: All timed pathway been affected - Lung, Lower &amp; upper GI &amp; urology (red rating ): not meeting 28 day STT FDS. Endoscopy started extra slots and having an impact but still have 62 day breaches for RTT. BHNFT signed up to ICS endoscopy remote radiology procurement to increase capacity. Community diagnostic pathways/hub planning started and mapped overlaps with ICS elective care areas Scoping being undertaken with BHNFT and PCN . Will identify pathway efficiencies and how can reduce demand on current pathway. PCN agreed Early diagnosis DES project action plan with CCG – to reduce the variation in screening and early diagnosis rates across PCN practices and within the different Neighbourhood areas. Vague symptoms pathway Re-launched with the start of Cthe Signs and referrals are increasing .</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations. CCG attends CA monthly ED group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT for vague symptoms pathway and lower GI pathway implementations.</p>	<p>Ongoing</p>
<p><i>Better treatment and care</i></p>		
<p>Waiting times: Start again rolling out timed pathway to reduce pressure on system. Tele dermatology : CCG SMT agreed VEAT contract to 31/12/2021- Evaluation taking place about impact on patient experience and improving management gamnt primary care resircse baout . All 104 breaches had a RCA undertaken and safety netting in place by BHNFT for all patients on 2WW and routine pathway. Raised at CQB BHNFT that concern about breast screening and urology pathway quality due to staff turn over. Producing harm policy with CA that is more holistic definition that includes psychological harm of being on a prolonged pathway .</p>	<p>Assurance is via monthly cancer programme assurance process that ensures programme is on track and lack of progress addressed. CCG attends CA monthly operational group and reports back to CCG actions and ensures actions agreed are adopted via CCG governance routes including reporting and gaining approval at MT and clinical forum . Quality Surveillance self-assessment reported to CCG quality and safety committee annually and exceptions raised via this route . Chief Nurse gaining assurance about maintaining quality from BHNFT and STHT during recovery period.</p>	<p>Ongoing</p>
<p>LWABC</p>		
<p>e-HNA/Care planning: Live pilot continues. CSW roles appointed. All templates completed in the 3 tumour sites. Supported self management: The Well has moved and reopened for face to face . Anxiety managements courses are well-attended. Risk stratified pathways: Clear pathways in place and being agreed regionally and locally –some delays still on local completion. New men's peer group for prostate cancer completed and being taken foward as outcomes were positive .</p>	<p>Barnsley LWABC steering group governance framework in place and LWABC Leads membership of CA LWABC programme ensures programme reported to CCG</p>	<p>Ongoing</p>
<p>End of Life</p>		
<p>EoL strategy group meets to progress action plan - new objectives/actions agreed. Plan in place that is focusing on increasing early care planning for patients and staff , proposal for a community based Consultant in palliative care been produced. Palliative care GP for ICS and Barnsley engaging with practices to identify how EOL working can be improved and working on supporting PCN.</p>	<p>Reporting is via CCG being member of EOL strategy group and having responsibility to ensure strategy action plan on track. CCG reporting of Care homes ANP work plan gained by attending 1/4 implementation group and via CCG care homes programme governance. EOL group focusing on reducing unavoidable admissions and early identification- action plan in place. EOL within D2A monitored by OH governance and via Chief Nurse</p>	<p>Ongoing</p>
<p><i>Communication and engagement</i></p>		
<p>Barnsley Resilience group started working on deliverables to reduce people's concerns and to target those that have unequal access to diagnostics and/or treatment or making choice to not engage - targeted communication undertaken by BMBC and ALMO housing provider staff and clients to dispel myths/concerns about using services and advertising alternative support services in place to help them have access e.g. NHS volunteer transport options.</p>	<p>Assurance is via 6 weekly cancer programme assurance process that ensures programme is on track and lack of progress addressed; The CCG via CA established communication and engagement and Barnsley Communication and engagement group ensures actions and reporting are to CCG and via 6 weekly reporting for the cancer programme assurance reporting. Behavioural insight trials and wider work is targeting groups that have not returned to services compared to pre-covid. Communication and engagement linked into BMBC local areas council forums and structures to widen coverage .</p>	<p>Ongoing</p>
<p><b>Gaps in assurance</b></p>	<p><b>Positive assurances received</b></p>	

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

PRIORITY AREA 3.2: MAXIMISING ELECTIVE ACTIVITY	Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY										
<p>There are four key areas of work:</p> <p><b>1. Clinical Prioritisation</b> - Continue to prioritise the clinically most urgent patients and address the longest waiters whilst ensuring health inequalities are tackled.</p> <ul style="list-style-type: none"> <li>• <i>Greatest Harm</i> - Incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk</li> <li>• Build on the established clinical prioritisation tool (FSSA recovery prioritisation matrix) to support the prioritisation of all referrals &amp; draw on both primary and secondary care knowledge</li> <li>• <i>Long waiters</i> - Focus on reducing the number of 52 week waiters by end of March 2022, ensuring plan includes analysis of waiting times by ethnicity and deprivation</li> </ul> <p><b>2. Communication</b> - maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.</p> <ul style="list-style-type: none"> <li>• Develop a system wide communications plan to inform public of approach and maintain effective proactive communication with patients.</li> </ul> <p><b>3. Embedding Outpatient Transformation</b> - support prioritisation in elective activity by minimising outpatient attendances of low clinical value and redeploying that capacity where it is needed.</p> <ul style="list-style-type: none"> <li>• <i>Advice and Guidance</i> - (Maintain) Increased mobilisation of advice and guidance to provide specialist advice (this supports low conversion rates to outpatient appointments)</li> <li>• <i>Patient initiated follow-up</i> (PIFU) - Expansion of programme so that PIFU is available in at least three major outpatient specialties by the end of Q2.</li> <li>• <i>Remote Appointments</i> - Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that don't involve a procedure).</li> </ul> <p><b>4. Elective Activity / Elective Recovery Fund</b></p> <ul style="list-style-type: none"> <li>• Monitoring elective recovery against the 95% target: From July 2021 deliver 95%</li> </ul>	<table border="1"> <tr> <td>Highest quality</td> <td></td> </tr> <tr> <td>High quality</td> <td>✓</td> </tr> <tr> <td>Care closer to home</td> <td>✓</td> </tr> <tr> <td>Safe &amp; sustainable</td> <td>✓</td> </tr> <tr> <td>Strong</td> <td>✓</td> </tr> </table>	Highest quality		High quality	✓	Care closer to home	✓	Safe & sustainable	✓	Strong	✓	<p><b>Links to NHSE/ Planning</b></p> <p>C1 - Maximise elective activity</p>	<p>There is a risk that the CCG will not be able to maximise elective activity if the following issues are not mitigated:</p> <ol style="list-style-type: none"> <li>1. Clear and effective communication to the public about delays to treatment and prioritisation.</li> <li>2. Where necessary improve uptake of residents to travel outside of barnsley for treatment.</li> <li>3. If patients do not present for treatment.</li> <li>4. If patients have a preference for face to face appointments.</li> <li>5. workforce capacity to deliver over 85% of activity (taking into account IPC, social distancing, staff leave, burnout as well as access to diagnostics)</li> <li>6. provider headspace to undertaken pathway transformation and adopt new ways of working e.g. PIFU</li> </ol>
Highest quality													
High quality	✓												
Care closer to home	✓												
Safe & sustainable	✓												
Strong	✓												

Committee Providing Assurance			TBC	Executive Lead	JW	Clinical Lead	
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>			<b>Date reviewed</b>	
Initial	3	4	3			<b>Oct-21</b>	
Current	3	4	4			Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.	
Appetite	3	4	12				
Approach	<b>Tolerate</b>						
<b>Key controls to mitigate threat:</b>					<b>Sources of assurance</b>		
<p>Barnsley system Planned Care and Outpatients Group has been established and meets monthly, with CCG attending, to discuss system wide approach planned care, outpatient transformation and elective care recovery. This supports a system overview of the issues as well as to make improvements to system pathways and relationships.</p>					<p>Chief Operating Officer, CCG Chair and 2 x Governing Body members are represented on the board.</p> <p>Work is ongoing to align the elective care system wide plan to the planning Guidance and other NHSE Guidance on the transformation of outpatients / specialty redesign. The group has recently established the scope of 'elective care' and set key deliverables for 2021/22.</p>		
<p>The CCG and Trust are leading on the developing a clear, prioritised delivery plan and Communication and Engagement Plan</p>					<p>Planned Care Board is established to provide oversight of the programme. The Board has representation from all partners. Clear priorities have been agreed as part of development of the Barnsley Place Plan.</p> <p>Comms and Engagement Plan is being developed as part of wider system work around pressures in the H&amp;SC system</p>		
<p>Operational planning process for the first half of 2021/22 has been completed in line with the NHS Planning Guidance. All activity plans are in line with national expectations for increased activity levels back toward those in 2019/20, reflecting local restrictions and transformation work to redesign services.</p> <p>Planning process for the 2nd half of 2021/22 is underway with activity and performance plans being developed to meet national recovery expectations</p>					<p>Chief Operating Officer, CCG Chair and 2 x Governing Body members are represented on the Planned Care board.</p> <p>Work is ongoing to ensure align of the elective care system wide plan to the planning Guidance and other NHSE Guidance on the transformation of outpatients / specialty</p>		
<b>Gaps in control</b>					<b>Actions being taken to address gaps in control / assurance</b>		

<p><b>Planned Care – backlog and demand surge</b></p> <p>There is a risk of delay to treatment of patients either through restricted access to services (due to social distancing, IP&amp;C, need to travel) or hidden harm through people failing to present with issues due to fears around covid. This is likely to result in an increased number of poorly managed chronic conditions or undiagnosed diseases.</p>	<ul style="list-style-type: none"> <li>• All listed patients are clinically triaged, priority patients have been treated throughout the year, a green pathway and protected bed capacity have been agreed.</li> <li>• Patients with LTC have also been reviewed and prioritised in primary care.</li> <li>• Primary, community, mental health , outpatients and diagnostics services remain open.</li> <li>• Long waiters for Barnsley place are being reviewed and actions being taken to further support improved care delivery.</li> <li>• A system wide comms plan has been drafted to help maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.</li> </ul>
<p><b>Elective Pathways</b></p> <p>There is a risk of delay to treatment of patients on elective pathways. This is caused by restrictions in terms of ipc and royal guidance re green sites e.g. orthopaedics. The impact will be to quality of life for individuals awaiting their operation and increased pressure on services to deliver. A further issue is the reticence of local residents to travel outside of Barnsley for treatment.</p>	<ul style="list-style-type: none"> <li>• All patients have been clinically triaged with emergency and urgent cases being seen. External assurance has been obtained through national clinical validation exercise.</li> <li>• System planned care group supports a system overview of the issues.</li> <li>• Green pathway is now in place and dedicated beds for elective orthopaedics</li> <li>• Use of Independent sector and mutual aid.</li> <li>• Plans have been updated in response to the 21/22 planning guidance and participation in the elective accelerator programme (enhancing plans to deliver capacity beyond 85%, to excess of 100% from July 2021). The work will focus on streamlining and developing pathways in key surgical specialties (orthopaedics, ophthalmology, paediatrics) and</li> </ul>

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 4: MENTAL HEALTH	Delivery supports these CCG objectives:	PRINCIPAL THREATS TO DELIVERY										
<p>A Barnsley Mental Health Partnership Board has been established, reporting directly to the Barnsley Health and Wellbeing Board and supported by a system-wide Mental Health Delivery Group. We continue to increase the number of children and young people receiving evidence-based treatment to improve their emotional health and wellbeing through the redesign of the CAMHS service and increasing the number of MHST's and commissioning third sector organisations - the access target to be achieved in 2021/22 is 57% - CAMHS service beginning to implement the new co-produced service specification focusing on establishing a Single point of Contact.</p> <p>A Children and Young People's Emotional Health and Wellbeing Hub is being developed on the first floor of the YMCA Building in the centre of Barnsley. A Children and Young Peoples Transformation Lead now in situ and leading on implementing recommendations of Overview and Scrutiny Committees which are also supported by the CCG IAPT services to be expanded to the level of investment available and working towards delivering the recommendations of the NHS Long Term Plan. Access targets will be challenging and the recommended targets unlikely to be achieved. IAPT recovery target consistently above the national recommended target of 50% and support improving the recovery rate to an ambitious target of 60%</p> <p>Community Mental Health Transformation bid successful and work progressing to develop a local Adult Eating Disorder pathway to link in with the regional service development led by RDASH as part of the SYB ICS; transformation funding also being utilised to develop improved services for people with Personality Disorders and to enhance Community Mental Health Rehab services linking with the newly developed Primary Care Mental Health posts as part of the ARRS (Additional Roles Reimbursement Scheme). Crisis Alternative bid has been successful and work is progressing to provide a 'safe space' for adults as part of the mental health crisis care support within the borough (it is anticipated that the childrens and young peoples Hub will provide a 'safe space' for children and young people as it evolves). Self-harm continues to be a key focus, particularly in the 10 - 24 years old age ranges where admissions to hospital in Barnsley are almost double the national average - Public Health are leading on work to reduce these admissions and provide more appropriate, early intervention. All-age liaison mental health (CORE 24) service now fully operational. Exemplar work progressing in Barnsley in respect of suicide prevention with targeted work continuing to be undertaken re men and older people. Specialist Perinatal Mental Health Services established and funding agreed to achieve the necessary expansion to achieve the LTP access requirements for 2021/22</p> <p>Work is progressing to develop a single neurodevelopmental pathway for children and young people with the potential of achieving an all-age pathway within the next two years The Mental Health Investment Standard (MHIS) will be achieved. Improve access to healthcare and deliver annual physical health checks for the population - the target to be achieved for 2019/20 of 60% was not achieved for patients on the GP SMI Register and improvements need to be made. 66.7% of people with dementia aged &gt;65 should receive a formal diagnosis.</p>	<table border="1"> <tr> <td>Highest quality governance</td> <td></td> </tr> <tr> <td>High quality health care</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Care closer to home</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Safe &amp; sustainable local services</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Strong partnerships, effective use of £</td> <td style="text-align: center;">✓</td> </tr> </table> <p><b>Links to NHSE/ Planning Guidance</b></p> <p>C3 - Expand and improve mental health services and services for people with a learning disability and/or autism</p>	Highest quality governance		High quality health care	✓	Care closer to home	✓	Safe & sustainable local services	✓	Strong partnerships, effective use of £	✓	<p>There is a risk that if the CCG and its partners are unable to manage and mitigate the potential barriers to improving mental health services - lack of workforce capacity, limited financial resources, and legacy 'backlogs' - the CCG's ambitions for these services will not be achieved and that delivery of the recommendations within the NHS Long Term Plan (as explicitly outlined within the Mental Health Implementation plan 2019/20 - 2023/24) within the expected timeframes will not be possible</p>
Highest quality governance												
High quality health care	✓											
Care closer to home	✓											
Safe & sustainable local services	✓											
Strong partnerships, effective use of £	✓											

Committee providing assurance			FPC & QPSC	Executive Lead	PO	Clinical Lead	Dr M Smith	
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>				<b>Date reviewed</b>	<b>Oct-21</b>
Initial	4	3	12					
Current	4	3	12					
Appetite	4	3	12					
Approach	<b>Tolerate</b>							

Key controls to mitigate threat:	Sources of assurance	Rec'd?
The Future in Mind funding allocations are now part of the CCG's baseline allocations and will continue to be utilised towards delivering the ambitions of the NHS Long Term plan	Quarterly Assurance reports / feedback to NHS England; monitored by C&YPT(Children and Young Peoples Trust) ECG (see note 1). ECG minutes to F&P Committee. Chilypep Quarterly monitoring reports	Ongoing
Perinatal Mental Health - continue to implement the specialist perinatal health team and to fund the specialist mental health midwife post at BHNFT.	ICS Reporting Framework. Regular updates to Governing Body. Mental Health service transformation overseen by the Mental Health Delivery Group	Ongoing
Service provider developing robust workforce plans in conjunction with Health Education England National Workforce Strategy - a local SWYPFT workforce strategy has been developed - SYB ICS Programme Board are leading on a regional workforce strategy to cover the next 5 years	Monitored at ICS level SYB ICS MHL D Steering Group.	Ongoing
Commissioning capacity for the adult autism service has been increased for 2021/22 and non-recurrent funding has been provided to eliminate the current backlog - by March 2022 it is anticipated that the current 3 year wait for an adult autism assessment will be reduced and sustained at 3 months. The newly commissioned service for the over 11 autism pathway has reduced the waiting time on this pathway from 2.5 years to a maximum of 9 months. All Barnsley's children and young peoples autism assessment and diagnostic pathways are fully NICE compliant	Performance data from SWYPFT (Adult service) and BHNFT (CYP service). Minutes of the ASD Steering Group	Ongoing
Continue to promote the local social prescribing service and the Children and young Peoples's Social Prescribing Service provided by the Barnsley Healthcare Federation	CAMHS Performance data received monthly and presented at ECG on a quarterly basis. Compass data in development. Chilypep provide a quarterly performance report that is shared with GP. Autism Oversight by F&PC, reporting into Governing Body. New IAPT service is fully implemented and all national IAPT targets are achieved with the exception of the access targets - this reflects the regional picture. Work is underway via the SYB ICS MHL D. Minutes of the SYB ICS MHL D Steering Group.	Ongoing
IAPT access targets are a key challenge in Barnsley - the service is continuously promoted on social media and at GP surgeries and other community centres and self-referrals enabled via the Barnsley IAPT website. Limited university training places remain a constricting factor but HEE undertake to increase the places available in future years.		Ongoing
Barnsley Mental Health Partnership and a supporting Mental Health Delivery Group (MHDG) has been established which is providing robust oversight of the issues and challenges facing the local population. The work of the Crisis Care Concordat and Suicide Prevention Group is now merged in to the MHDG.	Mental Health Partnership Board report to Barnsley Health and Wellbeing Board	Ongoing
Barnsley CCG's bid for a MHST (as part of the Trailblazer programme) was successful and following a competitive procurement process Compass were awarded the contract. Recent bids as part of Waves 5 - 10 were submitted and Barnsley have been successful as part of Wave 8 (i.e. an additional MHST team will be funded by NHSE/I in 2022/23) with a possibility of a further team in Wave 10 (2023/24)	A small working group of key stakeholders has been established to drive the transformation of the CAMHS service towards delivering the new service specification based on the iThrive model- this group reports to both the ECG and CCG Governing Body. CCG clinical leads support this group.	Ongoing
Barnsley CCG's bid to develop a Crisis Alternative and to access Community Mental Health Transformation Bids have been successful. Implementation of these bids is being overseen by the Mental Health Delivery Group and monitored / supported closely by SYB ICS MHL D Programme Board.	Performance and activity data submitted via contracts process. Quarterly Mental Health updates to CCG Governing Body	Ongoing
<i>Note (1) - the Childrens &amp; Young People's Trust ECG minutes go to F&amp;PC for information. It reports via TEG to H&amp;WB which is attended by the CCG Chair and CO and minutes go to GB. Specific issues may be raised with GB via regular 6 monthly / ad hoc Children's Services updates.</i>		
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 5: INTEGRATED CARE SYSTEM (ICS)				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
<p>System Level: There is a shared view that in order to transform services to the degree required to achieve excellent and sustainable services in the future, we need a single shared vision and plan in each Place and across South Yorkshire and Bassetlaw. Partners from across health and social care in each Place have come together to develop a single shared vision and plan as part of an Integrated Care System.</p> <p>CCG contributions to system wide working &amp; enabling work streams:                      Leadership and programme support                      System-wide governance arrangements (including a system partnership board with NHS, Local Government and other partners) to enable a collective model of responsibility and decision-making between system partners.                      System capabilities including population health management, service redesign, workforce transformation, and digitisation required to fulfil the two core roles of an ICS.                      Agreed ways of working across the system in respect of financial governance and collaboration (noting that we propose, under the 2020/21 NHS Standard Contract streamlining commissioning arrangements, including typically one CCG per system).                      Capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology.                      Plans for how the system will operate in 2021/22 will need to be finalised for April 21.                      White paper on the formation of statutory ICS published Dec 20 with an ambition for statutory ICS to form in April 2022</p>				Highest quality governance		✓		<p>The effectiveness of commissioning at place level across the full range of CCG priorities could be detrimentally affected if uncertainty re the future of commissioning across the system leads to disengagement or loss of capacity or direction locally.                      Effective governance of the ICS, changing role of the ICS eg allocation of funding to CCGs and providers . Managing change to system working during a pandemic could cause capacity issues, uncertainty for all stakeholders and could limit long term decision making.</p>
				High quality health care		✓		
				Care closer to home		✓		
				Safe & sustainable local services		✓		
				Strong partnerships, effective use of £		✓		
<p><b>Links to NHSE/I Planning Guidance</b></p> <p>F1 &amp; F4 - Effective collaboration and partnership working across systems &amp; Develop ICSs as organisations to meet the expectations set out in Integrating Care</p>								
Committee Providing Assurance		ICS CPB JCC of CCGs	Executive Lead		CE		NB	
<b>Risk rating</b>	Likelihood	Consequence	Total				<b>Date reviewed</b>	<b>Oct-21</b>
Initial	3	3	9				Rationale: Likelihood has been scored at 3 (possible) because individual organisation will be required to deliver on their statutory duties and may prioritise these over partnership commitments. Consequence has been scored at 3 (moderate) because whilst we would not be able to harness the full benefits of integrated health and care the commissioning and provision of health and care services for Barnsley people would continue.	
Current	3	3	9					
Appetite	3	4	12					
Approach	Tolerate							
<b>Key controls to mitigate threat:</b>				<b>Sources of assurance</b>			<b>Rec'd?</b>	
Governance review of the ICS currently underway to inform how the system operates in 2021/22				Minutes of HOB and JCCCG			Ongoing	
Collaborative Partnership Board (CPB) provides strategic direction and oversight of the ICS, while the Joint Commissioning Committee of CCGs facilitates collective commissioning decisions over defined areas.				Minutes of both CPB and JCCC of CCGs are taken through the Governing Body			Ongoing	

ICS Memorandum of Understanding signed by all parties in place outlining sign up to direction of travel in system and in place, recognising journey to local Integrated care partnerships	ICS MOU signed off by Governing Body and all Parties to the ACS for 17/18. MOU for 2018/19 between NHSE/I and ICS agreed and signed off by 1 October 2018. ICS go Live October 2018. Integration agreements between place and system developed (from October 2018).	Complete (Oct-18)
Clear governance arrangements in place to enable to ICS to make both collective commissioning and provider decisions through the Joint Committee of Clinical Commissioning Groups (JCCC) and Providers Committee in Common (CiC)	Minutes of both CPB and JCCC of CCGs are taken through the Governing Body. ICS governance arrangements for Level 3 ICS from April 19 in place	Complete
The ICS has a clear management structure with sufficient capacity and resources to take forward its transformation programmes on behalf of the system.	Agreement of 2018/19 ICS nationally allocated transformation funding and partner contributions and sign off of 2018/19 ICS budget. Revised ICS Executive Management Team in place.	Complete
Development of Barnsley Integrated Care Partnership (ICP) ensures strong Barnsley voice into the SYB ICS to influence the creation of the Statutory ICS.	Barnsley Place agreement finalised. Barnsley Health and Social care plan produced.	Complete
Collective approach to decision making in relation to the Hospital Services Review in place within the Barnsley partnership and across the ICS.	Hospital Services Review received both by ICS Collaborative Partnership Board and by Barnsley CCG Governing Body. Governing Body agreed to the publication of the Strategic Outline Case October 2018.	Complete
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
• 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.	SYB response to the NHS Long Term Plan collectively developed across partnership. Barnsley Partnership agreement completed. Barnsley Health and Social Care plan agreed.	
	Workshops with ICS and CCG Chairs and AOs held in December 2019 and January 2020 to agree the way forward with commissioning reform Jan 2020	
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 5.2: INTEGRATED CARE AT PLACE LEVEL				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
Development of partnership arrangements in Barnsley that deliver integrated services for patients and service users and create a weight-bearing structure in Barnsley to support maximum delegation with the integrated system from April 2022. This will include - -Development of the primary care network and neighbourhood networks - Embedding population health management to improve outcomes across the borough and targeted local action on health inequalities - Left-shift of investment and provision from secondary care to primary, community and out-of-hospital care - Strengthen joint commissioning between the CCG and Barnsley Council - Workforce and organisational development to system leadership and working - Growing the workforce for the future - Optimum use of the health and care estate across the borough and investment to facilitate shift of activity from hospital into community - Development of integrated governance and shared leadership - Supporting and promoting the role of the community, voluntary and social enterprise sector in Barnsley in health and care				Highest quality governance		✓			
				High quality health care		✓			
				Care closer to home		✓			
				Safe & sustainable local services		✓			
				Strong partnerships, effective use of £		✓			
				Links to NHSE/ Planning Guidance					
				A - Supporting the wellbeing of staff and take action on recruitment and retention (esp A4 grow for the future - system workforce planning) F1 & F2 - Effective collaboration and partnership working across systems & Develop local priorities that reflect local circumstances and health inequalities					
						There is a risk that if the following threats are not effectively managed and mitigated the key deliverables will not be achieved: - Financial pressures and maturity of the local partnership to manage risk - Uncertainties around the development of the integrated care system and role of place with the system and lack of clarity about the role and expectations of provider partnerships - Challenging timescales for organisational change with the reading of the draft integrating care bill delayed - The Government may fail to bring forward a legislative programme for adult social care and financial settlement or that the expected white paper does not fully support the developing partnership working in Barnsley - Clarity of the role of Barnsley Health and Wellbeing Board and local democratic accountability in the new system - Role of GPs and clinical commissioning in the new system - Staff retention through COVID recovery and system change - Ongoing COVID pandemic and associated pressures across services, particularly sustainability of the urgent and emergence care model in Barnsley and capacity of providers to constructively engage in development of the place partnership - Impact of COVID on the community, voluntary and social enterprise sector - Failure to demonstrate the impact and benefits of new ways of working in order to generate support and increase engagement - Lack of capacity to support expansion of student placements - Ability to recruit into new roles including additional roles in primary care - Sufficient focus and investment in transformation			
Committee Providing Assurance			Governing Body	Executive Lead		JB	Clinical Lead	NB	
Risk rating	Likelihood	Consequence	Total				Date reviewed	Oct-21	
Initial	3	4	12				Rationale:		
Current	3	4	12				- Major (4) impact due to possibility of adverse local media coverage, potential slippage leading to a key objective not being met and potential for external challenge		
Appetite	3	4	12				- Likely (3) as it is possible that the impacts could recur occasionally		
Approach	Tolerate								
Key controls to mitigate threat:				Sources of assurance			Rec'd?		
Joint priorities and work programmes				Barnsley Health and Care Plan 2021/22 developed with partners and endorsed by the integrated care partnership group.			Ongoing		
Oversight from the CCG Governing Body				Regular updates on integrated care received by Governing Body. Discussions at Governing Body Development Sessions. Representation from Governing Body by the Chair and Accountable Officer at Integrated Care Partnership Group meetings. Clinical leadership from Governing Body across partnership priority workstreams.			Ongoing		

System engagement including primary care	Series of BEST events focussed on emerging guidance for primary care networks and the right model for Barnsley. Membership Council agreed to strategic direction at the meeting held on 3 July 2018	Complete
Local partnership governance arrangements	Compact and place agreement. Memorandum of Understanding between SWYPFT and the PCN for joint leadership. Senior responsible officers for all priorities set out in the Health and Care Plan	Complete
Alignment of resources	CCG commissioning and transformation staff aligned to partnership delivery groups. Additional interim support for the place design team	Complete
Independent legal advice	Appointed legal advisors that are also supporting the ICS and work nationally on integrated care.	Complete
Voice of place in the development of the integrated care system	Representatives of place on each of the ICS design workstreams and provider collaboratives feeding back into the place design team and integrated care partnership	Complete
Communications and engagement	Communications leads from across the partners have co-produced a communications and engagement place that has been signed off by ICPG.	Complete
Strong links between place and ICS workforce hub	Appointment of place workforce lead to work with the ICS workforce hub. Representation at the Local Workforce Action Board. Working with the ICS workforce hub on system priorities and alignment of local priorities including Barnsley Health and Social Care Academy, Project Echo and school engagement	Ongoing
Student placement expansion project	Appointed to a coordinator role to support student expansion hosted by Barnsley Hospital. Agreement to explore a place-based allocation model beginning with pre-registration nursing students. Completed CLiP project with ongoing evaluation	Ongoing
<b>Gaps in assurance</b>		<b>Positive assurances received</b>
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>
Establishment of a PMO function to support delivery of the health and care plan	Proposals being developed and will be presented to ICDG in July 2021. Proposals will ensure alignment of resources from across the partnership to support delivery	
Pending guidance from the Department of Health and Social Care and NHS England Improvement regard constitution of integrated care systems and transitional arrangements	Place design team established and jointly Chaired by the CCG Accountable Officer and BMBC Chief Executive. Undertaken a self-assessment using the ICS Place Development matrix to identify priority areas and actions. Agreed preferred options for weight-bearing structure at Place. Ongoing discussions across SYB ICS leaders and Place leaders around preferred operating model	

Development of collaborative commissioning	A series of workshop with CCG and BMBC commissioners to agree a joint approach around the life course. Developing a commissioning plan to support delivery of the Barnsley Health and Care Plan with CCG Governing Body.
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## NHS Barnsley CCG Governing Body Assurance Framework 2021-22

<b>PRIORITY AREA 5.3: IMPLEMENTING POPULATION HEALTH MANAGEMENT AND PERSONALISED CARE</b>				<i>Delivery supports these CCG objectives:</i>	<b>PRINCIPAL THREATS TO DELIVERY</b>											
<p>The CCG, local and system partners are committed to embedding a population health management approach to target recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups. This includes -</p> <ul style="list-style-type: none"> <li>- Use of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex needs, and those awaiting multiple appointments</li> <li>- Provide proactive, multidisciplinary, cross sector support to these patients, in line with the NHS Comprehensive Model for Personalised Care</li> <li>- Developing robust plans for the prevention of ill-health such as expansion of smoking cessation services, improving uptake of the NHS diabetes prevention programme and CVD prevention and high impact actions to support stroke, cardiac and respiratory care</li> <li>- Accelerating the delivery of existing requirements, including personal health budgets, social prescribing referrals and personalised care and support plans</li> </ul>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Highest quality</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">High quality health</td> <td style="text-align: center; padding: 2px;">✓</td> </tr> <tr> <td style="padding: 2px;">Care closer to home</td> <td style="text-align: center; padding: 2px;">✓</td> </tr> <tr> <td style="padding: 2px;">Safe &amp; sustainable</td> <td style="text-align: center; padding: 2px;">✓</td> </tr> <tr> <td style="padding: 2px;">Strong</td> <td style="text-align: center; padding: 2px;">✓</td> </tr> </table> <p style="margin-top: 5px;"><b>Links to NHSE/I Planning Guidance</b></p> <p>D2 - Implementing Population Health Management and Personalised Care</p>	Highest quality		High quality health	✓	Care closer to home	✓	Safe & sustainable	✓	Strong	✓	<p>There is a risk that the CCG will not be able to successfully implement Population Health Management and Personalised Care if the following issues are not mitigated:</p> <ul style="list-style-type: none"> <li>- Lack of capacity in primary and community care to support delivery because of ongoing operational pressures</li> <li>- Failure to successfully recruit, train, develop and retain additional roles in primary care including social prescribing link workers, care coordinators and health and wellbeing coaches</li> <li>- Ability to access linked person-level data to identify priority cohorts, target interventions and demonstrate outcomes and impact</li> <li>- Lack of sufficient technical analytical capability and tools to support delivery</li> <li>- Failure to properly engage and involve people in decisions about their care and service development</li> </ul>	
Highest quality																
High quality health	✓															
Care closer to home	✓															
Safe & sustainable	✓															
Strong	✓															
<i>Committee Providing Assurance</i>		<b>TBC</b>	<i>Executive Lead</i>		<b>JB</b>	<i>Clinical Lead</i>	<b>Dr M</b>									
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>			<b>Date reviewed</b>	<b>Oct-21</b>									
Initial	3	3	9			<p><b>Rationale:</b></p> <ul style="list-style-type: none"> <li>- Major (3) impact due to potential slippage leading to a key objective not being met and potential for external challenge</li> <li>- Likely (3) as it is possible that the impacts could recur occasionally</li> </ul>										
Current	3	3	9													
Appetite	3	3	9													
Approach	<b>Tolerate / Treat</b>															
<b>Key controls to mitigate threat:</b>				<b>Sources of assurance</b>			<b>Rec'd?</b>									

Executive leadership and sponsorship	Designated executive leads for tackling health inequalities across all NHS partner organisations. Workshop for health inequalities leads and integrated care delivery group representatives with outputs and framework endorsed by ICPG. Health inequalities cross-cutting theme in Barnsley Health and Care Plan 2021/22 that has been endorsed by	Ongoing
Improving health intelligence infrastructure across the partnership	Health intelligence group established with positive engagement from across the partnership. Population segmentation analysis completed. Population health management analyst hosted by Barnsley Hospital funded through COVID monies. Increased information sharing through COVID and high-level agreement endorsed by all partners. Regular reporting of health surveillance. Integrated Care Outcomes Framework adopted by ICPG	Ongoing
Risk stratification tool to support proactive case finding	Eclipse platform embedded within medicines management team. Sharing of secondary care data into Eclipse for pathway development	Ongoing
Prevention programmes in place and/or in development	Warm home healthy people team. Shaping Places Healthy Lives. My Best Life social prescribing service. Primary care network social prescribing link workers, care coordinators and health and wellbeing coaches. Diabetes prevention programme. Barnsley Hospital Health Lives Team established. Barnsley Hospital selected to pilot an Alcohol Care Team. Get fit first in place to support people to lose weight and stop smoking before surgery to reduce risk of	Ongoing
Personalised budgets	Embedding with NHS Continuing Healthcare practice and adult social care	Ongoing
Personalised care planning	Patient activation measures embedded with the SWYPFT long term conditions management services. Year of care in primary	Ongoing
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	

Pending publication of PCN service specification for anticipatory care	Working group established to develop proactive care model focussed on mild to moderate frailty building on the learning from supporting vulnerable people through COVID and population segmentation analysis. Ongoing work with NHS Prescribing Solutions to configure local pathways for Barnsley beginning with frailty. Development of the Barnsley Vulnerability Index
Pending publication of PCN service specification for personalised care	Personalisation is identified as one of the cross-cutting themes of the Barnsley Health and Care Plan 2021/22. Providing joint training and development opportunities for health and care staff including strengths-based practice and shared decision making is one of the priorities of the Barnsley Health and Care Plan being taken forward through the workforce group
Strength and balance offer for people at risk of falls	BMBC have identified funding and proposals are in development to strengthen the local prevention offer for healthy ageing

## NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 6: FINANCIAL BALANCE & EFFICIENCY PLANS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
<ul style="list-style-type: none"> <li>Free up hospital beds</li> <li>Best value across all CCG expenditure</li> <li>Reduce avoidable demand</li> <li>Reduce unwarranted variation in clinical quality and efficiency</li> <li>Financial accountability and discipline for all trusts and CCGs</li> <li>Deliver financial balance in 2021/22</li> </ul>				Highest quality governance		✓					
				High quality health care		✓					
				Care closer to home		✓					
				Safe & sustainable local services		✓					
				Strong partnerships, effective use of £		✓					
Links to NHSE/ Planning Guidance											
F5 - Implement ICS-level financial arrangements											
<p>There is a risk that the continuation of the 2020/21 financial regime for Month 1-6 of 2021/22 limits the CCGs ability to deliver efficiency due to the impact of the Covid-19 pandemic and block contract arrangements in place for all NHS providers. Development of plans is critical in order that the CCG can achieve its statutory duty to breakeven with a balanced budget position for 2021/22. National guidance relating to H2 (October-March 2022) remains outstanding as at 14 September, this contributes further risk to the CCG with detail on allocations and block arrangements remaining unknown.</p>											
Committee Providing Assurance		FPC		Executive Lead		RN		Clinical Lead		Various	
Risk rating	Likelihood	Consequence	Total					Date reviewed		Oct-21	
Initial	4	4	12					Rationale: Likelihood currently judged to be likely and will be kept under review. Consequence judged to be 'major' in light of potential impact on statutory duties, performance ratings, and organisational reputation.			
Current	3	4	12								
Appetite	3	4	12								
Approach	Tolerate										
Key controls to mitigate threat:						Sources of assurance				Rec'd?	
Structured project management arrangements in place to support delivery						Monthly reports to Finance & Performance Committee and Governing Body				Ongoing	
QIPP Delivery Group continues to be in place to maintain oversight of the QIPP programme a system wide efficiency group is also in place to ensure costs can be taken out of the system across partners						Ongoing engagement with primary care, secondary care and internal management to support delivery of schemes, with a view to taking costs out of the system and ensure effective use of the Barnsley £.				Ongoing	
Clinical Forum provides clinical oversight of projects										Ongoing	
Continued development and review of the CCG's Medicines Optimisation QIPP 2021/22 to deliver prescribing efficiencies (high value scheme)						Clinical Pharmacists and Medicines management team continue to engage with Primary care and a validation of all efficiencies reported as delivered is undertaken within the Medicines Management team. Medicines optimisation schemes have been commenced and the impact will be reported. There is a potential risk due to the covid vaccination programme that Prescribing QIPP may be restricted but this will be monitored with the Head of Medicines Management.				Ongoing	
Gaps in assurance						Positive assurances received					
If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care, there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.						Discussions with partners remain positive and are ongoing in relation to the contract position for 2021/22 and beyond. Despite a lack of national guidance the CCG has begun developing its financial plan for the period known as H2 (October to March 2022), with efficiency plans developed across CHC and Prescribing for the full year.					

Gaps in control	Actions being taken to address gaps in control / assurance
<p>13/31 - There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery and monitoring arrangements, the CCG will not achieve its statutory financial duties and NHS England business rules.</p>	<p>The CCG is currently monitoring the efficiency plans in place around Prescribing and CHC. All other efficiency requirements will be met through reductions in expenditure given the impact of Covid-19 and the timescales to deliver plans. The programmes of work agreed at Governing Body do however need to continue to be progressed to ensure improved patient care and access as well as ensuring services remain financially sustainable through delivery of efficiency to close the gap that remains across Barnsley place from 2021/22 and beyond. Plans continue to be progressed, however the impact of Covid does remain a barrier to implementation and is likely to continue as we approach 2022/23.</p>

PRIORITY AREA 7: TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISTIC SPECTRUM CONDITIONS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
Transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals by: -Reduce inappropriate hospitalisation and lengths of stay to be as short as possible - Improve access to healthcare and deliver annual physical health checks (eg cervical screening) -Invest in community teams -Ensure all children with learning disabilities, autism or both receive Community Care, Education and Treatment Review (CETR) if appropriate - Ensure all adults with learning disabilities, autism or both receive Community Care and Treatment Review (CTR) as appropriate -Increase uptake on annual health checks and learn from learning disability mortality reviews Ofsted readiness in terms of the imminent local area Joint SEND Inspection Improve adult waiting times for autism and ADHD assessments - maintain the improvements within the Children and young peoples autism assessment and diagnostic pathways to ensure the pathways remain NICE compliant				Highest quality governance High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		There is a risk that if the CCG and its partners are unable to provide focussed case management and wrap around services the following negative consequences may result: -People with a learning disability or autistic spectrum conditions will enter hospital inappropriately -There will be difficulty discharging current patients -Potential prohibitively high cost of meeting needs -Inability of current provider market to meet needs -Difficulty in ensuring that the quality of care is high - Insufficient funding to ensure the appropriate level of care within the community Insufficient funding to develop improved pre and post diagnostic support for people with autism / ADHD / LD			
				Links to NHSE/ Planning Guidance C3& E1 - Expand and improve mental health services and services for people with a learning disability and/or autism & Transforming community services and improve discharge					
Committee providing assurance		FPC & QPSC		Executive Lead		PO / AR		Dr M Smith	
Risk rating	Likelihood	Consequence	Total			Date reviewed		Oct-21	
Initial	4	3	12			Rationale: likelihood assessed as 4 'likely' because the local market is not sufficiently developed to enable all aspects of the transforming care plan to be delivered. Consequence judged to be moderate (3) because in terms of direct impact higher levels of care are viewed as 'safer' but longer term promoting independence and quality of life is compromised, hence this focus by NHSE.			
Current	4	3	12						
Appetite	4	3	12						
Approach				Tolerate					
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
A Complex Case Manager for Transforming Care patients has been in post from May 2019. The postholder will ensure CTR's and CETR's will be undertaken in a timely manner to ensure clients receive the most appropriate care in environments as close to Barnsley as possible.				Commissioning updates provided to Governing Body with any Quality issues escalated to Quality & Patient Safety Committee. Twice yearly update reports to CCG Governing Body. Formal reporting / governance structure within the South Yorkshire and Bassetlaw Transforming Care Programme Board  Monthly meetings held with all CCG's and the regional lead for the Transforming Care Programme. Weekly reports provided by the TCP Complex Case Manager to NHS E/I.				Ongoing	
Appropriate services are being developed within Barnsley, where appropriate, to enable some of the most complex patients to return to Barnsley and be cared for within the local community. Detailed plans, with timescales, have been developed for each patient identified within the Transforming Care cohort, to return these patients to appropriate local community settings as quickly and as safely as possible to improve their life outcomes								Ongoing	
Formal reporting and Governance arrangements to transfer to the SYB ICS Transforming Care Programme Board whilst maintaining strong partnership arrangements with Calderdale, Wakefield and Kirklees (Transforming Care Partners CKWB). The West Yorkshire and Barnsley ATU provision has been re-designed and moves from 3 units to 2 units (based at Wakefield and Bradford) to deliver services as part of a Centre of Excellence.								Ongoing	
An all-age Autism strategy is being developed to support service transformation and improve the life outcomes of people with autism.								Ongoing	
An LD Strategic Health & Social Care Improvement Group has been established and is overseeing the action plan to improve the uptake of Annual Health Checks for people with LD and / or Autism. This group will also heavily influence the development of the autism strategy and connect the work progressing in terms of improving support for people with an LD and / or Autism. This group will also oversee the implementation of the keyworker role for children with autism and / or LD - currently there are keyworker pilots in operation in a number of South Yorkshire localities from which the learning will be shared - NHS E/I expect the children's keyworker role to be implemented by all areas no later than 2022/23.								Ongoing	
The SEND lead for the CCG has been identified as the Head of Commissioning (Mental Health, Children's, Maternity). A Designated Clinical Officer has been appointed and will be line managed by the Specialist Clinical Portfolio manager who together will take responsibility for the SEND agenda from a CCG perspective. Barnsley local area are still awaiting the CQC/Ofsted Joint SEND Inspection. The outcomes of the inspection will be shared with Governing Body members								Ongoing	
NHS E/I have amended the LeDeR review process. Local and regional processes will be enhanced / developed to ensure all learning from these reviews are embedded within practice within the Borough								Ongoing	
Gaps in control				Actions being taken to address gaps in control / assurance					
Plans are to be established to improve the uptake of Annual physical Health checks for people with LD									

PRIORITY AREA 8: MATERNITY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
Continue to work towards delivering the recommendations of 'Better Births' and the ambitions of the NHS Long Term Plan. implement the Saving Babies' Lives care bundle version 2 to further reduce still birth, neonatal deaths, maternal deaths and brain injuries. Implement the SYB LMS (Local maternity service) - - Improve maternity safety, choice and personalisation - Liaise closely with the local MVP (Maternity Voice Partnership) to ensure local women are able to influence and shape the delivery of future services Deliver all recommendations contained within the Ockenden report within the required timescales Achieve the recommended targets in respect of the continuity of carer model				Highest quality governance High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		There is a risk that the key deliverables will not be achieved if the following risks to delivery are not appropriately managed and mitigated: 1/ Lack of sufficient investment in additional staff resources to enable 'continuity of carer' 2/ LMS to oversee responses to Ockenden report and influence developments of all localities implementing the recommendations of 'Better Births' 3) LMS to invest transformation funding fairly within the locality to ensure local service developments can be implemented as agreed 4/ Lack of staff rotation between hospital and community based services may reduce the likelihood of fully delivering continuity of carer	
				Links to NHSE/ Planning Guidance C4 - Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review			
Committees providing assurance		FPC & QPSC	Executive Lead		PO	Clinical Lead	Dr M Smith
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>			<b>Date reviewed</b>	
Initial	4	3	12			Oct-21	
Current	4	3	12			Rationale: Likely primarily due to the staffing issue inherent in delivering continuity of carer and there are no additional funding streams available.	
Appetite	3	4	12			Consequence is moderate because this is primarily a local issue which will potentially result in the late delivery of the key objective within the better birth recommendations of delivering the 'continuity of carer.'	
Approach	Tolerate						
<b>Key controls to mitigate threat:</b>				<b>Sources of assurance</b>			<b>Rec'd?</b>
Continuity of carer teams are established in Barnsley and Barnsley is on track to achieve the recommended CoC target of 57% by March 2022.				NHSE LMS assurance process			Ongoing
CQB for each provider reports to Q&PSC				Yorkshire and Humber maternity dashboard (enables benchmark)			Ongoing
LMS oversight - Governing Body receive twice yearly / ad-hoc assurance reports				Reporting into QPSC, minutes to Governing Body with specific issues escalated by the Quality Highlights Report			Ongoing
the local based maternity plan includes increasing the choice of where to give birth from the current two options available to the recommended three options (consultant led, home and midwifery led)							Ongoing
Enhanced specialist smoking cessation support for women who smoke during pregnancy will be provided							Ongoing
<b>Gaps in assurance</b>				<b>Positive assurances received</b>			
				SYB ICS LMS positively assured Barnsleys response to the Ockenden report			
<b>Gaps in control</b>				<b>Actions being taken to address gaps in control / assurance</b>			

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
1. Development of a system wide shared care record 2. Ensure the delivery of the GP IT Futures Model to: - Comply with mandatory core standards re: interoperability and cyber security - Ensure HSCN supports effective and fast connectivity - Support the identification of equipment that poses a threat to cyber security e.g. pre Windows 10 software - Support the implementation and roll out of the GPIT refresh of IT equipment - Support the wider use of digital technology as described within the Long Term Plan - Working closely with the SY&B digital and IT workstream to deliver the digital road map - Delivery of O365 across Barnsley - Support the transition of video and online consultation software as the Doctorlink contract ends - Support the delivery of the Digital Primary Care First projects - Support the development of the Digital Citizen project in collaboration across "place" - Support the GP practices with digitisation of the Lloyd George records when confirmed by NHSEI - Support the roll out of the corporate Wi-Fi solution - Support the resilience work at Hilder House with the servers and CCG corporate IT needs - Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hilder House 3. Development of a Barnsley "place" Digital Strategy that reflects the "system" digital strategy and aligns with the emerging Eststes strategy				Highest quality governance High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated: - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust - Primary Care colleagues fatigued with the amount of IT work scheduled - Short timelines to deliver projects - Supplier and equipment delays - constructive and timely engagement by system partners to deliver a SCR by 20/21 - system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work - Incomplete information available from NHS Futures regarding future work.	
				Links to NHSE/I Planning Guidance F3 - Develop the underpinning digital and data capability to support population-based approaches			
Committees providing assurance		PCCC & SMT	Executive Lead		JB	Clinical Lead	JH
Risk rating	Likelihood	Consequence	Total			Date reviewed	Oct-21
Initial	3	4	12			Rationale: Likelihood has been scored at 3 as transition to new provider has been successfully completed but will be kept under review. Consequence has been scored at 4 given the major impact on the CCG and the system if digital and It technology is not safeguarded and fully exploited.	
Current	3	4	12				
Appetite	3	4	12				
Approach	Tolerate						
Key controls to mitigate threat:				Sources of assurance			Rec'd?
Barnsley IT Strategy Group				Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB			Ongoing
BBS IT Delivery Group and BBS Digital Strategy Group established				Monthly meetings to review progress of the delivery of key projects and programmes. Updates to SMT, GB and PCCC			Ongoing
GP IT and Corporate IT service commissioned from BBS IT Services, the successor to eMBED. The new shared service is now establishing working protocols. Shared staffing allows for technical and network experience to be available to the CCG. Additional staffing to be secured if Digital First EOIs are successful as bids include resource.				CCG representatives attend the BBS IT Delivery Group and BBS Digital Strategy Group. KPIs and other performance monitoring data is provided and reviewed. Issues would be escalated to SMT in first instance.			Ongoing
SYB has led a procurement leading to the identification of Doctorlink as the preferred local provider of online consultation services. Contact in place until Oct 2021 with another 2 year option.				Every Barnsley practice has Doctorlink installed for use within their practice.			Complete

Redcentric become the commissioned service to maintain HSCN	Transition to new HSCN network now complete across the Barnsley CCG & primary care estate	Complete
<b>Gaps in assurance</b>	<b>Positive assurances received</b>	
Governance process to be established for the IT groups eg link with the IT Strategy group and the CCG Operational Group		
<b>Gaps in control</b>	<b>Actions being taken to address gaps in control / assurance</b>	

## NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 10: COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY																																																																								
<ul style="list-style-type: none"> <li>Delivery of all the CCG's statutory responsibilities</li> <li>Deliver statutory financial duties &amp; VFM</li> <li>Improve quality of primary &amp; secondary services (inc reductions in HCAI, ensuring providers implement learning from deaths, and reductions in medication errors);</li> <li>Involve patients and public;</li> <li>Promote Innovation;</li> <li>Promote education, research, and training;</li> <li>Meet requirements of the Equality Act;</li> <li>Comply with mandatory guidance for managing conflicts of interest</li> <li>Adhere to good governance standards.</li> </ul>				Highest quality governance		<p>There is a risk that if the CCG fails to deliver its statutory duties, due to weaknesses in its corporate governance and control arrangements, it will result in legal, financial, and / or reputational risks to the CCG and its employees.</p>																																																																								
				High quality health care				✓																																																																						
				Care closer to home				✓																																																																						
				Safe & sustainable local services				✓																																																																						
				Strong partnerships, effective use of £				✓																																																																						
Links to NHSE/ Planning Guidance																																																																														
Committee Providing Assurance				Audit Committee		Executive Lead		RW		Lay / Clinical Leads		MG,JS,NBa, NBe, CM																																																																		
Risk rating		Likelihood	Consequence	Total		<table border="1" style="display: none;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial</th> <th>Current</th> <th>Appetite</th> <th>Approach</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>M</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>J</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>J</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>A</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>S</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>O</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>N</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>D</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>J</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>F</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> <tr> <td>M</td> <td>2</td> <td>2</td> <td>3</td> <td>Tolerate</td> </tr> </tbody> </table>				Month	Initial	Current	Appetite	Approach	A	2	2	3	Tolerate	M	2	2	3	Tolerate	J	2	2	3	Tolerate	J	2	2	3	Tolerate	A	2	2	3	Tolerate	S	2	2	3	Tolerate	O	2	2	3	Tolerate	N	2	2	3	Tolerate	D	2	2	3	Tolerate	J	2	2	3	Tolerate	F	2	2	3	Tolerate	M	2	2	3	Tolerate	Date reviewed		Oct-21	
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M	2	2	3	Tolerate																																																																										
Initial		2	5	10		<p>Rationale: Likelihood is 'unlikely' as arrangements now well established. Consequence is catastrophic due to very significant quality, financial &amp; reputational impact of failure.</p>																																																																								
Current		2	5	10																																																																										
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Key controls to mitigate threat:						Sources of assurance						Rec'd?																																																																		
Overall: Constitution, Governance Handbook, Prime Financial Policies, and suite of corporate policies						Audit Committee provides oversight, supported by internal & external audit reports & opinions, LCFS work etc						Ongoing																																																																		
Governing Body & Committee Structure underpinned by clear terms of ref and work plans						GB members sit on Committees. All Committee minutes taken to GB and significant issues are escalated. Committees produce annual assurance reports for the GB.						Ongoing																																																																		
Management Structure - responsibilities clearly allocated to teams and individuals						Management action monitored by regular senior management team meetings. SMT decisions with a financial consequence reported through F&PC.						Ongoing																																																																		
Finance: Budgetary control, contract monitoring & QIPP monitoring arrangements. Scheme of Delegation requires SMT approval for spending commitments <£100k and GB approval over this level.						Financial Plan signed off by GB each year. Monthly finance report to FPC and GB; internal & external audit reviews and opinions; GB formally adopt annual report & accounts.						Ongoing																																																																		
Performance monitoring arrangements						Integrated Performance Reports to FPC provides assurance across all NHS Constitution pledges. Summary reports to GB.						Ongoing																																																																		
Quality: comprehensive and well established arrangements in place to monitor, assure and improve the quality of all commissioned services including Clinical Quality Boards, Quality Assurance visits, benchmarking, Primary Care Quality Improvement Tool, outcomes from CQC inspections in both primary and secondary care, review of serious incidents and never events, complaints & compliments, review of FFT, nurse leads for safeguarding adults & children who represent the CCG on the local safeguarding boards.						Reporting of all relevant information to the Quality & Patient Safety Committee, with assurance to Governing Body through Quality Highlights reports and sharing of minutes.						Ongoing																																																																		

<p>Patient &amp; Public Involvement: strategy in place, well established Patient Council and development of a local/regional citizen's panel, Healthwatch Barnsley holds independent role on engagement and equality committee and primary care commissioning committee, co-ordination of activity with partners, appropriate engagement &amp; involvement re service changes, membership of consultation institute, active patient reference groups locally, funding provided to Barnsley Council to provide community engagement activity and to support a robust and sustainable third sector.</p>	<p>Oversight by Equality &amp; Engagement Committee. Assurance to Governing Body via minutes and bi-monthly PPI Summary reports. In previous years Internal Audit Reviews and NHSE assurance process also provided assurance re robustness of our arrangements. Compliance with statutory guidance on patient and public participation in commissioning health and care is assessed via the NHSE 'improvement and assessment framework'. (rated green in 2017/18, 2018/19 and 'Green Star' in 2018/19).</p>	<p>Ongoing</p>
<p>Equality: EDS2 used to ensure compliance with PSED requirements; Equality Action Plan monitored via E&amp;D Group and E&amp;E Committee; E&amp;D Lead; E&amp;D training provided to all staff; EQIA policy in place and EQIAs attached to GB papers where appropriate; Staff survey results considered &amp; acted upon; HR policies approved &amp; embedded.</p>	<p>Progress monitored by Equality, Diversity &amp; Inclusivity Group and reported quarterly to Equality &amp; Engagement Committee. Assurance to GB via E&amp;E Committee Minutes and annual assurance report. Summary of key actions on CCG website each year.</p>	<p>Ongoing</p>
<p>Conflicts of Interest: standards of business conduct policy in place &amp; compliant with statutory guidance; registers of interests maintained &amp; published; declared conflicts managed in meetings and / or during procurements; online training provided to key staff; oversight by Audit Committee; Conflicts of Interest Guardian in place; PCCC has delegated authority where GB cannot make decisions.</p>	<p>Oversight by Audit Committee. Regular reports to GB. Declarations at every Committee and GB meeting. Annual IA review of arrangements. NHSE Quarterly self certification process.</p>	<p>Ongoing</p>
<p>Information Governance: strategy &amp; policies in place, SIRO / Caldicott Guardian identified, training provided for all staff, information asset register in place, committee report &amp; business case template prompts consideration of IG issues. GDPR / compliant processes in place. DPO service provided by third party provider.</p>	<p>DSP Toolkit (formerly IG Toolkit) compliance achieved every year. Reporting via IG Group==&gt;QPSC==&gt;GB.</p>	<p>Ongoing</p>
<p>Risk Management: Risk management framework (GBAF and RR) provides assurance that risks have been identified and are being managed</p>	<p>GBAF and Risk register updated monthly and considered at all Committees and meetings of the GB</p>	<p>Ongoing</p>
<p>Health &amp; Safety and Business Continuity Group established to oversee compliance with statutory Fire &amp; Health &amp; Safety &amp; Business Continuity requirements</p>	<p>Annual Report &amp; update reports taken to Audit Committee.</p>	<p>Ongoing</p>
<p>MAST: Statutory &amp; Mandatory training programme in place for all staff, inc GB members, as well as IPR reviews, development sessions for Governing Body inc conflicts of interest, risk management &amp; assurance etc</p>	<p>L&amp;D team provides dashboard which is considered by management team on a regular basis.</p>	<p>Ongoing</p>
<p><b>Gaps in assurance</b></p>	<p><b>Positive assurances received</b></p>	
	<p>The CCG received a 'Green Star' rating from NHSE in respect to compliance with statutory guidance on patient and public participation in the 2018/19 IAF ratings published in July 2019, and the 2019/20 ratings published in November 2020.  The CCG received a 'significant assurance' opinion from Internal Audit following its review of the Governance &amp; Risk Management arrangements (Sep 2019).  The CCG received a 'significant assurance' opinion from internal audit on its conflicts of interest arrangements (Dec 2020).  The CCG received a 'substantial assurance' opinion from internal audit on the Integrity of the General Ledger and Financial Reporting (Jan 2021).  The CCG received a 'significant assurance' Head of Internal Audit Opinion at the conclusion of the 2020-21 Internal Audit programme (June 2021)  The CCG received an unqualified opinion from KPMG on the CCG's Annual report &amp; Accounts 2020-21 (June 2021)</p>	
<p><b>Gaps in control</b></p>	<p><b>Actions being taken to address gaps in control / assurance</b></p>	

<p>RR 20/03 If the BCCG CHC team is unable to deliver its recovery plan to enable the backlog of reviews to be cleared and new cases to be processed in a timely way, with robust case management processes in place that demonstrate value for money whilst not compromising quality of care , there is a risk of adverse financial consequences for the CCG and inappropriate or out of date care packages being provided for patients which potentially would not be meeting their health needs. This could also have implications on meeting the KPI's as set by NHSE.</p>	<p>All reviews are now on 'real time' with performance against the NHSEI KPI's still being achieved. LD Nurses is now a risk as one is on maternity leave and another has resigned from the post. This leaves a 0.8 WTE LD nurse. The post has gone out to advert with interviews scheduled for the 9th September. SMT have approved an agency LD nurse can be appointed for 8 weeks.</p>
<p>13/13 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>The risk has been escalated back up to red due to concerns about current level demand and 2 serious incidents relating to Barnsley patients. Performance monitoring continues. Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.</p>
<p>RR 14/15 Discharge medication risks related to poor or incomplete D1 discharge letters</p>	<p>A designated shared BHNFT email address for Community Pharmacy (CP) DMS reconciliation queries has been set up and clinical pharmacists are being copied into emails. A DMS working group has been established to plan &amp; develop DMS and discuss issues.</p> <p>BHNFT is arranging a meeting for the D1 Group.</p>

**NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

<b>PRIORITY AREA 11: DELIVERY OF ENHANCED HEALTH IN CARE HOMES</b>				<i>Delivery supports these CCG objectives:</i>	<b>PRINCIPAL THREATS TO DELIVERY</b>	
Delivery of all 17 elements and sub elements of the Barnsley Care Homes Delivery Plan. This includes the elements of the Enhanced Health in Care Homes (EHCH) Framework and the Covid-19 Pandemic specific support. 1. Engagement with care homes on all requisites of the delivery plan 2. EHCH Primary Care Network (PCN) Specification 3. Named Clinician for each care home 4. Coordinated health and social care MDT support 5. Specialist Support 6. Out of Hours support 7. Infection Prevention and Control (IPC) including Personal Protective Equipment (PPE) 8. Mutual Aid 9. Testing / Swabbing 10. Medicines 11. Equipment 12. Discharge to Assess (D2A) and Intermediate Care (IMC) 13. Secondary Care support 14. Personalised care 15. Workforce support 16. Technology 17. Integrated Care System link-in				Highest quality		There is a risk that the CCG will not be able to deliver the elements of the Care Homes Delivery Plan if the following issues are not mitigated: 1. Acuity of the Covid 19 need across Barnsley meaning that the more transformational elements of the plan will need to be shelved or slowed down. 2. Decrease in bed occupancy and risk to business viability and market sustainability 3. Financial pressures and priorities 4. CCG not having direct input and oversight of quality assurance monitoring and safeguarding in care homes 5. Best use of technology in care homes - variance types of technology used and in consistency of use 6. Potential IG issues in current methods of remote consultation using IT equipment 7. Insufficient staff/resource (Matrons, Clinical Pharmacists and some GP practices) to undertake delivery of MDTs in care homes. 8. Availability of essential equipment (e.g PPE) 9. Interdependencies with other work streams and potential for gaps in communication and escalation of issues
				High quality health	✓	
				Care closer to home	✓	
				Safe & sustainable	✓	
				Local services Strong	✓	
				<b>Links to NHSE/I Planning Guidance</b>		
<i>Committee Providing Assurance</i>			<b>Q&amp;PSC</b>	<i>Executive Lead</i>	<b>JW</b>	<i>Clinical Lead</i>
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>			<b>Date reviewed</b>
Initial	3	4	12			Likelihood assessed as 3 'possible' taking into account learning from Phase 1 responses, service delivery, issues and risks; discussions about the risk and issues in recovery phase; and
Current	3	4	12			
Appetite	3	4	12			

Approach	<b>Tolerate</b>	A M J J A O N D J	about the risk and issues in recovery phase, and emerging picture in new phase of the pandemic in light of pending Winter pressures. Consequence assessed as 4 'major' given potential impact on Barnsley patients if the deliverables are not achieved
<b>Key controls to mitigate threat:</b>		<b>Sources of assurance</b>	
Delivery work plan and risk log in place		Monitored and managed via a multi - agency Delivery Group and Bronze	
Barnsley Care Homes Plan is being reviewed alongside the role of the Care Home Delivery Group to ensure the plan supports recovery and ongoing improvement in the support to care homes, recognising the significant impacts of COVID19		Work being led by the CCG Chief Operating Officer and BMBC Head of Joint Commisisoning. Will feed into ICDG to agree priorities and future governance and delivery arrangements.	
<b>Gaps in assurance</b>		<b>Positive assurances received</b>	
<b>Gaps in control</b>		<b>Actions being taken to address gaps in control / assurance</b>	

## NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 12: DELIVERING THE COVID VACCINATION PROGRAMME & MEETING THE NEEDS OF PATIENTS WITH COVID-19				<i>Delivery supports these CCG objectives:</i>		PRINCIPAL THREATS TO DELIVERY		
<ul style="list-style-type: none"> <li>All adults to be offered a first dose of the vaccination by the end of July 2021</li> <li>Maximise uptake by engaging with local communities to increase vaccination uptake and reduce vaccine hesitancy</li> <li>Work with partners to maximise capacity to deliver the vaccination programme through the mixed delivery model including GP/PCN sites, vaccination centres, hospital hubs and community Pharmacy</li> <li>Support General Practice to deliver phase 2 of the vaccination programme for cohorts 10-12 (18 - 49 year olds)</li> <li>Delivery of COVID 19 booster programme from Autumn</li> <li>Support delivery of COVID 19 vaccination of Children - in line with guidance by JCVI</li> <li>Delivery of home oximetry, post covid assessment and support for patients with 'Long COVID'</li> </ul>				Highest quality governance				
				High quality health care		✓		
				Care closer to home		✓		
				Safe & sustainable local services		✓		
				Strong partnerships, effective use of £		✓		
				<b>Links to NHSE/I Planning Guidance</b>				
				B - Delivering the covid vaccination programme and continuing to meet the needs of patients with covid-19				
				<p>There is a risk that the CCG will not be able to deliver the covid vaccination programme and meet the needs of patients with covid-19 if the following issues are not mitigated:</p> <ol style="list-style-type: none"> <li>1. Staffing capacity being sufficient to continue to deliver the vaccination programme,</li> <li>2. Vaccination supply being insufficient to meet targets</li> <li>3. Negative public attitudes and hesitancy towards the vaccination impact upon uptake rates</li> <li>4. Engagement and support of all partners to maximise available capacity and uptake of the vaccine</li> <li>5. Understanding of the number of 'Long</li> </ol>				
<i>Committee Providing Assurance</i>			<b>TBC</b>	<i>Executive Lead</i>		<b>JW</b>	<i>Clinical Lead</i>	
<b>Risk rating</b>	Likelihood	Consequence	<b>Total</b>				<b>Date reviewed</b>	<b>Oct-21</b>
Initial	3	4	12				Likelihood currently judged to be 'possible' as there are many external factors such as supply and changes to vaccine that could impact particularly on the delivery of the programme. Initial likelihood was likely but good progress has been made and early supply concerns have improved reducing the likelihood to possible. Consequence is judged as major due to the potential impact on both the	
Current	2	4	8					
Appetite	3	4	12					
Approach	<b>Tolerate</b>							

Key controls to mitigate threat:	Sources of assurance
<p>South Yorkshire and Bassetlaw COVID Vaccination Steering Board established providing oversight to the wider programme and ensuring arrangements for coordination across SYB including of vaccine allocations, addressing inequalities and ensuring appropriate mechanisms for delivery across Vaccination Centres, Hospital Hubs, General Practice and Community Pharmacy</p>	<p>Monthly - Steering Board made up of partners from key sectors across SYB. Jointly Chaired by SRO for the Lead Provider (CE Sheffield Teaching Hospital) and SRO for the Primary Care Programme (AO Doncaster CCG) Representation is also included from PH and LA's to ensure wider support</p>
<p>SYB Vaccine Delivery Group established to support coordination of delivery, ensure learning across SYB and maximise uptake across SYB.</p>	<p>Weekly - Chaired by SRO for the Primary Care Programme, coordinates allocation of the vaccine supply within SYB to ensure equitable supply and progress across all areas. Workstreams include, delivery models, health inequalities, staffing, engagement, communications and data.</p>
<p>Barnsley Vaccination Group in place, bringing together local partners across Primary, Community and Acute Care and the Local Authority to support delivery of the local delivery programme in Barnsley</p>	<p>Weekly - Chaired by COO Barnsley CCG. All partners represented. Focus on partnership support, working together, developing delivery models, responding to changes to guidance or requirements in relation to vaccine usage etc. Successfully coordinated delivery of vaccination programme for H&amp;SC workforce and phase 1 of the overall vaccination programme.</p>
<p>Barnsley Vaccination Engagement Group in place, bringing together local partners across Primary, Community and Acute Care and the Local Authority to support engagement activities and development of plans to target vaccination delivery models to meet the needs of local communities and reduce inequality in uptake</p>	<p>Weekly - Chaired by Service Director for Public Health, BMBC. Coordination of engagement activities and development of approaches including 'Make Every Contact Count' to maximise the reach of all teams across partners who have regular contact with local people and communities. Inequalities in uptake have been identified across different geographical communities and certain groups of the population and activity has been targetted to reaching these and maximising uptake.</p>
<p>Contractual arrangements in place with General Practices to delivery phase 1, 2 and 3 of the vaccine programme working collectively as a single PCN Grouping</p>	<p>All GP practices in Barnsley have signed up to delivery of the Vaccine Programme via the Enhanced Service. BHF is leading delivery of the programme on behalf of BP practices with the support of each practice in relation to delivery of local clinics in practice, workforce provision and inviting patients for vaccine/following up and recalling for 2nd dose.</p>

<p>3 Primary Care Hub Sites in place from which to coordinate and deliver local vaccination on behalf of General Practice to Barnsley patients who are eligible for the vaccine</p>	<p>Designated sites were approved by NHS England at Apollo Court, Dearne Valley Group Practice and Priory Campus. These Local Vaccination Service Hubs are managed by BHF on behalf of the Primary Care Network/GP practices. All local vaccination activity is coordinated via the 3 designated sites.</p> <p>Roaming vaccination models in place to deliver to residential settings, vulnerable groups such as those who are homeless and to housebound patients</p> <p>Pop up clinics in GP practices have taken place to deliver vaccine to groups of patients who may not have been able to access the vaccine at a local designated site.</p> <p>A range of booking methods are in place to ensure everyone is able to be invited and access a vaccine. This has included telephone calls, text messages, vaccine call centre and letter.</p> <p>All targets/expectations on uptake levels have been achieved with all over 50's offered a vaccine by mid April and the remainder of the adult population offered a first dose by the end of July 2021.</p> <p>Delivery has commenced to 16-17 year olds and eligible 12-15 year olds</p>
<p>Barnsley School Age Vaccination and Immunisation Service is leading the delivery of the school age vaccination programme for health 12 - 15 year olds.</p>	<p>Schedule in place to visit each secondary school in Barnsley to provide vaccination.</p> <p>Arrangements in place to vaccinate those who are home schooled or not attending school for other reasons.</p> <p>Arrangements in place to utilise local vaccination sites to offer vaccination to those not vaccinated in school.</p>
<p><b>Gaps in control</b></p>	
<p>• COVID 1 - Disruption to health and social care – hidden harm - During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This 'hidden harm' may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.</p>	<p><b>Actions being taken to address gaps in control /</b></p>

• COVID 2 - Backlog and demand surge - A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.

# RISK REGISTER – October 2021

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	11	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				<b>Total = Likelihood x Consequence</b>				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
COVID 1	5, 6	<p><b>Disruption to health and social care – hidden harm</b></p> <p>During the C19 peak healthcare seeking behaviours changed along with service delivery models resulting in lower urgent and emergency care presentations and fewer referrals to healthcare services. This 'hidden harm' may cause a double burden that may be caused by people not presenting or delaying presenting with new or existing conditions.</p>	5	5	25	<ul style="list-style-type: none"> <li>Relates to ability to recover</li> <li>ongoing analysis of mental health, but growing severity includes suicides look likely. Local and national initiatives to encourage people to still access primary care services and mental health services if they have any concerns.</li> </ul>	<p>Director of Commissioning</p> <p>CCG Gold Command</p> <p>F&amp;PC</p>	COVID-19	4	4	16	10/21	<p><b>Oct 2021</b> No further update.</p> <p><b>Sept 2021</b> Planned Care Programme Board continues to have oversight of the elective recovery work. Referral levels are now in line with pre-pandemic and above in some areas and therefore prioritisation and addressing Health Inequalities are key considerations.</p>	11/21

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
COVID 2	1,5, 6	<b>Backlog and demand surge</b> A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.	5	5	25	<ul style="list-style-type: none"> <li>Health and care saw a resurgence of COVID in the Autumn, with OPEL3-4 being hit and recovery being slowed.</li> <li>National lockdown has seen COVID cases and OPEL level reduce.</li> </ul> Plans in place to revisit recovery in a flexible way, including COVID-surveillance.	Director of Commissioning  CCG Gold Command  F&PC	COVID-19	4	4	16	10/21	<p><b>Oct 2021</b> No further update.</p> <p><b>Sept 2021</b> Planned Care Programme plan is in place to support elective recovery and reduce waiting lists – the number of 52 week waits continues to reduce in spite of increased referral rates.</p> <p><b>Aug 2021</b> No further update.</p>	11/21
CCG 21/02		If the Barnsley and South Yorkshire and Bassetlaw System are unable to commission care that	5	4	20	Chief Nurse to work across South Yorkshire and Bassetlaw to determine level of risk and action plan to be developed to develop the	Chief Nurse  Finance and Performance Committee	Complex Case team within the CCG	5	4	20	09/21		10/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>demonstrates value for money for complex patients, there is a risk that the market of private provision will create significant financial risk to the CCG. This is a national issue with provision for this cohort of patients being limited and therefore costly.</p> <p>The CCG needs to shape and develop the home care and residential care provider market working with the Local Authority and across the ICS where complex case provision needs development. If this does not happen and the provider framework is not reviewed the quality of care may be jeopardised, patients may need to be placed outside of area</p>				<p>market within NHS providers and within the private sector.</p> <p>The Chief Nurse to work with the LA/JCU to develop the Framework of providers.</p> <p>The Chief Nurse to work with the SY&amp;B Chief Nurses to explore options for a wider ICB solution.</p>	and QPSC							

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		and it is likely the costs will continue to rise.												
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 (with associated reputational damage, and (b) contractual over performance resulting in financial pressure for the CCG.	5	4	20	<p>Regular review of activity data as part of contract and performance management and monitoring arrangements.</p> <p>Other data reviewed and analysed to identify new opportunities to reduce non elective activity e.g. NHS Rightcare Packs, Dr Foster data etc.</p> <p>A&amp;E Delivery Board is established (Barnsley Urgent and Emergency Care Delivery Board) with responsibility for delivering improvements to urgent care services and achieving related targets. The Board is overseeing work to develop appropriate services to ensure that patients are able to access appropriate care and support outside of hospital, or in a different way in hospital utilising SDEC pathways and implementing</p>	<p>Chief Operating Officer</p> <p>(Finance &amp; Performance Committee)</p>	Contract and Performance Monitoring	5	4	20	10/21	<p><b>October 21</b> Activity levels continue to be higher than expected and ongoing covid restrictions are creating significant challenges with bed capacity and flow. Work continues to delivery UEC plan and identify further actions to mitigate pressures.</p> <p><b>Sept 2021</b> SYB ICS partners are working with NHSE to identify and deliver further improvements through the national iUEC programme. This is intended to help</p>	11/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						<p>a new model at the front of A&amp;E.</p> <p>Engagement with regional and SYB programme to implement 'Think 111' (Talk before you walk) model in partnership with Integrated Urgent Care providers</p> <p>Work ongoing with NHSE Emergency Care Improvement and Support Team (ECIST) to review pathways</p> <p>Additional Primary Care Capacity is in place for same day appointments through IHEART and Home Visiting Services</p> <p>Community 2 Hour rapid response in place accessed through the Rightcare Barnsley SPA</p> <p>Priority areas of work identified to support ICP vision and principles for proactive care and care out of hospital.</p>							<p>manage pressures and ensure those with urgent care needs can access support in the right place.</p> <p><b>Aug 2021</b> UEC Plan in place, priorities identified. Care Closer to Home Board leading work against priorities for out of hospital services and linking to Primary Care dev/ PCN</p>	

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 21/03		If issues in the timely reporting of data continue in relation to Continuing Health Care (Adult and Children) and complex case management (Including S117), this is likely to result in the financial forecast for this area to be misstated and lead to variation in the forecast position, creating financial risk.	5	4	20	Chief Nurse and CHC/complex case team to work on systems and processes within the team to ensure data is recorded and reported in a timely manner. The Chief Nurse, CHC/complex case and Finance team will also work with BMBC to ensure reporting issues relating to the brokerage of care are improved with a clear process in place from within BMBC brokerage/PHB and finance team.	Chief Nurse  Finance and Performance Committee  QPSC	Finance Team	5	4	20	09/21	<b>Sept 2021</b> Discussion to be held at the next BMBC interface meeting about improving timely receipt of Broadcare templates. A request will be made at that meeting for complex cases to be included in the CHC MoU.	10/21
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	4	4	16	Escalation of CCG concerns to BMBC senior management  Escalation via SSDG and health & wellbeing board  To be raised and discussed at H&W Board development Session (August 2018)	Jeremy Budd  (SSDG)	Added to the Corporate Risk register in context of long standing and frequently articulated concerns with respect to a basket of BMBC commissioned services notably:  0-19	4	4	16	10/21	<b>Oct 2021</b> Barnsley Health and Care Plan agreed by both CCG GB and BMBC cabinet. Joint commissioning being developed through active closer team working.  <b>Aug 2021</b> No further update.  <b>June 2021</b>	11/21

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		inequalities and poorer health outcomes.					Health Checks Weight management & smoking cessation					No further update.		
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce e.g. due to delays in recruiting into the ARRS roles there is a risk that: (a)Primary Medical Services for patients are inconsistent (b)The people of Barnsley will receive a poorer quality of healthcare services (c)Patients services could be further away from their home.	3	3	9	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles that will support the delivery of services.  The Network Contract DES has several deliverables that will support existing service delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley.  The Primary Care Strategy Group has a workforce element included within its transformation plans and will support the Barnsley "Place" Workforce Plan.  The Primary Care Strategy	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	11/21	<b>Nov 2021</b> There was an October submission from PCN to CCG, this has not yet gone to NHSE (Deadline end of November for CCG to submit). This has any changes to recruitment since last submission and forward projections for 2022/23 & 2023/24 - the same risks of retention and unable to recruit are there, and ongoing discussions being held between CCG and PCN.	12/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
					20	<p>Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a “place”.</p> <p>NHS England has published an Interim People Plan to support the workforce challenge.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students.</p>					20		September 2021 PCN workforce plan submitted to NHSE/I.	
20/03	3,5,6	If the Barnsley and South Yorkshire and Bassetlaw System are unable to commission care that demonstrates value for money for complex patients, there is a risk that the market of private provision will create significant financial risk to the CCG. This is a national issue with provision for this cohort of	5	4	20	<p>Adverts currently out to fill 3 vacant posts</p> <p>Extension of contracts of 2 agency nurses to 26.2.21 will support clearance of covid backlog</p> <p>Seeking to recruit a further 2 agency nurses to support with both backlog and new cases although it is currently difficult to find available suitably qualified individuals</p> <p>Discussion of risks and</p>	<p>Chief Nurse</p> <p>Finance &amp; Performance Committee</p> <p>And</p> <p>Quality &amp; Patient Safety Committee</p>	SMT discussion	5	4	20	08/21	<p><b>August 2021</b></p> <p>All reviews are now on ‘real time’ with performance against the NHSEI KPI’s still being achieved. LD Nurses is now a risk as one is on maternity leave and another has resigned from the post. This leaves a 0.8 WTE LD nurse. The post has gone out to</p>	09/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		patients being limited and therefore costly.				<p>issues to take place at Governing Body in January 2021</p> <p>Development of training plan for the CHC team on case management and handling difficult conversations with patients, families and carers.</p> <p>Ensure protocols are developed to provide appropriate guidance and consistency to staff and patients in relation to the cost of care packages and rationale for the level of care provided.</p>						<p>advert with interviews scheduled for the 9<sup>th</sup> September. SMT have approved an agency LD nurse can be appointed for 8 weeks.</p> <p><b>June 2021</b> Training matrix / Plan in place and signed off. Both vacancies filled and nurses are just finishing induction, both nurses remain in probation period. Operational Lead meets with Chief Nurse weekly to discuss position of the service and monthly to review trajectory plans. Review of current processes being undertaken. Backlog of outstanding reviews still</p>		

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
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 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	4	4	<b>16</b>	Ongoing discharge medication risks escalated to BCCG Chief Officer and Chief Executive of BHNFT resulted in 2 quality risk meetings (August and November 2016).  Area Prescribing Committee (APC) monitor concerns and will report 2017 audit to the Quality & Patient Safety Committee.  A working Group (with reps from Practice managers Group & BHNFT) looking at D1 Discharge Summary Letters.	Head of Medicines Optimisation  (Quality & Patient Safety Committee)	Risk Assessment & audit of discharge letters	4	5	<b>20</b>	06/21	<b>June 2021</b> A designated shared BHNFT email address for Community Pharmacy (CP) DMS reconciliation queries has been set up and clinical pharmacists are being copied into emails. A DMS working group has been established to plan & develop DMS and discuss issues.  BHNFT is arranging a meeting for the D1 Group.  <b>Feb 2021</b> Risk increase	07/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>accounted for by the hospital clinicians or an error has been made or not accept clinically important changes as not confident about the reasons for the change.</p> <p>2. Clinically significant safety alerts, such as contraindicated combinations of medication, are being frequently triggered by primary care prescribing systems during post discharge medicines reconciliation when adding medicines to the Patients Primary 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</p>											<p>from 3x5=15 to 4x5=20. TO BE APPROVED AT Q&amp;PSC IN APRIL 2021.</p> <p>The national Community Pharmacy Discharge Service was launched on 15th February 2021. Community Pharmacies will be receiving D1 letters and will ( in addition to GP practices) be undertaking medicines reconciliation against their PMR systems ( medicines supply pre admission). This service will be significantly affected (clinical risk and efficiency) by the quality of the discharge meds information.</p>	

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		sufficiently robust.											The mapping of hospital systems and audit work remains on hold due to impact of COVID-19.	
13/13	1,5, 6	If improvement in Yorkshire Ambulance Service (YAS) performance against the ARP response time targets is not secured and sustained, there is a risk that the quality and safety of care for some patients could be adversely affected.	4	5	20	July 2016 Regular consideration of YAS incident reporting by QPSC and GB to understand the frequency and severity of incidents associated with ambulance response.	Chief Nurse  (Quality & Patient Safety Committee)	Risk Assessment	3	5	15	11/21	<p><b>Nov 2021</b> The risk rating remains the same due to continued concerns about current levels of demand and a further serious incident involving an ambulance delay for a Barnsley patient.</p> <p><b>August 2021</b> The risk has been increased due to concerns about current level demand and 2 serious incidents relating to Barnsley patients.</p>	12/21

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 19/05 added Dec 2019	6  5  3	<p><b>If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks for the CCG across a number of areas, as follows:</b></p> <p><b>a) Quality and Patient Safety Risks</b> Delayed discharges due to staff not being able to obtain care packages leading to patients not being able to be in preferred place of care at end of life.</p> <p>b) Patients at home without a care package or a care package that is not being delivered as required.</p>	5	4	20	<p>1) Chief Nurse has raised issue with BMBC Joint Commissioning Team. BMBC is due to hold meetings with both their in house provider and contracted providers to try and get more detail around current capacity as well as longer term issues and look at any possible options to address those. A wider meeting with home care providers is planned for November 2019.</p> <p>2) CHC EOL team to: a) email all providers each morning requesting what care package vacancies they have b) liaise with Rightcare Barnsley to provide updates on care packages c) offer 24 hour placement in residential/NH to all patient awaiting a care package in hospital to prevent delayed discharge and then to continue to try and procure a care package to transfer patient to their own home. d) explore additional support</p>	Chief Nurse  QPSC	End of Life Team in BCCG Continuing Healthcare Team	5	3	15	08/21	<p><b>August 2021</b> BMBC Brokerage will be taking the role of brokering EOL packages of care on behalf of the CHC Team from September 2021. Work is still ongoing in Joint Commissioning with regards to the domi. care provider framework.</p> <p><b>June 2021</b> BMBC have undertaken a review regarding the framework of domiciliary providers. CHC Operational Lead and Chief nurse discussed one provider approach for EOL care. There is a meeting arranged for June 2021 with BMBC Joint commissioner</p>	09/21

	2	<p><b>b) Financial Risks</b> Increased costs to CCG due to having to obtain care from specialist providers</p> <p>Delayed discharges will affect CCG's efficiency plans</p> <p><b>c) Performance Risks</b> Delayed discharges impact upon patient flow which could affect delivery of 4 hour A&amp;E standard and elective waiting times.</p> <p>Increase in non-elective admissions to hospital because of patients being left without care in the community.</p>				<p>from neighbourhood nursing service/ palliative care services in Barnsley</p> <p>e) Care packages to be spot purchased from any provider</p> <p>f) CHC EOL team to contact care providers on Barnsley borders to identify if they could pick up packages just over the borders.</p>						manager to scope out the possibility of one provider		
CCG 13/31/ COVID 4	1,2, 3, 8	There is a risk that if the CCG does not develop a robust QIPP plan supported by effective delivery and monitoring arrangements, the CCG will not achieve its statutory financial duties and NHS England business rules.	3	4	12	<p>A Programme Management Office is established with monthly reports on progress against targets through revised organisational governance arrangements: QIPP Delivery Group reporting to Finance and Performance Committee and onward to the Governing Body.</p> <p>Monthly Reports on the CCG's financial position and forecast outturn to Finance and Performance Committee and</p>	<p>Chief Finance Officer</p> <p>Governing Body</p> <p>(Finance &amp; Performance Committee)</p>	Risk Assessment	3	4	12	08/21	<p><b>August 2021</b></p> <p>The CCG is operating within a continuation of the 2020/21 financial framework with the year split into two known as H1 and H2. H1 funding allocations have been provided and whilst the financial</p>	11/21

					<p>Governing Body as part of Integrated Performance Report (IPR)</p> <p>Robust financial management is in place for each area of budget with monthly budget meetings to identify variances from budget and mitigating actions.</p> <p>Development of further QIPP programmes and savings schemes to be overseen by Programme Management Office.</p> <p>Budget Holders receive training and support from the finance team to allow variations from plan and mitigating actions to be identified on a timely basis.</p> <p>Prime Financial Procedures and Standing Orders are in place</p> <p>Internal Audit Reports on general financial procedures and Budgetary Control Procedures (including review of shared service functions) Annual Governance Statement</p> <p>Local Counter Fraud Specialist Progress Reports to Audit Committee</p> <p>Annual Report &amp; Accounts subject to statutory external audit by KPMG, reported via Annual Governance (ISA260)</p>					<p>challenge is significant it is likely that any efficiency requirement will be delivered through Prescribing efficiency, investments being delayed and running costs. The position in H2 is currently unknown and therefore there is significant risk that plans will need to be progressed quickly, however given the continued pressures it is unlikely that efficiency can be delivered and therefore alternative plans must be put into place to mitigate risks.</p> <p><b>May 2021</b> The CCG delivered financial duties in 2020/21 with a small surplus position being reported (subject to audit). The CCG is now</p>	
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						<p>Report, and Annual Audit Letter.</p> <p>Monthly monitoring reporting to NHS England</p> <p>Develop a joint approach to future efficiency to ensure costs are taken out of the system to allow financial balance.</p>							<p>reviewing how efficiencies can be unlocked in the year 2021/22 to allow financial balance to be achieved.</p> <p><b>February 2021</b> No update from January 2021.</p>	
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 and CCG will fail to deliver the NHS constitution standard.	4	5	20	<p>A&amp;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. UEC Plan in place aligned to system priorities.</p> <p>Analysis of A&amp;E activity data is undertaken on an ongoing basis to understand the drivers behind attendances and changes in patterns and trends</p> <p>Daily Reporting and SitRep calls including local health and care partners</p> <p>Winter &amp; Bank Holiday Planning arrangements</p> <p>IHEART Barnsley established and operational offering out of hours GP appointments on evenings and Saturdays and OOH GP services. GP Home Visiting Service in place available for all practices</p>	<p>Chief Operating Officer</p> <p>(Finance &amp; Performance Committee)</p>	Risk Assessment	3	4	12	10/21	<p><b>Oct 2021</b> SYB ICS partners are working with NHSE to identify and deliver further improvements through the national iUEC programme. This is intended to help manage pressures and ensure those with urgent care needs can access support in the right place.</p> <p><b>June 2021</b> UEC Plan in place and agreed by UEC Board SDEC Capacity enhanced Community 2 hour rapid response in place ECIST work ongoing</p>	01/22

					12	<p>Engaging with ECIST to support development/reinstatement of streaming/navigation at the front door of A&amp;E</p> <p>Enhanced SDEC capacity in place to support flow from ED or avoid ED attendance by providing direct access to SDEC services across paediatrics, medicine and surgery.</p>									<p><b>May 2021</b> Activity has increased to pre pandemic level in A&amp;E and due to social distancing requirements this is impacting performance. Work is taking place with ECIST to review the front door model and identify opportunities for streaming away from ED and ensuring direct admission to SDEC where appropriate.</p>	
CCG 15/13		If BHNFT are unable to achieve their control total, as agreed with NHS Improvement, there is a risk that the financial sustainability of the Trust may have a detrimental impact on the future of local services for the people of Barnsley.	3	4	12	<p>The CCG's strategic objectives aim to support a safe and sustainable local hospital.</p> <p>Revised contract governance arrangements (in operation from Oct 2015) will facilitate regular engagement of Board/Governing Body colleagues with an update being provided by the Trust on the financial position</p>	Chief Finance Officer  (Finance & Performance Committee)	Risk assessment	3	4	12	08/21	<p><b>August 2021</b> All NHS providers face the same uncertainty on income levels and therefore whilst the period to September 2021 is confirmed and the Trust are currently reporting a balanced position this is subject to significant change for the period October to March 2022. Discussions remain ongoing</p>	11/21		

													with the CCG CFO and Director of Finance to begin to look at place risk to ensure financial balance can be achieved.	
													<p><b>May 2021</b> The Trust have achieved all requirements to deliver a small surplus position for the year ended 31 March 2021 and also submitted a balanced plan for the 6 months to 30 September 2021.</p>	
CCG 21/01 Added March 2021	3,5,6	If the CCG is does not implement robust arrangements to approve packages of Children's Continuing Health Care and associated NHS funding, there is a risk of: <ul style="list-style-type: none"> <li>Challenge to decisions not to award funding in some cases – possible risk of litigation</li> <li>Negative impact on patient safety due to lack of</li> </ul>	5	4	20	<p>Improved record keeping systems in line with CHC Adults and the CCC Framework</p> <p>CCG attendance at funding panels to provide clinical scrutiny and challenge</p> <p>Specialist Clinical Portfolio Manager has assumed responsibility for CCC</p> <p>CCC process brought under CCG control</p> <p>Recruited a permanent Specialist CCC Assessor /</p>	<p>Chief Nurse</p> <p>Finance &amp; Performance Committee</p> <p>And</p> <p>Quality &amp; Patient Safety Committee</p>	GBDS January 2021	3	4	12	08/21	<p><b>August 2021</b> The CCC nurse and DCO have now tightened up all the controls from a clinical and financial perspective. Most children have now been reviewed with some children assessed as not being eligible for CCC. The reviews have been aligned to the EHCP's.</p>	11/21





													A review of CRAG is pending.	
<b>COVI D 3</b>		<b>Flu season 2020/21</b> A possible influenza epidemic that will be additive to the challenges above. The size and severity of the influenza epidemic in winter 2021/22 will be particularly difficult to estimate given the low levels in 2020/21. A generalised increase in respiratory infections over the winter could also rapidly overwhelm test and trace capacity.	5	5	25	<p>Barnsley Operational Flu Group is established and represented by all partners to oversee planning and delivery. Support is provided by NHSE/PHE with the screening and immunisation coordinator a key member of the group.</p> <p>Flu planning is established and embedded across primary care with GP practices taking a key role in delivery including in care homes and for the housebound.</p> <p>Plans are in place to delivery to school age population.</p> <p>Plans in place for delivery to H&amp;SC front line workers with all providers supporting.</p> <p>Comms and engagement plan in place to encourage uptake across all cohorts particularly target groups who have historically been lower in numbers having the vaccine.</p> <p>Vaccination to commence in mid-September 2021 following delivery of vaccines.</p>	<p>Chief Operating Officer</p> <p>CCG Gold Command</p> <p>F&amp;PC</p>	COVID-19	2	5	10	08/21	<p><b>August 2021</b> 2021/22 Flu guidance received and Barnsley Operational Flu Delivery Group has developed and agreed plans for all eligible cohorts</p> <p><b>May 2021</b> Flu planning will commence in July to ensure maximum uptake of vaccinations</p>	11/21
15/12	1, 2,	If BHNFT does not improve its	4	3	12	The CCG and the providers are working as part of a	Chief Operating	Risk assessment	3	3	9	09/21	<b>Sept 2021</b> The number of	12/21

	5, 6	performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the CCG and the quality of care provided to the people of Barnsley in respect of this service.				South Yorkshire Cancer Alliance and continuing to improve and develop services to ensure delivery of cancer standards  BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards.  Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs	Officer  (Finance & Performance Committee)					patients waiting more than 62 days from referral to treatment for cancer continues to exceed the target despite work to improve pathways. Cancer Steering Board continues to oversee delivery of recovery plans.  <b>June 2021</b> Cancer diagnosis and treatment targets were not achieved in 2020/21 with waiting times increasing as a direct impact of COVID. Recovery plans are in place with additional capacity identified and waiting times have begun to improve.		
CCG 13/41	1,2, 4,8	Lack of completed Declarations in respect of the Policy on the Managing Conflicts of Interest and the Acceptance of Sponsorship, Gifts and Hospitality	3	3	9	Policy on the Managing Conflicts of Interest and the Acceptance of Sponsorship, Gifts and Hospitality Online training in Conflicts of Interest for relevant CCG staff.  Regular reminders by Corporate Affairs team to	Head of Governance & Assurance  (Audit Committee)	Risk Assessment Identified by Audit Committee 30.05.13	3	3	9	10/21	<b>October 2021</b> Risk score remains unchanged.  <b>July 2021</b> Risk score remains unchanged. Annual update of	01/22

						Governing Body, CCG staff, and Membership Council to submit declarations						declarations complete.		
						Annual Internal Audit review of Conflicts of Interest provided significant assurance (Jan 2021)								
CCG 13/13 b	1,2	If the CCG fails effectively to engage with patients and the public in the commissioning or co-commissioning of services there is a risk that:  (a) services may not meet the needs and wishes of the people of Barnsley, and  (b) the CCG does not achieve its statutory duty to involve patients and the public.	4	4	16	CCG Engagement and Equality Committee reporting into Governing Body in place Healthwatch Barnsley member of above committee  Organisational member of The Consultation Institute (tCI) through SYB ICS S75 agreement in place with Barnsley Council for community involvement activity.  CCG member of and funder of Barnsley Reach (equalities forums in Barnsley)  Refreshed Patient and Public Engagement Strategy 19/20  Barnsley Patient Council PRGs are a requirement of the GP core contract  OPEN membership for any stakeholder, patient, public  Effective Service Change Guidance and Toolkit / Patient and Public participation in commissioning health and care - Statutory Guidance	Head of Communications & Engagement  (Governing Body)  (Equality and Engagement Committee)	Risk Assessment	2	4	8	10/21	<b>Oct 21</b> Risk level maintained. Reviewed at EEC.  <b>May 2021</b> Strategy refresh in '21 submitted to March '21 EEC.  <b>Feb 2021</b> Reduced risk from 12 to 8 in Dec 2020 meeting. The CCG received a 'Green Star' rating from NHSE in respect to compliance with statutory guidance on patient and public participation in the 2019/20 IAF ratings.	01/22

						training in place for CCG staff								
						Review of, and implementation of, internal 14z2 form capturing engagement requirements combined with equality impact assessments.								
<b>COVI D 5</b>	8	<b>Data Sharing</b>  If the CCG does not plan for the continuance of data sharing in the post-covid phase there is a risk that the benefits of sharing enjoyed during the pandemic will be lost and / or that data will continue to be shared without an appropriate lawful basis.	4	4	16	COPI notice allows sharing of data for covid-19 response but is time limited (currently to end March 2022)  Lawful basis for sharing probably exists for most of our purposes but will need to be reviewed and properly documented  Log of sharing during covid being maintained but will need review (with specialist IG support) and arrangements put in place prior to expiry of COPI, inc reviewing any short form DPIAs for covid purposes and ensuring that full DPIAs are done if the processes are to continue	Head of Governance & Assurance  SMT / Gold Command	Silver & Gold Command meetings	3	4	12	09/21	<b>Sep 2021</b> COPI notice has been extended to March 2022.  <b>June 2021</b> No change to the stated position.	12/21
21/04 Added Oct 2021	1,5, 8	If the Mayman Lane Supported Living Scheme (co-commissioned by BCCG as part of the CKWB Transforming Care Partnership) does not adequately	4	3	12	Improvement action plan in place agreed by all partner commissioners.  NHSEI surveillance meetings. Calderdale ar host commissioner and leading on monitoring and surveillance.	Chief Nurse  Quality and Patient Safety Committee	NHSEI concerns meeting	3	3	9	10/21		

		<p>address the quality of care and leadership issues which have led to the provider (Affinity Trust) being placed under NHSEI Risk Management and surveillance, there is a risk to:</p> <ul style="list-style-type: none"> <li>the quality and safety of the person the CCG has placed there, and</li> <li>to the reputation of the CCG as a co-commissioner of an inadequate service.</li> </ul>				<p>CCG Complex Case Manager for TCP in weekly contact with provider and carries out safe and well checks on the tenant funded by the CCG.</p>								
<p><b>COVI D 6</b></p>	4,5	<p><b>Keeping our employees safe</b></p> <p>If the CCG does not take appropriate steps to keep our employees safe, due to a failure properly to follow guidelines and H&amp;S advice, there is a risk of negative impacts on the health of our staff (and our community), and the capacity of the CCG to deliver its functions.</p>	3	4	12	<p>The vast majority of CCG staff have worked from home throughout the pandemic.</p> <p>1:1s have been held with all staff and follow up risk assessments undertaken for higher risk groups (inc BAME staff).</p> <p>Testing is available for any CCG staff member showing symptoms.</p> <p>Staff tracker allows daily check of our staff's whereabouts and wellbeing.</p>	<p>Head of Governance &amp; Assurance</p> <p>SMT / Gold Command</p> <p>H&amp;S&amp;BC Group</p>	Silver & Gold Command meetings	2	4	8	09/21	<p><b>Sep 2021</b></p> <p>Stay at home order lifted July 2021 but case rates have remained high and majority of staff have therefore continued to work from home. H&amp;S and Staff Side have inspected HH and made recommendations re measures necessary to facilitate a safe</p>	12/21

					<p>Weekly staff briefings, staff pulse survey, virtual staff rooms, activities organized by Radiators etc all in place to keep staff informed and to enable a check on staff mood / morale</p> <p>All staff have been supported and encouraged to continue to take annual leave regularly through the year</p> <p>Extensive preparations underway, supported by H&amp;S and staff side, to ensure Hillder House is safe prior to staff indicated by 1:1s as having a need to work from the office being permitted to return.</p>					<p>return which is expected to commence possibly during October 2021. This will not be a full return to pre covid arrangements but a partial return to office based working taking account of business need, and employee personal preference.</p> <p><b>June 2021</b> Work from home order remains in place but may be lifted imminently. CCG intends that there will not be a 'big bang' return to office based working but rather a more gradual approach balancing individual preference and business need.</p> <p>We will continue to apply any government guidance re covid safe workplaces.</p>	
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<b>COVI D 7</b>	2,4	<b>Supporting our staff to work effectively</b>  If the CCG does not support its staff to work effectively during the pandemic there is a risk that productivity will diminish and key tasks or deliverables will not be completed	<b>3</b>	<b>4</b>	<b>12</b>	<p>Early in the pandemic conversations were held with staff to understand what parts of their jobs may slow down or stop and to consider how any spare capacity could best be deployed</p> <p>Portable IT, swivel (VPN), and MS Teams provided to staff to support effective home working</p> <p>Staff have been allowed to take office chairs, keyboards, mouses and monitors home to support home working</p> <p>Throughout the pandemic a small number of staff doing essential functions not capable of being done remotely have been provided with access to Hillder House</p> <p>Following completion of the 1:1s / risk assessments Hillder House has been made safe &amp; reopened for a small number of staff indicated as having a need to work from the office</p>	<p>Head of Governance &amp; Assurance</p> <p>SMT / Gold Command</p>	Silver & Gold Command meetings	2	4	<b>8</b>	09/21	<p><b>Sep 2021</b> Stay at home order lifted July 2021 but most staff have remained at home due to high case rates. Plan now is to potentially make HH available for more staff to use, often on a hybrid basis, commencing October 2021.</p> <p><b>June 2021</b> If and when stay at home order is lifted we intend to adapt a flexible and pragmatic approach, seeking to retain what has worked well in terms of home working while enabling staff to return to some office based working where this is appropriate.</p> <p><b>March 2021</b> Position largely unchanged. Govt road map indicates some return to office</p>	12/21

													based working may be possible from June 2021.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	08/21	<p><b>August 2021</b> TOR have been submitted for the 360 Audit. This year it is Primary Care Finances that are to be audited.</p> <p><b>May 2021</b> No further update.</p> <p><b>Feb 2021</b> 360 Assurance audit has been completed for 2020-21 and indications are of good assurance of quality and contract management</p>	11/21
CCG 14/16	1, 4, 8	If a culture supportive of equality and diversity is not embedded across the CCG there is a risk that the CCG will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission.	3	4	12	<p>CCG has an Equality Objectives Action Plan, now developed &amp; monitored by Equality Working Group, chaired by Chief Nurse and reporting to the Equality &amp; Engagement Committee Expert support &amp; advice PRN</p> <p>Full suite of HR policies in place supported by robust EIA.</p> <p>Robust EIA required to support all policies and</p>	<p>Head of Communications and Engagement</p> <p>(Equality and Engagement Committee)</p>	Risk Assessment	2	4	8	10/21	<p><b>Oct 2021</b> CCG staff survey and WRES report received and reviewed by senior management team. Action plan being developed with staff.</p> <p><b>May 2021</b> 14Z2 form and process reviewed</p>	01/22

						<p>proposals – new EQIA Toolkit being developed &amp; rolled out (Nov 18). Effectiveness to be monitored via ED&amp;I Group / E&amp;EC.</p> <p>E&amp;D training is a mandatory requirement for all staff (92% compliant).</p> <p>Values &amp; behaviors included within corporate performance review documentation. Values &amp; behaviours embedded through use of values based recruitment techniques and ‘radiators’ group.</p> <p>Regular staff surveys with resulting action plans.</p>							<p>for submission in May 21.</p> <p><b>Feb 2021</b> No further updates.</p>	
CCG 13/16	1, 8	Failing to meet the requirements of the Regulatory Reform (fire safety) Order to effectively, manage our fire safety arrangements	3	4	<b>12</b>	<p>Fire Brigade inspections (Held by H &amp; S department)</p> <p>HSE inspections Reviewed</p> <p>Fire and Health and Safety Training within CCG Mandatory training reports</p> <p>Local shared Fire &amp; H&amp;S service provides oversight health and safety and fire advice through corporate services team</p> <p>Landlord (NHSPS) provides routine maintenance of emergency lights, fire</p>	Head of Governance & Assurance  (Audit Committee)	Risk Assessment	2	4	<b>8</b>	08/21	<p><b>August 2021</b> No change to risk rating. Fire safety arrangements once staff begin to return to HH are currently under review.</p> <p><b>May 2021</b> No change. CCG staff continue to work from home and are expected to do so until at least June 2021.</p> <p><b>Feb 2021</b> Position largely</p>	11/21

						<p>extinguishers etc</p> <p>Annual Organisational Risk Assessments with action plans overseen by H&amp;S Group</p> <p>Oversight of Fire Safety Arrangements by H&amp;S Group reporting to Audit Committee</p>							<p>unchanged. V few staff in HH therefore fire risks minimal. H&amp;S Lead briefed HH users on fire arrangements.</p> <p><b>Nov 2020</b> Fewer staff now in HH due to recent tightening of lockdown restrictions. No guaranteed SMT cover so regular users briefed as to arrangements in case of fire.</p>	
CCG 13/20	1, 6	Conflicts of interest re commissioning, decommissioning and procurement processes. In light of national scrutiny of commissioning decisions made by Clinical Commissioning Group we need to ensure we have:	3	4	12	<p>CCG has a conflict of interest policy and declarations of interest are included on every agenda.</p> <p>Audit Committee has a standing item regarding declarations of interest and provides scrutiny of its application.</p> <p>Governing Body development sessions have taken place and training provided to Governing Body Members and CCG staff on the management of conflicts of interest.</p> <p>Register of Procurement Decisions maintained and published on website detailing how any conflicts have been</p>	Head of Governance & Assurance  (Finance & Performance Committee)	Risk Assessment	2	4	8	09/21	<p><b>Sep 2021</b> No change to previously stated position.</p> <p><b>June 2021</b> No change to previously stated position.</p> <p><b>March 2021</b> Internal Audit review of the CCG's management of conflicts of interest (Dec 20) provided significant assurance. We continue to use PCCC to take</p>	12/21

		<p>of services;</p> <ul style="list-style-type: none"> <li>• Clear and consistent documentation of declarations of interest</li> </ul>				<p>managed</p> <p>Procurement Policy approved Sep 2016 (updated 2019) includes detailed section on managing C of I in procurement.</p> <p>Procurement Checklist used for large procurements or procurement for primary medical services where potential for conflicts is greatest.</p> <p>Primary Care Commissioning Committee established to which procurement decisions can be delegated where conflicts of interest preclude Governing Body from taking them. This responsibility has been incorporated into the PCCC ToR (Nov 2017).</p> <p>Governing Body has approved a decision making process for determining when procurement decisions will be delegated to PCCC (Nov 2017).</p> <p>As part of PCN development it has been decided that locality clinical directors may not be on the CCG Governing Body although they may be on the Membership Council.</p>							<p>procurement decisions where this is necessary to manage conflicts of interest.</p>	
17/02	12 36 78	If the CCG does not put in place appropriate and robust arrangements to	3	4	12	Sheffield CCG shared service manages and maintains CCG IT systems and servers and (eg through patching and	Head of Governance & Assurance	Internal Audit Review	3	4	12	09/21	Sep 2021 Fully compliant DSPT submitted June 2021.	12/21



						<p>briefing on cyber security to Governing Body in July 2017 and to staff in Sept 2017.</p> <p>NHS Digital Cyber Security Briefing for Governing Body (May 2019)</p> <p>Training on cyber security provided to all staff via online mandatory data security module.</p> <p>Additional NHSD provided, GCHQ accredited online training in cyber security provided for IAOs and IAAs</p>								
17/05 added October 17	If the planned improvements to the IAPT Service do not result in delivery of the nationally mandated performance targets there is a risk that the CCG reputation will be damaged.	4	3	12	<p>IAPT procurement undertaken during 2018 for a revised model and specification which aims to deliver improved outcomes and performance.</p> <p>IAPT Intensive Support Team Review completed and final report received in December 2017. Action/improvement Plan developed by SWYPFT to address all recommendations in the IST report.</p> <p>Performance monitored and reported via the IPR.</p> <p>Regular Commissioner/Provider review meetings are held to agree actions to improve</p>	<p>Chief Operating Officer</p> <p>F&amp;P</p>	Performance Monitoring	4	3	12	08/21	<p><b>August 2021</b> Access rate is increasing and demand high. Additional investment and capacity is being put in place as part of Mental Health investment proposals – details are included in the September MH Investment paper being considered by GB</p> <p><b>May 2021</b> Access rate remains below expectations – MH Assurance</p>	11/21	

						uptake and performance  Service have developed a website and promotional materials to raise awareness of the service and increase self referrals.							paper to GB May 21 provides further information on plans.	
17/06 added October 17	If the planned changes to the IAPT Service do not result in more patients being treated in accordance with waiting time targets there is a risk that the efficacy of the treatment they receive will be diminished	4	3	12	IAPT Intensive Support Team Review completed - final report now received.  Action/improvement Plan developed by SWYPFT to address all recommendations in the IST report.  CCG issued contract performance notice to SWYPT requiring development of a final <b>action</b> plan on receipt of the IST report. The delivery of the improvement plan will be monitored via contract monitoring arrangements.  Assurance provided to GB Nov 17 that achievement of agreed improvement trajectory would lead to key targets being met by the end of 2017/18. Performance will be monitored and reported via the IPR.	Head of Commissioning (MH, children, Specialised)  QPSC PO	Performance monitoring	4	3	12	10/21	<b>Oct 2021</b> Whilst waiting and recovery targets have generally been achieved, the access target has not been achieved within the last 12 months and this is linked to a number of factors including levels of investment, number of low and high intensity training places available (HEE commissioning courses at more universities) and changes in how these are funded, staff movement, changes in how the access target is calculated and simply lower numbers than expected being referred to IAPT (incl self-referral). The situation is	01/22	



													<p>pandemic. The full service offer remains available for clients although the majority is facilitated virtually. End of year monies from NHS England are being used to fund a media campaign and further improvements to the website in order to increase numbers of referrals into the service. There is talk of a surge in referrals as a result of the pandemic but as yet this hasn't happened with few Covid related referrals coming into service.</p>	
CCG 20/01	5/6	If the CCG and SWYPFT do not hold timely and regular Clinical Quality Board meetings, they will not fulfil the requirements of the NHS Standard Contract (Ref GC8.1) and the ability of the CCG to gain assurance that the services it has	5	3	15	<p>Review of contract performance by various staff in the CCG including, Chief Nurse, Head of Commissioning (MH, Children, Specialised) Quality Manager, Head of Contracts, Commissioning Team staff.</p> <p>Regular 1:1 meetings between Chief Nurse, Barnsley CCG and Director of</p>	<p>Jayne Sivakumar, Chief Nurse</p> <p>Q&amp;PSC</p>	QPSC Meeting 12 December 2019	2	3	6	09/21	<p><b>Sept 2021</b> CQB meetings are being held consistently and regularly with relevant content and valuable discussions and actions.</p> <p><b>Aug 2021</b> CQB meeting</p>	03/22

		commissioned from SWYPFT are being delivered in a high quality, safe and effective manner is impaired.				Nursing, SWYPFT  Barnsley CCG review investigation reports for SWYPFT's STEIS reported serious incidents.							held in July.  <b>June 2021</b> CQB meetings still taking place. Confirmation needed from SWYPFT on contingency arrangements for retirement of current Director of Nursing and Quality to ensure quoracy can be maintained at future meetings.	
CCG 13/19	1, 5, 8	CCG as Level 2 Responder  Barnsley CCG does not meet legislation and standards in relation to protecting Barnsley people from harm related to major incidents and other emergencies.	4	3	12	Contribute to Barnsley Health and Social Care Emergency planning group and work programme, including testing of plans and training.  Contribute to Local Health Resilience Partnership (LHRP) either directly or through Lead CCG rep.  Nominated CCG "Accountable Emergency Officer"  Ensure contracts with provider organisations contain relevant emergency preparedness and response elements including Business Continuity  Emergency Preparedness Memorandum of Understanding with Public	Chief Operating Officer  (Finance & Performance Committee)	Risk Assessment	2	3	6	08/21	<b>August 2021</b> Self-assessment against core standards has been completed and the CCG remain fully compliant.  <b>February 2021</b> EPRR arrangements have served well throughout the COVID pandemic – arrangements remain in place	02/22

						Health Public Health (including CCG) Incident Response Plan, Outbreak Plans etc.								
						Reports to Governing Body on emergency resilience issues, including Business Continuity Management.								
<b>COVI D 8</b>	8	<b>Governance arrangements (1)</b>  If the CCG does not set up appropriate governance arrangements to coordinate the response to the pandemic there is a risk that decision making may not be sufficiently rapid or responsive.	4	3	12	SMT re-established as CCG Gold Command, with delegated authority to commit CCG funds in accordance with directions received via the national & regional command and control arrangements.  Gold command held daily at start of pandemic, now reduced to weekly but with option to step back up if necessary.  CCG represented at Barnsley wide Gold meetings and Multi Agency Tactical Coordination Group which in turn reports into the SY LRF	Chief Operating Officer  SMT / Gold Command	Silver & Gold Command meetings	2	3	6	08/21	<b>August 2021</b> Appropriate arrangements remain in place through SMT with regular updates to GB  <b>February 2021</b> EPRR arrangements and associated Governance established in response to COVID19 have supported the CCG to continue to deliver statutory responsibilities. Arrangements are continually reviewed and refined.	02/22
<b>COVI D 9</b>	8	<b>Governance arrangements (2)</b>  If the CCG does not maintain appropriate arrangements for	2	5	10	GB has continued to meet virtually throughout.  SMT has been meeting each Wednesday as usual.	Head of Governance & Assurance  SMT / Gold Command	Silver & Gold Command meetings	1	5	5	06/21	<b>June 2021</b> We have continued to refine covid governance – formal silver	12/21

		<p>'business as usual' decision making, and clarity between what can be done under covid arrangements and what cannot, there is a risk that ultra vires decisions could be made.</p>				<p>SMT Gold Command leads on GB agenda setting to ensure all matters requiring a decision are handled appropriately.</p> <p>Decisions taken by SMT Gold Command reported to GB for noting.</p> <p>Other decisions not taken under covid arrangements taken by SMT or GB as usual.</p> <p>Arrangements now in place for public participation in GB meetings by putting papers on website, inviting written questions, and recording meetings for later broadcast through website &amp; social media.</p> <p>Committees of the Governing Body were initially suspended but now reintroduced.</p>							<p>command meetings have now ceased, gold command merged with SMT meetings. Formal delegation from GB remains in place but will be reviewed as and when covid emergency is declared over.</p> <p><b>December 2020</b> The dual arrangements continue to work well. GB and all committees now operating as normal for business as usual; silver command still meeting 2x pwe week and gold command 1x per week where decisions re the covid pandemic are taken and actioned. These are then reported to next GB for assurance.</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance	3	3	9	Standards of Business Conduct Policy and Procurement Policy updated to reflect statutory guidance.	Head of Governance & Assurance  (Audit	Risk Assessment	2	3	6	07/21	<b>July 2021</b> Mo change to previously reported position.	01/22

	issued in June 2016 (updated 2017) there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.				Registers of Interests incorporate relevant GP practice staff.	Committee)							<p><b>January 2021</b> Internal audit review now complete – significant assurance opinion received and just 2 low risk recs made.</p> <p><b>Nov 2020</b> No significant change. Reminders have been sent out to staff to complete outstanding online modules asap. Annual internal audit currently underway, feedback expected shortly.</p>
					<p>Declarations of interest tabled at start of every meeting to enable updating. Minutes clearly record how any declared conflicts have been managed.</p> <p>PCCC has Lay Chair and Lay &amp; Exec majority, and GP members are non-voting.</p> <p>Delegation of decisions from GB to PCCC where necessary to manage conflicts of interest.</p> <p>Register of Procurement decisions established to record how any conflicts have been managed.</p> <p>Guidance provided to minute takers on recording decisions re managing conflicts of interest.</p> <p>Online Conflicts of Interest training provided to relevant CCG staff.</p> <p>Quarterly self-declarations of compliance to NHSE in line with IAF requirements. Annual internal audit review to confirm compliance with guidance.</p> <p>As part of PCN development it</p>								

						has been decided that locality clinical directors may not be on the CCG Governing Body although they may be on the Membership Council.								
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.	2	4	8	<p>SY&amp;B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework.</p> <p>APMS Contracts allow increased diversity of provision.</p>	Head of Primary Care  (Primary Care Commissioning Committee)		1	4	4	06/21	<p><b>June 2021</b> Work commencing for the procurement of the APMS contract for BHF Brierley.</p> <p><b>Jan 2021</b> No further updates</p> <p><b>July 2020</b> The commencement of the Dynamic Purchasing System to support a more simplified approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place.</p>	12/21
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other	2	3	6	The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.	Head of Communications & Engagement  (Primary	Risk Assessment	1	3	3	10/21	<p><b>Oct 2021</b> Patient and public involvement exercise undertaken for the procurement of</p>	10/22

		stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				<p>The CCG considered its strategic capacity &amp; capability as part of the successful application process.</p> <p>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.</p>	Care Commissioning Committee)						<p>primary care services in Brierley. Approach approved by overview and scrutiny with no additional requirements from Healthwatch Barnsley.</p> <p><b>February 2020</b> NHS England has assessed the CCG as Green Star against the patient and community engagement indicator.</p> <p><b>February 2019</b> No changes to report.</p>	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	<p>CCG considered its strategic capacity &amp; capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	07/21	<p><b>July 2021</b> Remains low risk with a stable workforce within the PC team to meet the delegated requirements.</p> <p><b>July 2020</b> This risk was reviewed earlier in the year and remains low risk</p> <p><b>Feb 2020</b> Risk reviewed at January PCCC</p>	07/22

													meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score to 3 (low risk).	
CCG 13/38	1, 3, 8	If the CCG does not have sufficient processes and controls in place to prevent fraud there is a risk of loss of resources and damage to the CCG's reputation.	2	3	6	<p>Completion of Self Review Toolkit (SRT) in relation to 2015/16 Commissioner Standards – along with production of an action plan for development/rectification.</p> <p>Annual Budgets and review of these on a periodic basis</p> <p>Budgetary control system Regular Financial Reporting Cash flow Projections</p> <p>Fraud Policy in place</p> <p>Fraud Awareness</p> <p>Fraud locally agreed work plan</p> <p>Prime Financial Procedures, Standing Orders and Scheme of Delegation</p> <p>Audit Reports to Governance Risk and Audit Group and Audit Committee</p> <p>Local Counter Fraud Specialist Progress Reports to Audit Committee</p> <p>Internal Audit Reports on Treasury Management</p>	Chief Finance Officer  (Audit Committee)	Risk Assessment	1	3	3	02/21	<p><b>February 2021</b> SRT submission in May 2020 scored as 'Green' overall maintaining the 2019 position.</p> <p><b>July 2019</b> SRT submission in April 2019 scored as 'green' overall maintaining score from March 2018.</p>	02/22

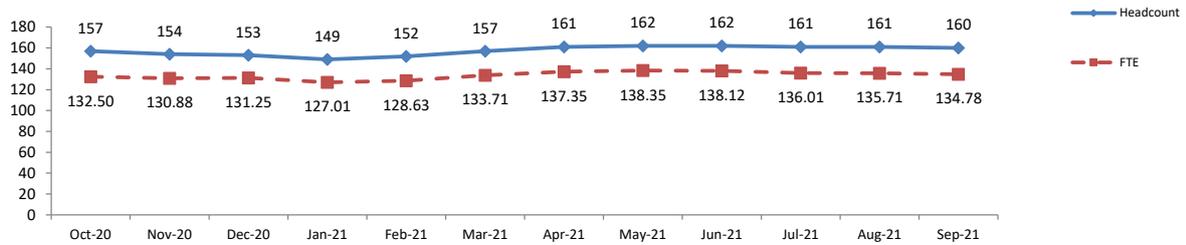


**WORKFORCE DATA**

Organisation: Barnsley CCG  
 Reporting months: Q2: Jul-Sep 2021

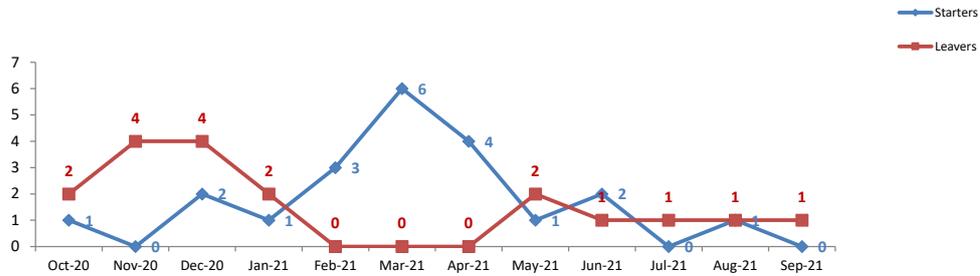
	Jul-21		Aug-21		Sep-21	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
132 Commissioning	5	4.40	5	4.40	5	4.40
132 Corporate Services	11	9.83	11	9.83	11	9.83
132 Finance	11	9.96	11	9.96	11	9.96
132 Integrated Primary and Out of Hospital Care	7	5.84	7	5.84	7	5.84
132 Medical Directorate	57	47.14	58	47.64	58	47.70
132 NHS Barnsley CCG Board	9	2.99	9	2.99	9	2.99
132 Quality	34	30.52	33	29.72	32	28.72
132 SYB Integrated Care System	13	11.80	13	11.80	13	11.80
132 Service Planning and Reform	14	13.55	14	13.55	14	13.55
<b>Grand Total</b>	<b>161</b>	<b>136.01</b>	<b>161</b>	<b>135.71</b>	<b>160</b>	<b>134.78</b>

**Staff in post**

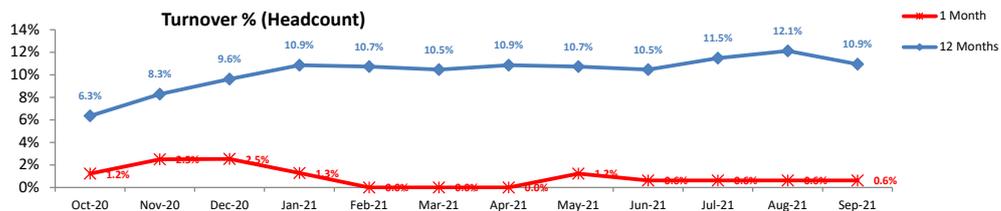


Starters/leavers	Jul-21	Aug-21	Sep-21
Starters	0	1	0
Leavers	1	1	1

**Starters/leavers**



Average turnover (Q2: Jul-Sep 2021)	<b>0.6%</b>
Average turnover (Annual - Oct 2020-Sep 2021)	<b>10.2%</b>



**PROBATIONARY STAFF**



**Comments on workforce data:**

Turnover remained low during Quarter 2 with 1 new starter and 3 leavers. All leavers are offered an exit interview and/or exit questionnaire in order to identify areas of good practice and any areas for improvement.

**EQUALITY & DIVERSITY DATA**

Gender	Headcount	%	
Female	120	75%	
Male	41	25%	

Sexual Orientation	Headcount	%	
Bisexual	0	0%	
Gay/Lesbian	3	2%	
Heterosexual	144	89%	
Undefined sexual orientation	0	0%	
Not stated (person asked but declined to provide a response)	14	9%	

Disability	Headcount	%	
No	149	93%	
Not Declared	8	5%	
Undefined	0	0%	
Yes	4	2%	

Religious Belief	Headcount	%	
Atheism	29	18%	
Buddhism	2	1%	
Christianity	91	57%	
Hinduism	3	2%	
Islam	8	5%	
Judaism	0	0%	
Not Disclosed	18	11%	
Other	10	6%	

Ethnic origin (headcount)	Headcount	%	
White	136	85%	
Mixed / multiple ethnic groups	1	1%	
Asian / Asian British-Indian/Asian British-Pakistani	12	7%	
Black / African / Caribbean / Black British	5	3%	
Other ethnic group	0	0%	
Undefined/not stated	7	4%	

Age (headcount)	Headcount	%	
<20	0	0%	
21-30	19	12%	
31-40	53	33%	
41-50	46	29%	
51-60	33	20%	
61-71+	10	6%	

**SICKNESS ABSENCE**

	Jul-21	Aug-21	Sep-21
Sickness absence % (Q2: Jul-Sep 2021)	1.07%	0.76%	0.70%
12 month average % (Oct-2020 - Sep 2021)	1.74%	1.79%	1.75%

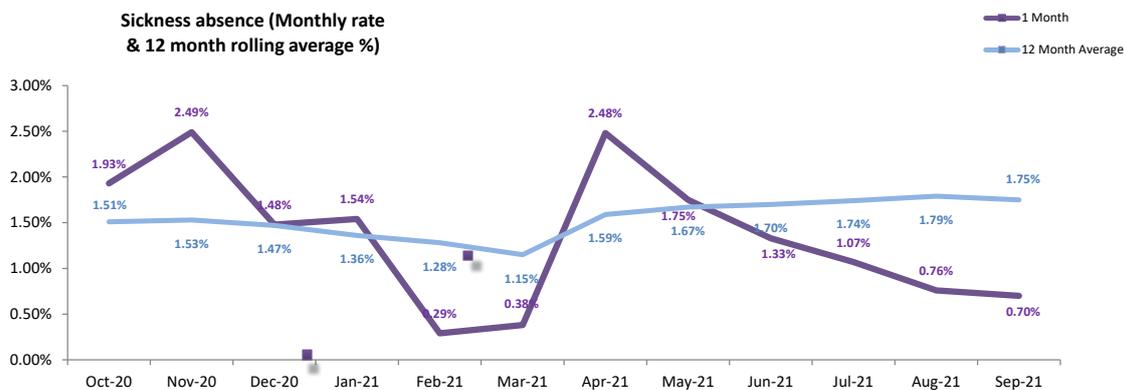
Quarter 2: Jul-Sep 2021 average %	0.8%
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Sickness absence (ST/LT)	Jul-21	Aug-21	Sep-21	Q2: Jul-Sep 2021
Short Term instances	6	5	13	24
FTE days lost	22.2	12.5	28.5	63.2
Long Term instances	1	1	0	2
LT FTE days lost	23.10	19.4	0.0	42.5
Total sickness instances	7	6	13	26
Total FTE lost	45.3	31.9	28.5	105.7

[1] "Long term" absence is defined as 28+ days of consecutive absence

	Jul-21	Aug-21	Sep-21	Q2: Jul-Sep 2021
Approximate cost of sickness absence	£ 3,676	£ 1,968	£ 3,285	£ 8,929

## SICKNESS ABSENCE



NHS Digital reports the CCG national average for sickness for the period ending May 2021 at 2.34%.

Sickness absence reasons (Headcount)	Jul-21	Aug-21	Sep-21	Q2: Jul-Sep 2021
S10 Anxiety/stress/depression/other psychiatric illnesses	1	1	0	2
S11 Back Problems	1	0	1	2
S13 Cold, Cough, Flu - Influenza	0	0	2	2
S15 Chest & respiratory problems	2	2	2	6
S16 Headache / migraine	1	1	0	2
S21 Ear, nose, throat (ENT)	1	0	1	2
S25 Gastrointestinal problems	1	1	4	6
S28 Injury, fracture	0	1	0	1
S30 Pregnancy related disorders	0	0	1	1
S98 Other known causes - not elsewhere classified	0	0	1	1

### Comments on Sickness Absence

All short term absentees hitting trigger points are followed up and target for improvement set in line with the SA policy. All long term absences are reviewed on a regular basis and appropriate action taken. 1:1 support, coaching and management training is available from the HR Business partner.

Although the number of short term absences in September 2021 (13 absences) was more than double that of August 2021 (5 absences), the sickness absence rate fell as there were no long term absences. The average sickness absence rate for Quarter 2 was 0.8%, in comparison to a rate of 1.9% in Quarter 1.

### Recommendation:

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

## STAT/MAND

Directly Employed Stat/Mand completed	Change
Fraud	91% +3%
Prevent	93% -2%
Data Security	92% -3%
Equality and Diversity	93% No Change
Fire Safety	87% -3%
Health and Safety	93% -1%
Infection Prevention and Control	92% -1%
Moving and Handling	91% No Change
Safeguarding Adults	94% -1%
Safeguarding Children	93% +6%

### Comments on CBLs Stat/Mand Training

Compliance rates for all training apart from Fire Safety are above 90%, therefore it is suggested that staff should be reminded to complete their statutory and mandatory training with a particular focus on Fire Safety.

### Recommendation

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

**GOVERNING BODY – PUBLIC SESSION**  
**ASSURANCE WORK PLAN/AGENDA TIMETABLE 2021/2022**  
**November 2021 to March 2022**

<b>AGENDA ITEMS</b>	<b>Exec Lead</b>	<b>Nov-21</b>	<b>Jan- 22</b>	<b>Mar 22</b>
<b>OPENING ITEMS</b>				
Housekeeping	NB	✓	✓	✓
Apologies	NB	✓	✓	✓
Quoracy	NB	✓	✓	✓
Declarations of Interests Report	RW	✓	✓	✓
Patient Story	JS	✓	✓	✓
Patient & Public Involvement Activity Report	KW	✓	✓	✓
Questions from the Public & Answers	KW	✓	✓	✓
Minutes of previous GB/Pu meeting	NB	Sept 21	Nov 21	Jan 22
Matters Arising Report	NB	✓	✓	✓
<b>STRATEGY</b>				
Report of the Chief Officer, inc as required: <ul style="list-style-type: none"> <li>• SY&amp;B ICS Updates</li> <li>• Assurance Letters from NHSE</li> <li>• NHSE IAF outcomes</li> </ul>	CE	✓	✓	✓
Covid-19 Update	JW & JB	✓	✓	✓
<b>UPDATE AND ASSURANCE PRIORITY AREAS OF GBAF</b>				
Urgent & Emergency Care Update	JW	✓		
Primary Care Update	JF/NB	✓		
Cancer Assurance Report, including update on Community Diagnostic Hub	JW (SL)		✓	
Mental Health Update	PO		✓	
Integrated Care at place	JB		✓	
Transforming Care Update	PO			✓
Maternity Update	PO		✓	
Digital and IT Updates	JB	✓		
Care Homes	JS		✓	
Assurance Report - Locked Rehabilitation (OOALR)	JS			✓
Assurance reports Continuing Health Care and Complex Cases (quarterly)	JS JH	✓ Summary report	✓	
<b>QUALITY AND GOVERNANCE</b>				
Quality Highlights Report	JS	✓	✓	✓
Commissioning of Children's Services	PO	✓		✓

<b>AGENDA ITEMS</b>	<b>Exec Lead</b>	<b>Nov-21</b>	<b>Jan- 22</b>	<b>Mar 22</b>
Risk and Governance Exception Reports, to include:	RW	✓	✓	✓
• Governing Body Assurance Framework	RW	Full	Ex	Full
• Corporate Risk Register	RW	Full	Ex	Full
• Register of Interests & Register of Gifts Hospitality	RW			✓
• IG / GDPR / Cyber Update	RW			
• Policies – as required	RW			
• Constitution changes - as required	RW			
• EPRR & Business Continuity	JW			
• Quarterly Workforce Reports	RW	✓	✓	
○ 2021-22 Q1 (Apr-Jun) to July 2021 GB				
○ 2021-22 Q2 (Jul-Sep) to Nov 2021 GB				
○ 2021-22 Q3 (Oct-Dec) to January 2022 GB				
○ 2022-22 Q4 (Jan-Mar) to May 2022 GB				
Updating of Governing Body Assurance Work Plan/Agenda Timetable	RW	✓		✓
Terms of Reference As required (AC, FPC, QPSC, EEC, RC, PCCC, ICOPC)	RW	✓	✓	✓
Committee Annual Assurance Reports for AC, F&P, Q&PSC, E&EC and PCCC – To be confirmed	RW			
<b>Annual Report &amp; Accounts to EO meeting – to be confirmed</b>	RN			
<b>FINANCE AND PERFORMANCE</b>				
Integrated Performance Report inc QIPP	RN/JW	✓	✓	✓
Operational and Financial Plan 2021/22 –	RN/JW	✓	✓	
<b>MISCELLANEOUS</b>				
Annual Report – Childrens Safeguarding	JS	✓		
Annual Report – Adult Safeguarding	JS	✓		
PDA Schemes	JW			
Children’s Community Nursing and Children’s Assessment Unit Specification	AF	✓		
<i>Add miscellaneous items as required</i>				
<b>COMMITTEE REPORTS AND MINUTES</b>				
Minutes of Audit Committee	NBe	16/09/21		13/01/22
Minutes of Finance and Performance Committee	NB	02/09/21 07/10/21	4/11/21 02/12/21	06/01/22 03/02/22
Minutes of Quality & Patient Safety Committee	SK	19/08/21	21/10/21	16/12/21
Assurance Report / Minutes of Equality and Engagement Committee	KW	12/08/21 inc adopted mins 25.05.21	18/11/21 Adopted mins 12/08/21	24.02.22 adopted mins 18/11/21

<b>AGENDA ITEMS</b>	<b>Exec Lead</b>	<b>Nov-21</b>	<b>Jan- 22</b>	<b>Mar 22</b>
Primary Care Commissioning Committee Assurance Report / Minutes	CM	Ass Rep 30/09/21 Mins 29/07/21	Ass Rep 25/11/21 Mins 30/09/21	Ass Rep Jan 22 Mins 25/11/21
Minutes of Membership Council	NB	14/09/21	23/11/21	18/01/22
Minutes of Health and Well Being Board (Refer Peter Mirfin at the BMBC)	NB	✓	✓	✓
Minutes of the PUBLIC Joint Committee of Clinical Commissioning Groups	CE	✓ As reqd	✓ As reqd	✓ As reqd
<b>CLOSING BUSINESS</b>				
Reflection on how well the meeting's business has been conducted	NB	✓	✓	✓
<b>Close meeting and move into Private Session</b>	NB	✓	✓	✓

## Governing Body

11<sup>th</sup> November 2021

## Integrated Performance Report

### PART 1A – SUMMARY REPORT

<b>1. THIS PAPER IS FOR</b>								
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>
<b>2. PURPOSE</b>								
2.1	This report provides an update on the CCGs performance against key performance indicators and an overview of the financial performance of the CCG up to 30 <sup>th</sup> September 2021 or the latest available position.							
<b>3. REPORT OF</b>								
		<b>Name</b>	<b>Designation</b>					
	Executive / Clinical Lead	Roxanna Naylor/Jamie Wike	Chief finance Officer/Chief Operating Officer					
	Author	Genna Miller/Azariah Speed	Head of Finance (Management Accounts)/Contract, Performance Intelligence Manager					
<b>4. SUMMARY OF PREVIOUS GOVERNANCE</b>								
4.1	The matters raised in this paper have been subject to prior consideration in the following forums:							
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>					
	Finance and Performance Committee	4 <sup>th</sup> November 2021	Considered the paper and noted the actions					

5.	<b>EXECUTIVE SUMMARY</b>
5.1	<p><b><u>2021/22 - Month 6 Finance Update</u></b></p> <p>The detailed finance report, attached at Appendix 2, provides an assessment of the H1 financial performance of the CCG up to 30<sup>th</sup> September 2021. The report contains the headline messages along with monthly financial monitoring.</p> <p>As at 30<sup>th</sup> September 2021 the CCG achieved all financial duties and planning guidance requirements, with an in-year balanced budget position, subject to further technical adjustments relating to the Hospital Discharge Programme (HDP) and Non NHS H1 Uplift.</p> <p>In-year pressures, emerging risks and under delivery of planned efficiency schemes are included within the reported position with a forecast underspend (after risk assessment in the 'most likely' scenario) of £48k. This position assumes reimbursement for costs in Month 5 and 6 relating to the Hospital Discharge Programme of £422k and Non NHS Uplift of £40k.</p> <p>Continuing Healthcare continues to be a volatile area. The continuing healthcare forecast overspend of £196k relates, in the main, to growth in care package costs and not increased patient numbers eligible for Adult Continuing Healthcare. Pressures in complex cases continue to be assessed and reviewed, with progress being monitored through the weekly updates within the Quality Team. The forecast includes £150k relating to data recording updates required and uplift notifications from BMBC.</p> <p>Further information on the CCG's financial performance targets is set out in section 2 of Appendix 2.</p> <p>The H1 efficiency scheme outturn position did not meet it's target by £364k as at 30<sup>th</sup> September 2021, based on an underachievement of £450k on continuing healthcare and an overachievement of £86k on prescribing. The unidentified QIPP target of £4,663k was managed through mitigations from reserves and movements in budgets.</p> <p>As risks and mitigations emerge, the Governing Body will be updated through this report which is a standing agenda item of the committee.</p>
5.2	<p><b><u>Performance Update</u></b></p> <p>The summary performance report (attached at Appendix 1) provides the Governing Body with an overview of performance across key areas of CCG responsibilities and include NHS constitution standards and key operational performance indicators up to month 6 (September 2021) where data is available.</p> <p>The information included in the performance report continues to show the adverse impact of COVID19 upon delivery of some constitutional standards including referral to treatment times and waiting times for diagnostic waits.</p> <p><b><u>Urgent Care</u></b></p> <p>A&amp;E 4-hour performance continues to be below the target and has been impacted by significantly increased activity levels and challenges with flow.</p>

The CCG performance (71.62% in September) is being driven in the main by A&E performance against the 4-hour standard at BHNFT remaining below target at 70.17%.

Attendances at the Trust remain high, and patients continue to attend the emergency department with minor illnesses which are noted as could have been seen elsewhere. Barnsley partners are working to address the identified need for an alternative disposition for minor illness and minor injury patients.

Ambulance response times and handover performance continue to perform poorly with a worsening position in September. This continues to be expected given the longer waits in A&E. The CCG continues to work with BHNFT and Yorkshire Ambulance Service on several pathway changes that may support patients not requiring conveyance to hospital. Pathways direct to the Same Day Emergency Care (SDEC) units went live in August and data collection and local monitoring is in progress in addition to some national benchmarking collections to be able to assess the impact of these pathways.

### **Planned Care**

With regards to Referral to Treatment times, 18-week RTT performance for the CCG has slightly worsened in month from 85.88% in August to 85.38% in September however, the number of 52-week waiters is continuing to decrease from 304 to 285.

The CCG's RTT performance is driven mainly by under-performance at BHNFT in the 92% referral to treatment standard. RTT figures for the Trust have not yet been updated for September however, they achieved 86.86% in August compared to 86.77% in July. It has been reported that there has been high critical care occupancy and staff sickness requiring redeployment of staff from theatres which is impacting on elective performance.

With regards to Diagnostics performance, this has improved in month from 33.45% in August to 30.69% in September (Target of 1%). This performance continues to be driven by longer waits for Colonoscopy and Gastroscopy at BHNFT and Non-Obstetric Ultrasound at Doncaster and Bassetlaw Teaching Hospitals.

### **Mental Health and Learning Disabilities**

With regards to IAPT performance, the number of people entering treatment against level of need met the 1.83% target year to date and performance has continued to improve on last month and is almost back to target (1.77%).

As noted in previous reports, the proportion of people who complete treatment and are moving to recovery had slipped in July resulting in performance falling under the target of 50% for the first time this year. It was noted that the target was expected to recover quickly and by no later than September's figures. The performance in September is at 55.80% which means the target has now been met again.

### **Cancer**

*Note: Due to the availability of data, Cancer performance is reflected up to the end of August 21. An update will be provided verbally if updated data becomes available*

	<p>Performance on the majority of the cancer pathways continues to be below the national standards and there was a slight worsening across a number of measures from the July position.</p> <p>Two week wait performance returned to a compliant position for July with the recent capacity issues within Breast dramatically reducing however, this has again slipped based on August data. Patient choice (holiday) is now the main reason for breaches along with patient isolation linked to COVID19. At BHNFT, Overall treatment volumes remain high as ongoing backlog recovery is well underway.</p>
<b>6.</b>	<b>THE FINANCE AND PERFORMANCE COMMITTEE IS ASKED TO:</b>
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> <li>• Performance to date 2021/22</li> <li>• projected delivery of all financial duties, predicated on the assumptions outlined in this paper and mitigating actions</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<p><b>Performance Section</b></p> <ul style="list-style-type: none"> <li>• Appendix 1 – IPR M6 2021/22</li> </ul> <p><b>Finance Section</b></p> <ul style="list-style-type: none"> <li>• Appendix 2 – Month 6 Finance update</li> </ul>

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
	3.1 Cancer	✓	8.1 Maternity	✓
	4.1 Mental Health	✓	9.1 Digital and Technology	✓
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	✓	11.1 Delivery of Enhanced Health in Care Homes	✓
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		18/04, 13/3, 13/31, 15/12, 17/05	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

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



# Performance & Delivery Report

2021/22 : Position statement  
using latest information  
for the November 2021 meeting  
of the Governing Body

Performance Indicator	Target	CCG Quarterly	CCG Latest			CCG Performance	Latest Provider Total Monthly Position	
			Monthly Position	YTD Position			Barnsley Hospital	Yorkshire Ambulance Service
<b>NHS Constitution</b>								
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		Provisional 85.38%	Sep-21	Provisional 85.26%		Published Aug-21 86.86%
	No patients wait more than 52 weeks for treatment to start	0		285	Sep-21	2316		150
Diagnostic test waiting times	Patients waiting six weeks or more for a diagnostic test	1%		Provisional 30.69%	Sep-21			Published Aug-21 32.83%
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	Q1 21/22 72.69%	71.62%	Sep-21	72.77%		70.17%
	No patients wait more than 12 hours from decision to admit to admission	0		0	Sep-21			0
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	Q1 21/22 89.68%	92.63%	Aug-21	91.28%		92.40%
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	74.91%	91.55%	Aug-21	79.23%		89.86%
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	98.80%	94.81%	Aug-21	96.99%		98.95%
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	97.69%	100.00%	Aug-21			100.00%
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	98.36%	92.98%	Aug-21	96.88%		
Cancer Waits: From Referral to First Treatment	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	86.36%	65.22%	Aug-21	82.46%		88.89%
	2 month (62 day) wait from urgent GP referral	85%	76.70%	67.95%	Aug-21	73.57%		71.21%
	2 month (62 day) wait from referral from an NHS screening service	90%	79.07%	100.00%	Aug-21	82.54%		100.00%
Cancer Waits: Faster diagnosis standard	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient (85% threshold)		93.33%	78.79%	Aug-21	90.91%		86.49%
	Cancer 28 day waits - Told within 28 Days	75%	65.88%	67.88%	Aug-21	66.08%		67.96%
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		9mins 44secs	Sep-21			9mins 44secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		37mins 56secs	Sep-21			37mins 56secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		4hrs50mins53secs	Sep-21			4hrs50mins53secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		6hrs41mins7secs	Sep-21			6hrs41mins7secs
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		26.00%	Sep-21	19.04%		26.00%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		9.59%	Sep-21	5.93%		9.59%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		9.97%	Sep-21	10.18%		9.97%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		0.63%	Sep-21	0.58%		0.63%

Performance Indicator		Target	CCG Quarterly	CCG Latest		CCG Performance	Latest Provider Total Monthly Position		
				Monthly Position	YTD Position		Barnsley Hospital	Yorkshire Ambulance Service	
IAPT	Improved Access to Psychological Services-IAPT: People entering treatment against level of need	1.83%		1.77%	Sep-21	9.68%			
	Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50%		55.80%	Sep-21				
	Proportion of people waiting 18 weeks or less from referral to first IAPT treatment appointment	95%		100.00%	Sep-21				
	Proportion of people waiting 6 weeks or less from referral to first IAPT treatment appointment	75%		97.73%	Sep-21				

# **NHS Barnsley Clinical Commissioning Group**

## **Finance Report 2021/22**

### **Month 6**



# 1 Headline Messages and Contents

Headline Messages	Contents	
<ul style="list-style-type: none"> <li>The financial information contained within this report relates to April to September 2021 only (referred to as H1 period)</li> <li>The report to 30<sup>th</sup> September 2021 reflects a balanced budget position and achievement of financial duties for H1, with the exception for out of envelope allocation adjustments which remain outstanding as at Month 6.</li> <li>The CCG expenditure position before mitigation show an overspend of £462k. Allocations are expected for Hospital Discharge Programme (HDP) of £422k and Non NHS Provider H1 pay uplift of £40k (as per national guidance).</li> <li>The Finance and Performance Committee considered detail on the risks and mitigations with the current projections in the ‘Most Likely’ scenario indicating a potential net underspend of £48k. Should the forecast position materialise in the ‘worst case’ prediction further efficiency plans and other underspend positions of £152k would need to be developed and delivered to ensure financial duties and targets are achieved. The CCG continues to work to identify further opportunities against this risk to ensure that financial duties and targets can be achieved.</li> <li>The continuing healthcare forecast overspend relates in the main to growth in care package costs rather than increases in the number of patients eligible for adult continuing healthcare. Pressures in complex cases continue to be assessed and reviewed, with progress being monitored through the weekly updates within the Quality Team. The forecast includes £150k relating to data recording updates required and uplift notifications from BMBC. Continuing Healthcare continues to be a volatile area. Given the level of risk experienced in previous months, potential further pressure is included in the risk and mitigations analysis of £100k, which have been considered by the Finance and Performance Committee.</li> <li>Primary Care prescribing data for Month 4 has been received, and the forecast position is under spent by £53k with the prescribing overspend of £233k being offset against underspends in Home Oxygen and Pharmacy claims. The Finance and Contracting team and Head of Medicines Management continue to meet to ensure any risks are captured within the financial position. No significant risks have been identified to date. Within the risks and mitigation analysis we have assumed some further pressure and movement in forecasts as changes in prescribing profiles are expected and given the time lag in data at this stage in reporting, which have been considered by the Finance and Performance Committee.</li> </ul>	1	Headline Messages and Content
	2	Financial Performance Targets
	3	Monthly Finance Monitoring Statement – Executive Summary
	3.1	Detailed Summary Resource Allocation – Detailed Summary

- The CCG's Efficiency Programme requires £7.2m to be delivered from April to September 2021 (H1 period). The target was not achieved by £364k, with underachievement of £450k relating to Continuing Healthcare, partially offset by overachievement of £86k in prescribing. The unidentified QIPP target of £4.663m was managed through mitigations within reserves (£2.5m) including the 0.5% contingency and Neighbourhood Team investment (£0.6m), with the balance of £1.6m offset against the remaining risk reserve and movements in budgets.

## 2 Financial Performance Targets

### 1) Financial Duties – April to September 2021 (H1)

NHS Act Section	Duty	2021/22 Target £'000	2021/22 Actual Performance £'000	2021/22 Actual Achievement
223H (1)	Expenditure not to exceed income	257,133	257,133	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	257,104	257,104	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	2,441	2,059	YES

### 2) Financial targets/NHS England Business Rules requirements – April to September 2021 (H1)

Target/Business Rule Requirement	2021/22 Target £'000	2021/22 Actual Performance £'000	2021/22 Actual Achievement
Delivery of in year balanced position	0	0	YES
0.5% Contingency to manage in-year pressures	1,214	1,214	YES

#### Comments

The CCG achieved all financial duties/targets and NHS England (NHSE) Business Rules.

### 3 Monthly Finance Monitoring Statement – Executive Summary

PROGRAMME AND RUNNING COST AREAS	BUDGET RECURRENT (APRIL-SEPT - H1) £	BUDGET NON RECURRENT (APRIL-SEPT - H1) £	TOTAL BUDGET (APRIL-SEPT - H1) £	YTD BUDGET £	YTD ACTUAL £	YTD VARIANCE OVER / (UNDER) £	FORECAST APRIL- SEPT - H1 £	VARIANCE OVER / (UNDER) £
<b>PROGRAMME EXPENDITURE</b>								
Acute	121,094	13,105	134,199	134,199	134,273	74	134,273	74
Patient transport	1,214	0	1,214	1,214	1,205	(9)	1,205	(9)
Mental Health	20,360	979	21,339	21,339	21,301	(37)	21,301	(37)
Community Health	25,964	(2,198)	23,765	23,765	23,760	(6)	23,760	(6)
Continuing Health Care	15,430	0	15,430	15,430	15,626	196	15,626	196
Primary Care Other	31,683	(41)	31,642	31,642	31,513	(129)	31,513	(129)
Primary Medical Services (Co-Commissioning)	21,714	(58)	21,656	21,656	21,415	(240)	21,415	(240)
Other Programme Costs	1,856	(211)	1,645	1,645	1,659	15	1,659	15
<b>TOTAL COMMISSIONING SERVICES (INCLUDING PRIMARY CARE RESERVES)</b>	<b>239,314</b>	<b>11,576</b>	<b>250,889</b>	<b>250,889</b>	<b>250,753</b>	<b>(136)</b>	<b>250,753</b>	<b>(136)</b>
Corporate Costs - EMBED/DSCRO	76	0	76	76	75	(1)	75	(1)
Corporate Costs - IFR	22	0	22	22	22	0	22	0
NHS Property Services/Community Health Partnerships	377	0	377	377	395	18	395	18
Depreciation Charges	10	(10)	0	0	0	0	0	0
<b>TOTAL CORPORATE COSTS</b>	<b>485</b>	<b>(10)</b>	<b>475</b>	<b>475</b>	<b>492</b>	<b>17</b>	<b>492</b>	<b>17</b>
Coronavirus Costs - PrimCare	327	1,234	1,561	1,561	1,590	28	1,590	28
Coronavirus Costs - CHC - Hospital Discharge Programme (Outside of Envelope)	0	382	382	382	674	292	674	292
Coronavirus Costs - Community - Hospital Discharge Programme (Outside of Envelope)	0	108	108	108	161	52	161	52
Coronavirus Costs - Other Prog. - Hospital Discharge Programme (Outside of Envelope)	0	64	64	64	124	59	124	59
<b>TOTAL CORONAVIRUS COSTS</b>	<b>327</b>	<b>1,789</b>	<b>2,116</b>	<b>2,116</b>	<b>2,534</b>	<b>418</b>	<b>2,534</b>	<b>418</b>
<b>TOTAL PROGRAMME COSTS (INCLUDING PRIMARY CARE RESERVES)</b>	<b>240,126</b>	<b>13,355</b>	<b>253,481</b>	<b>253,481</b>	<b>253,779</b>	<b>299</b>	<b>253,779</b>	<b>299</b>
<b>RUNNING COSTS</b>								
Pay	1,308	(23)	1,285	1,285	1,259	(26)	1,259	(26)
Non Pay	1,133	(277)	856	856	800	(56)	800	(56)
<b>TOTAL RUNNING COSTS</b>	<b>2,441</b>	<b>(300)</b>	<b>2,141</b>	<b>2,141</b>	<b>2,059</b>	<b>(82)</b>	<b>2,059</b>	<b>(82)</b>
CCG Reserves - 0.5% Contingency	1,214	0	1,214	1,214	0	(1,214)	0	(1,214)
CCG Reserves - Ageing Well	0	671	671	671	671	0	671	0
CCG Reserves - Intermediate Care	0	185	185	185	185	0	185	0
CCG Reserves - Overseas Visitors	217	(217)	0	0	0	0	0	0
CCG Reserves - Risk Reserve	597	(1,664)	(1,067)	(1,067)	144	1,211	144	1,211
Risk Contingency - In year (over)/underspend	0	0	0	0	248	248	248	248
<b>TOTAL RESERVES/CONTINGENCY (EXCL. PRIMARY CARE RESERVES)</b>	<b>2,028</b>	<b>(1,025)</b>	<b>1,003</b>	<b>1,003</b>	<b>1,248</b>	<b>245</b>	<b>1,248</b>	<b>245</b>
<b>TOTAL EXPENDITURE</b>	<b>244,595</b>	<b>12,029</b>	<b>256,624</b>	<b>256,624</b>	<b>257,086</b>	<b>462</b>	<b>257,086</b>	<b>462</b>



### 3.1 Resource Allocation – Detailed Summary

RESOURCE ALLOCATIONS - PROGRAMME, RESERVES & SURPLUS		ALLOCATION RECURRENT (APRIL-SEPT - H1)	ALLOCATION NON RECURRENT (APRIL-SEPT - H1)	TOTAL £000	RESOURCE ALLOCATIONS - RUNNING COSTS		ALLOCATION RECURRENT (APRIL-SEPT - H1)	ALLOCATION NON RECURRENT (APRIL-SEPT - H1)	TOTAL £000
Description	Month	£	£	£	Description	Month	£	£	£
Programme Allocation	M2	207,501		207,501	2021/22 Allocation	M2	2,441		2,441
Primary Care Co-Commissioning	M2	20,672		20,672					
BHNFT Provider Top-up	M2		9,570	9,570					
CCG Top-up	M2		4,083	4,083					
CCG Covid allocation	M2		1,410	1,410					
BHNFT Covid allocation	M2		5,215	5,215					
CCG Growth funding	M2		930	930					
BHNFT Growth funding	M2		503	503					
Primary Care: GP IT Infrastructure and Resilience	M2		15	15					
Primary Care: Improving Access	M2		30	30					
Mental Health (MH): Service Development Funding (SDF): CYP community and crisis	M2		161	161					
MH: SDF: 18-25 young adults (18-25)	M2		48	48					
MH: SDF: MHST 20/21 sites wave 3&4 (MHST20/21)	M2		128	128					
MH: SDF: Adult MH Community (AMH Community)	M2		224	224					
(CYPED)	M2		29	29					
MH: SR: CYP community and crisis	M2		108	108					
MH: SR: Adult MH Community (AMH Community)	M2		139	139					
MH: SR: Adult MH Crisis (AMH Crisis)	M2		31	31					
MH: SR: IAPT - adult and older adult	M2		77	77					
MH: SR: 18-25 young adults (18-25)	M2		31	31					
MH: SR: Memory assessment services and recovery of the dementia diagnosis rate	M2		37	37					
MH: SR: Discharge	M2		209	209					
MH: SR: Physical health outreach and remote delivery of checks	M2		29	29					
Maternity: Long Term Plan - SBL Pre-term Birth	M2		24	24					
Primary Care: Improving Access	M2		30	30					
Covid vaccinations for CCG Inequalities	M3		18	18					
Blood pressure at home - Trailblazer funding	M3		33	33					



**Governing body**

**11 November 2021**

**2021/22 Financial Plan – October to March 2022 (H2)**

**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<b>2.</b>	<b>PURPOSE</b>									
2.1	<p>This reports provides the final details on the CCGs financial plan for October to March of 2021/22 known as H2.</p> <p>The report asks for the Governing Body to approve this plan to allow financial monitoring and reporting to recommence in Month 8 in line with NHS England requirements.</p>									
<b>3.</b>	<b>REPORT OF</b>									
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td></td> <td></td> </tr> </tbody> </table>		<b>Name</b>	<b>Designation</b>	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author		
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Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer								
Author										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>									
4.1	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> </thead> <tbody> <tr> <td>Finance and Performance Committee</td> <td>7 October 2021</td> <td>Noted the presentation on H2 planning guidance</td> </tr> <tr> <td>Finance and Performance Committee</td> <td>22 October 2021</td> <td>Supported the submission of the draft plan and were provided will the full details of the plan including efficiency requirements. This was supported and plans were</td> </tr> </tbody> </table>	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	Finance and Performance Committee	7 October 2021	Noted the presentation on H2 planning guidance	Finance and Performance Committee	22 October 2021	Supported the submission of the draft plan and were provided will the full details of the plan including efficiency requirements. This was supported and plans were
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	Finance and Performance Committee	4 November 2021	Noted minor amendments to the financial plan and noted further amendments linked to the ICS system plan balancing off and impact on organisational plans.																																																																							
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																																																																									
5.1	<u>Overview of Financial Framework – October to March 2022 (H2)</u>																																																																									
	<p>As the Governing Body are aware the financial framework for the period October to March 2022 will be a rollover of the H1 arrangements in 2021/22. This report presents the budget position for this period and asks the Governing Body to approve these budgets. The report also includes details of the H1 and H2 total position for completeness. The Finance and Performance committee have received full details of the assumption made within this plan in line with planning guidance requirements and have supported the submission of the draft plan and minor updates since this submission.</p>																																																																									
5.2	<u>CCG and System Allocations</u>																																																																									
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5.3	<u>Efficiency Plans</u>																																																																									
	<p>Given the lack of ability to adjust block contracts to release efficiency, the CCG has limited scope to deliver plans. The following efficiency plans have been agreed with budget holders. The financial plan maximises any flexibility and these adjustments are reflected through a non recurrent budget adjustment, leaving the remaining efficiency where plans need to be identified to ensure financial balance can be</p>																																																																									

achieved. The total efficiency requirement for H2 is £3.8m, with a 2021/22 total requirement of £11m detailed in Appendix A. This will be delivered in the main through non recurrent measures except for £3.5m of Prescribing.

QIPP	Target		
	H2 Recurrent	H2 non recurrent	H2 Total
Detail			
Prescribing	1,750,000	0	1,750,000
Continuing Healthcare	0	0	0
Running Costs	0	300,000	300,000
Unidentified	0	1,777,196	1,777,196
Delivery of release of investments and budget review	0	0	0
<b>Total Efficiency</b>	<b>1,750,000</b>	<b>2,077,196</b>	<b>3,827,196</b>

The CCG is working to ensure that financial balance can be achieved across the year, working across partners to close the unidentified QIPP gap.

#### 5.4 Summary of Budgets – October to March 2022 (H2)

Budgets for H2 have been developed in line with planning guidance issued by NHS England which includes uplift to contracts and efficiency requirements across both NHS and non-NHS providers. Where increases and pressures have been identified the budgets within this H2 plan represent the anticipated position based on latest data. As noted in 5.3 where any flexibility in budgets has been identified these are shown through non recurrent adjustments within the plan.

The table below provides a summary position of the budgets based on application of the guidance and known pressures.

Summary Table	Budget book - Governing Body approval		
	H2 Recurrent Budget	H2 non recurrent budget	H2 Budget Total
Detail			
<b>Total Allocations</b>	<b>236,199,000</b>	<b>31,232,000</b>	<b>267,431,000</b>
Acute Contracts (including Ambulances)	124,647,824	16,857,730	141,505,554
Mental Health Services (Including complex cases)	25,935,545	1,095,966	27,031,511
Community Services	27,046,074	(1,806,896)	25,239,178
Continuing Healthcare	10,714,937	0	10,714,937
Primary Care (Including Prescribing)	31,783,252	(689,646)	31,093,606
Primary Care Co-Commissioning	21,674,584	(811,584)	20,863,000
Other Programme Services (including reserves)	5,280,096	3,562,118	8,842,215
Running Costs	2,441,000	(300,000)	2,141,000
<b>Total Expenditure</b>	<b>249,523,313</b>	<b>17,907,687</b>	<b>267,431,000</b>
<b>Surplus/Deficit ( )</b>	<b>(13,324,313)</b>	<b>13,324,313</b>	<b>(0)</b>

5.5	<p><u>2021/22 Total Budget</u></p> <p>Appendix A sets out the summary of the CCGs recurrent and non recurrent budget position for 2021/22. The CCG Finance and Contracting team will ensure a robust forecast position is developed against this total budget allocation and reporting will commence in month 8 once budgets are approved and uploaded. Reporting relating to month 7 will be limited to highlight only significant risks given budgets will not be finalised within the ICS before the month end deadlines. There will also be a full review undertaken during month 8 and 9 to ensure that the CCG takes action to ensure financial balance can be achieved. The underlying position included within these budgets does highlight the level of significant risk recurrently, however this is based on 2020/21 allocations rather than notified allocations and any growth being confirmed and therefore this requires further work once the national spending review has concluded and planning guidance for 2021/22 and beyond is confirmed. It is expected that a 2-year plan will need to be developed during summer of 2021/22, further updates will be provided to the committee as these are received.</p>
<b>6.</b>	<b>THE GOVERNING BODY IS ASKED TO:</b>
	<p>Note the contents of the report including:</p> <ul style="list-style-type: none"> <li>• Note the details on allocation received in H2</li> <li>• Note the efficiency requirement for H2</li> <li>• Approve the budgets for H2</li> <li>• Note the full year budget for 2021/22</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – Financial Plan 2021/22 (full year summary)

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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework:			
	1.1 Urgent & Emergency Care	✓	6.1 Efficiency Plans	✓
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	✓
	3.1 Cancer	✓	8.1 Maternity	✓
	4.1 Mental Health	✓	9.1 Digital and Technology	✓
	5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
	5.2 Integrated Care @ Place	✓		
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		18/04, 13/3, 13/31, 15/12, 17/05	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act:			
	Management of conflicts of interest (s14O)		Duties as to reducing inequalities (s14T)	
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)		Duty as to patient choice (s14V)	✓
	Duty as to improvement in quality of services (s14R)		Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)		Public involvement and consultation (s14Z2)	
<b>3.</b>	<b>Governance Considerations Checklist</b>			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>			
	Have any financial implications been considered & discussed with the Finance Team?			<b>Y</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			<b>NA</b>

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

Appendix A - Summary Financial Plan - Governing body 11 November 2021

Summary Table	Budget book - Governing Body approval			Budget book - Month 6			Total 2021/22 Budget (H1 + H2)		
Detail	H2 Recurrent Budget	H2 non recurrent budget	H2 Budget Total	H1 Recurrent Budget as at Month 6	H1 non recurrent budget as at Month 6	H1 Total budget as at Month 6	Recurrent Total budget 2021/22 (H1+H2)	Non Recurrent Total budget 2021/22 (H1+H2)	Total 2021/22 Budget (H1 + H2)
<b>Total Allocations</b>	<b>236,199,000</b>	<b>31,232,000</b>	<b>267,431,000</b>	<b>230,614,000</b>	<b>26,010,309</b>	<b>256,624,309</b>	<b>466,813,000</b>	<b>57,242,309</b>	<b>524,055,309</b>
Acute Contracts (including Ambulances)	124,647,824	16,857,730	141,505,554	121,113,888	13,105,294	134,219,182	245,761,712	29,963,023	275,724,736
Mental Health Services (Including complex cases)	25,935,545	1,095,966	27,031,511	24,866,751	875,933	25,742,684	50,802,296	1,971,898	52,774,195
Community Services	27,046,074	(1,806,896)	25,239,178	26,107,742	(2,091,632)	24,016,110	53,153,817	(3,898,528)	49,255,288
Continuing Healthcare	10,714,937	0	10,714,937	10,812,529	382,076	11,194,605	21,527,466	382,076	21,909,542
Primary Care (Including Prescribing)	31,783,252	(689,646)	31,093,606	32,086,074	496,716	32,582,790	63,869,326	(192,930)	63,676,396
Primary Care Co-Commissioning	21,674,584	(811,584)	20,863,000	21,655,658	696,000	22,351,658	43,330,242	(115,584)	43,214,658
Other Programme Services (including reserves)	5,280,096	3,562,118	8,842,215	5,501,040	(1,124,760)	4,376,280	10,781,136	2,437,358	13,218,494
Running Costs	2,441,000	(300,000)	2,141,000	2,441,000	(300,000)	2,141,000	4,882,000	(600,000)	4,282,000
<b>Total Expenditure</b>	<b>249,523,313</b>	<b>17,907,687</b>	<b>267,431,000</b>	<b>244,584,682</b>	<b>12,039,626</b>	<b>256,624,309</b>	<b>494,107,996</b>	<b>29,947,313</b>	<b>524,055,309</b>
<b>Surplus/Deficit ( )</b>	<b>(13,324,313)</b>	<b>13,324,313</b>	<b>(0)</b>	<b>(13,970,682)</b>	<b>13,970,683</b>	<b>0</b>	<b>(27,294,996)</b>	<b>27,294,996</b>	<b>(0)</b>

QIPP	Target			Actual			Total 2021/22		
Detail	H2 Recurrent	H2 non recurrent	H2 Total	H1 Recurrent as at Month 6	H1 non recurrent as at Month 6	H1 Total as at Month 6	Recurrent Total 2021/22 (H1+H2)	Non Recurrent Total 2021/22 (H1+H2)	Total 2021/22 (H1 + H2)
Prescribing	1,750,000	0	1,750,000	1,750,000	0	1,750,000	3,500,000	0	3,500,000
Continuing Healthcare	0	0	0	50,000	0	50,000	50,000	0	50,000
Running Costs	0	300,000	300,000	0	300,000	300,000	0	600,000	600,000
Unidentified	0	1,777,196	1,777,196	0	0	0	0	1,777,196	1,777,196
Delivery of release of investments and budget review	0	0	0	0	5,113,000	5,113,000	0	5,113,000	5,113,000
<b>Total Efficiency</b>	<b>1,750,000</b>	<b>2,077,196</b>	<b>3,827,196</b>	<b>1,800,000</b>	<b>5,413,000</b>	<b>7,213,000</b>	<b>3,550,000</b>	<b>7,490,196</b>	<b>11,040,196</b>

**Minutes of the meeting of the Membership Council held on Tuesday 8 September 2021 at 1.00 pm via Microsoft Teams**

**PRESENT**

Dr Nick Balac (Chairman)	Practice Representative (St Georges Medical Practice)
Dr Adebowale Adekunle	Practice Representative (Wombwell Chapelfield Medical Centre)
Dr Edward Czepulkowski	Practice Representative (High Street Royston Practice) up to and including minute reference MC 08/09/21-07
Dr Mehrban Ghani	Practice Representative: The Rose Tree PMS Practice BHF Brierley Medical Centre BHF Goldthorpe Surgery BHF Highgate Surgery BHF Lundwood Practice
Dr Madhavi Guntamukkala	Medical Director and Practice Representative (Apollo Court)
Dr John Harban	Practice Representative (Lundwood Medical Centre & The Kakoty Practice) From minute reference MC 08/09/21-06
Dr Gareth Kay	Practice Representative (Huddersfield Road)
Dr Jamie MacInnes	Practice Representative (Dove Valley Practice) up to and including minute reference MC 08/09/21-07
Dr Sepehri	Practice Representative (Hillbrow Surgery)
Dr Mahipal Vemula	Practice Representative (Lakeside Surgery)

**IN ATTENDANCE**

James Barker	Chief Executive Barnsley healthcare Federation (up to an including minute reference MC 08/09/21-08)
Emma Bates	Commissioning and Transformation Manager (For minute reference MC 08/09/21-08 only)
Jeremy Budd	Director of Strategic Commissioning and Partnerships
Emily Hunt	BHNFT Rapid Diagnostics Project Manager (For minute reference MC 08/09/21-08 only)
Siobhan Lenzionowski	Lead Commissioning and Transformation Manager (For minute reference MC 08/09/21-08 only)
Chris Millington	Lay Member for Patient and Public Engagement & Primary Care Commissioning
Kay Morgan	Governance & Assurance Manager
Richard Walker	Head of Governance and Assurance

**APOLOGIES**

Dr Zia H Ibrarhimi	Practice Representative Hoyland Walderslade Surgery)
Dr Hussain Kadarsha	Practice Representative (Hollygreen Practice and Lakeside Surgery)

Agenda Item	Note	Action	Deadline
<b>MC 08/09/21-01</b>	<b>HOUSEKEEPING</b>		
	Members noted the etiquette for meetings held via Microsoft Teams.		
<b>MC 08/09/21-02</b>	<b>QUORACY</b>		
	The meeting was not quorate. The Chair advised that the meeting would continue, all agenda papers were for information only and there were no decisions for the Membership Council to make.		
<b>MC 08/09/21-03</b>	<b>DECLARATION OF INTERESTS</b>		
	Membership Council noted the Declarations of Interests Report. No new declarations were received.		
<b>MC 08/09/21-04</b>	<b>MINUTES OF THE MEETING HELD ON 21 April 2021</b>		
	The minutes of the Membership Council meeting held on 21 April 2021 were verified as a correct record of the proceedings.		
<b>MC 08/09/21-05</b>	<b>MATTERS ARISING</b>		
	<p>The Membership Council considered the Matters Arising Report and the following updates were noted:</p> <ul style="list-style-type: none"> <li>• <b>Minute references MC 18/09/04 &amp; MC 17/05/05 - Membership Council representation on CCG committees</b></li> </ul> <p>The Head of Governance &amp; Assurance advised the Membership Council that the CCG has a range of committees to carry out its statutory business. The terms of reference and membership for some committees include Membership Council representatives in order to drawn on this expertise.</p> <p>There are currently vacancies for Membership Council Representatives on the Audit Committee, Finance &amp; Performance Committee, Equality and Engagement Committee, and Quality &amp; Patient Safety Committee (x2).</p>		

Agenda Item	Note	Action	Deadline
	<p>The ask of Practice Representatives serving on the membership CCGs Committee is to read the meeting papers, attend meetings and provide a contribution in terms of expertise in the items being discussed. It was noted that membership of CCG Committees will be for a limited time span to 31 March 2022.</p> <p>Any Practice Representatives interested in joining the membership of one of these CCG Committees were advised to contact the Chairman or Head of Governance &amp; Assurance.</p> <p><b>Agreed action</b> <b>To include details of Practice Representative vacancies on CCG Committee in the Membership Council Briefing</b></p> <ul style="list-style-type: none"> <li>• <b>Minute Reference MC 19/09/09 - Teledermatology position update and implementation issues</b></li> </ul> <p>Dr Adekunle reported that he will circulate the Teledermatology Evaluation Report to the Membership Council as soon as it is available.</p>	NB RW	
<b>MC 08/09/21-06</b>	<b>INTEGRATED CARE SYSTEM AND PLACE DESIGN</b>		
	<p>The Director of Strategic Commissioning and Partnerships provided a presentation to Membership Council on the new Health &amp; Care Bill, Integrated Care System and Place Design. The presentation included:</p> <ul style="list-style-type: none"> <li>• The national changes to the NHS,</li> <li>• Why the changes are being made and how it will be different</li> <li>• What will happen to CCG staff?</li> <li>• How primary and community care be commissioned.</li> </ul>		
	<p>The Chairman referred to the future commissioning arrangements for primary and community care and highlighted areas of risk for Primary Care.</p> <p>It was noted that a Primary Care Collaborative is being developed at South Yorkshire ICS footprint level.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Chairman advised GP members of the important role played by representatives from primary care in bringing their understanding and expertise of local sensitivities and patient needs. The membership of the CCG's Primary Care Commissioning Committee includes three GPs in a non-voting advisory role. This valuable clinical input is not provided for, so far, in the new framework and this raises the query of how will primary care contracts be managed in Barnsley for Barnsley People. Transformation workstreams have previously and will in future require clinical input &amp; leadership.</p> <p>On 1 April 2022 there will be a gap and no structure in place to provide clinical leadership and advice, suggesting Primary Care is an afterthought. It is vitally important to preserve clinical involvement and leadership.</p> <p>Dr Harban commented that the latest guidance re the Health &amp; Care Bill appears to be secondary care biased. It was highlighted that having a Primary Care Team at South Yorkshire ICS level will be a massive disadvantage at local place level.</p> <p>Support for Primary Care needs to be firmed up as part of the ICS and local place system and for investment into community care. It was noted that the SWYPT, Barnsley Health Care Federation and local community providers are exploring ways to work together.</p>		
	<p><b>The Membership Council noted the Health &amp; Care Bill Update.</b></p>		
<p><b>MC</b> <b>08/09/21-07</b></p>	<p><b>PRIMARY CARE AND SWYPT COLLABORATION</b></p>		
	<p>The Chief Executive Barnsley Healthcare Federation gave a presentation to the meeting regarding a potential Primary Care and SWYPT Collaboration. The presentation included an overview of existing collaboration in Barnsley, the new Place based partnerships, an integrated care community partnership and future collaboration.</p> <p>It was noted that a proposal is being explored to strengthen Primary Care's relationship with SWYPT.</p>		

Agenda Item	Note	Action	Deadline
	<p>The BHF and SWYPFT have engaged an organisation (Mutual Ventures), to help explore the options available for such a collaboration and how this can operate alongside and as part of the new Place Based arrangements. It is intended to have shadow arrangement in place by October 2021.</p> <p>The benefits and rationale for a Primary Care / SWYPT collaboration were noted as:</p> <ul style="list-style-type: none"> <li>• Shared workforce</li> <li>• Improved pathways</li> <li>• Bringing care closer to home</li> <li>• Maintain Primary Care representative voice</li> <li>• Preserve clinical leadership in the new system</li> <li>• An enhanced and robust structure with Community Services will put Primary Care in the best place now and in the future.</li> </ul>		
	<p>The Chairman advised that a partnership with a foundation trust will be an advantage for Primary Care in a number of ways:</p> <ul style="list-style-type: none"> <li>• In the design of an Alliance,</li> <li>• Retention, employment of staff</li> <li>• Maximising funding allocation to achieve the best value for money and outcomes for Barnsley people.</li> <li>• Ensure support for Primary Care</li> <li>• To look at how we manage mental Health going forward, there may be an opportunity to find support for Practices with mental health work.</li> <li>• Primary Care will be in a better chance of involvement in and being part of the health and social care changes locally.</li> </ul> <p>The key to the proposal will be to determine the legal options and the design of the Primary Care / SWYPT Collaboration. It was noted that SWYPT is Primary Care's closest and most willing partner.</p>		
	<p>The Lay Member for Patient and Public Engagement &amp; Primary Care Commissioning commented that the new South Yorkshire ICS Chair and Chief Executive may have their own ideas and thoughts for Primary Care.</p>		

Agenda Item	Note	Action	Deadline
	<p>In response the Chairman advised that:</p> <ul style="list-style-type: none"> <li>• Primary Care in Barnsley has a good track record of collaboration with SWYPT and the partnership is a mutual venture. The Membership Council will be consulted and updated on the Primary Care / SWYPT Collaboration. Appointments at regional ICS level do not necessarily directly and massively benefit Barnsley.</li> <li>• Primary Care in Barnsley has to be master of its own flexibility re destination. Primary Care in Barnsley is at the leading edge and other areas are looking at the way Primary Care has developed in Barnsley. It is unlikely that the ICS will prevent positive progression with primary care and integration in Barnsley.</li> <li>• In situations of change it is good to have a plan and be organised, the worst thing is to do nothing and maybe in a less advantaged place.</li> </ul> <p>Membership Council noted that it is important to have a strong Primary Care voice in Barnsley. Primary Care in Barnsley is in a strong position coming together under one banner of the Federation and this is quite unique. Other areas have multiple PCNs and not all are joined to a federation. The Barnsley Healthcare Federation is able to speak on behalf of all practices.</p> <p>The Chairman extended an opportunity for Practice Representatives to discuss any comments / queries with him about Primary Care and SWYPT Collaboration.</p>		
	<p><b>The Membership Council noted the update on the Primary Care and SWYPT Collaboration for information and that a further update will be provided to the next meeting of the Membership Council on 23 November 2021.</b></p>		
<p><b>MC 08/09/21-08</b></p>	<p><b>CANCER RAPID DIAGNOSTIC PATHWAY UPDATE</b></p>		
	<p>The Lead Commissioning and Transformation Manager</p>		

Agenda Item	Note	Action	Deadline
	<p>provided a presentation to the Membership Council on the Cancer Rapid Diagnostic Pathways.</p> <p>The Chairman advised that referrals from GPs should not be rejected, it would be more sensible for the hospital to contact GPs for any essential missing information and not to impede the referral. To delay a two week referral is inappropriate. GPs have to make the referral within 24 hours, so the receiving provider also has to act quickly to resolve any referral issues. Dr Adebowale commented that referrals are made electronically and so any requests for further info can equally sent back electronically and the Practice admin can respond the same day.</p>		
	<p><b>The Membership Council noted the presentation.</b></p> <p><b>Agreed action</b> To include a synopsis of the presentation in the Membership Council Briefing including the care coordinator's role for comments and feedback</p>	SL	
<b>MC</b> <b>21/09/21-09</b>	<b>ANY OTHER BUSINESS</b>		
	<b>09.1 BHF HSJ Awards</b>		
	The Membership Council noted the Federation's HSJ award nomination for their work during the Covid pandemic.		
	<b>09.2 CCG NHSE/I Annual Assessment Letter</b>		
	The Membership Council were informed that the CCG has done really well this year in the NHSE/I Annual Assessment and this had been reported in the Governing Body meeting in public session held on 9 September 2021. The value of the single PCN in Barnsley and the Federation's work with SWYPT all contributed in responding so effectively to the COVID-19 Pandemic.		
<b>MC</b> <b>08/09/21-10</b>	<b>MEMBERSHIP COUNCIL BRIEFING</b>		
	The following items were agreed for inclusion in the Membership Council Briefing.		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> <li>• Vacancies on CCG Committee</li> <li>• Health &amp; Care Bill Update.</li> <li>• Primary Care and SWYPT Collaboration (including presentation slides)</li> <li>• Cancer Rapid Diagnostic pathway</li> </ul>		
<b>MC 08/09/21-11</b>	<b>REFLECTION OF HOW WELL THE MEETING'S BUSINESS HAD BEEN CONDUCTED</b>		
	The business of the meeting had been well conducted.		
<b>MC 08/09/21-12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Membership Council will be held on Tuesday 23 November 2021 at 7.00 pm via Microsoft Teams.		

UNADOPTED

**Minutes of the Meeting of the Barnsley Clinical Commissioning Group AUDIT COMMITTEE held on Thursday 16 September 2021 at 9.30 via Microsoft Teams**

**PRESENT:**

Nigel Bell	Audit Committee Chair – Lay Member for Governance
Dr Adebowale Adekunle	Elected Member Governing Body
Chris Millington	Lay Member for Patient and Public Engagement and Primary Care Commissioning (from minute reference AC 21/09/08)

**IN ATTENDANCE:**

Claire Croft	LCFS 360 Assurance (up to and including minute reference AC 21/09/07)
Leanne Hawkes	Interim Director 360 Assurance
Kay Morgan	Governance and Assurance Manager
Roxanna Naylor	Chief Finance Officer
Jayne Sivakumar	Chief Nurse
Usman Niazi	Assistant Client Manager 360 Assurance
Richard Walker	Head of Governance and Assurance
Salma Younis	Senior Manager, KPMG

**APOLOGIES**

No apologies received

Ref	Agenda Item	Action	Dead line
AC 21/09/01	<b>HOUSEKEEPING</b> – Microsoft Teams Meeting etiquette was noted.		
AC 21/09/02	<b>QUORACY</b> - The meeting was declared quorate		
AC 21/09/03	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, GIFTS AND HOSPITALITY</b>		
	The Committee noted the Declaration of Interests Report. No other new declarations of interest were received.		
AC 21/09/04	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 10 JUNE 2021</b>		
	The Minutes of the meeting held on 10 June 2021 were approved as a correct record of the proceedings subject to the following amendments.		

Ref	Agenda Item	Action	Dead line
	<ul style="list-style-type: none"> <li>Job title of Monazzah Samad to read 'KPMG Assistant Audit Manager'</li> <li>Pages 5 &amp; 6 - Amendment of typographical error in respect of 'KPMG'.</li> </ul>		
<b>AC 21/09/05</b>	<b>MATTERS ARISING</b>		
	<p>The Committee considered the Matters Arising Report.</p> <ul style="list-style-type: none"> <li><b>Minute Reference AC 21/04/08 Revised Local Counter Fraud Plan &amp; Functional Standards Action Plan</b></li> </ul> <p>This action was deemed complete</p>		
<b>AC 21/09/06</b>	<b>ASSURANCE ON COMPLIANCE WITH STANDING ORDERS &amp; PRIME FINANCIAL POLICIES</b>		
	<p>The Head of Governance and Assurance provided the Audit Committee with assurance on compliance with the CCG's Standing Orders and Prime Financial Policies. The Committee noted the Decisions not to apply Competitive Tendering</p> <p>The Chairman referred to the Decisions not to apply Competitive Tendering and single tender waiver form in respect of the Barnsley Healthcare Federation for Home Visiting Service. He queried the risk of potential challenge as the wording indicates that the contract had been awarded without advertisement. The Chief Finance Officer provided the Audit Committee with the context around the decision not to apply competitive tendering in that the home visiting service was a long standing contract and extended due to the Covid Pandemic.</p> <p>It was noted that the Conflicts of Interest guidance advocates the inclusion of direct awards in the published tender schedule.</p>		
	<b>The Audit Committee noted the report.</b>		
<b>AC 21/09/07</b>	<b>LOCAL COUNTER FRAUD SPECIALIST PROGRESS REPORT</b>		
	The LCFS 360 Assurance presented the Counter Fraud, Bribery and Corruption Progress Report to the Audit Committee.		

Ref	Agenda Item	Action	Dead line
	<p>The Audit Committee noted contract performance, the half day reactive work undertaken for an investigation and the work completed since the last meeting of the Audit Committee.</p> <p>The Chief Finance Officer Referred to the Functional Standard Action Plan and queried when progress is expected with the standards rated as 'red' and 'amber' and the timeline for this work. In response the LCFS advised that the 'red' rated standard will be 'green' by the next submission date and all South Yorkshire CCGs are in the same position regarding the ratings for the functional standards.</p> <p>The Committee Chair commented that it would be useful to know precisely what the 'metrics' are and queried where performance against the metrics is reported? The LCFS advised that the Counter Fraud, Bribery and Corruption Progress Report to the Audit Committee is to be changed and will include activity against the Metrics.</p>		
	<p><b>The Audit Committee noted the Counter Fraud, Bribery and Corruption Progress Report</b></p> <p><i>Agreed action</i>  <b>The Chief Finance Officer and LCFS to further discuss progress with the Functional Standards in 1 to 1 discussion.</b></p>	RN CC	
AC 21/09/08	<b>INTERNAL AUDIT PROGRESS REPORT</b>		
	<p>The Assistant Client Manager 360 Assurance presented the Internal Audit Progress report to the Audit Committee. It was noted that the progress report is in a new format in response to client feedback.</p>		
	<p>The Assistant Client Manager 360 Assurance highlighted the following key points from the Progress Report to the Audit Committee.</p> <ul style="list-style-type: none"> <li>• Audit Committee Approval is sought to use of 10 days out of contingency to carry out a Data Quality and Performance Management Framework Review.</li> <li>• Since the last Audit Committee one final report 'Conflicts of Interest' has been issued providing significant assurance.</li> <li>• Stage one of the Head of Internal Assurance Opinion is complete, and work is on track to complete stage 2 by</li> </ul>		

Ref	Agenda Item	Action	Dead line
	<p>October 2021.</p> <p>The Audit Committee noted the Action Tracker and outstanding actions in relation to:</p> <ul style="list-style-type: none"> <li>• 2020/21 Children’s Continuing Care and s117 funding decisions</li> <li>• 2019/20 Continuing Healthcare / Broadcare Re-Audit</li> </ul> <p>The Chief Nurse provided assurance to the Audit Committee about the progress and plans to complete the outstanding actions.</p>		
	<p><b>2019/20 Continuing Healthcare / Broadcare Re-Audit</b></p> <p>The Chief Nurse advised that a significant amount of work had been done in the past 12 months to implement the audit recommendations.</p> <p>For the three actions relating to Adults CHC Audit:</p> <ul style="list-style-type: none"> <li>• Another option for access to ERICA has been identified and implemented but the evidence of this is not yet available.</li> <li>• The Personal Health Budgets (PHB) Standard Operating procedure (SOP) has been rolled out to the team and adherence to the SOP is being monitored.</li> <li>• Urgent work is being undertaken with BMBC colleagues (Mel John-Ross, Andrew Osborne and Sharon Graham) on the BMBC framework of providers. All cases having non framework providers which cost a significant amount of money are being authorised.</li> </ul> <p>The Chief Finance Officer referred to the framework of providers (domiciliary &amp; care home) and advised that a lot of work is being done around market development. With regard to timescales, at this point in time the council has not gone out to procurement and BMBC will not be issuing further contracts until 1 April 2022. The CCG will push forward on the framework in collaboration with the Council to ensure the framework meets the needs of patients and enable the audit recommended action to be achieved.</p> <p>The Committee Chairman asked if the new risks added to the CCGs Risk Register in respect of Continuing Health Care are the same as the Audit Committee’s concern around the outstanding audit actions.</p>		

Ref	Agenda Item	Action	Dead line
	<p>The Chief Finance Officer advised that the Finance and Performance Committee had determined that the Risk Register did not materially cover the totality of the CHC risk to the financial year end 21/22 and added two new risks. The Chief Finance Officer agreed to make recommendation to the Finance and Performance Committee and Governing Body to include issues relating to the BMBC framework of providers and non framework provider costs. It had been agreed at the Finance and Performance Committee to expand the narrative on the risks associated with market development to ensure this was fully articulated with mitigating actions, however noting this may take significant time before the CCG start to see the impact of the work undertaken.</p>		
	<p><b>2020/21 Children’s Continuing Care and s117 funding decisions</b></p> <p>With regard to the Complex Case portfolio and outstanding recommendations, the Chief Nurse informed Audit Committee that:</p> <ul style="list-style-type: none"> <li>• The Children’s review has been aligned to the Education Assessment</li> <li>• For the actions relating to Section 117 one has been signed off and the other will be delivered.</li> </ul>		
	<p>It was noted that the Chief Nurse and Assistant Client Manager 360 Assurance are determining the terms of reference and timetable for re- audits of Continuing Health Care. The Assistant Client Manager 360 Assurance will then liaise with the Chief Finance Officer to ensure the days required are included within the plan.</p>		
	<p><b>The Audit Committee noted the Internal Audit Progress Report.</b></p> <p><b>The Audit Committee agreed to extend implementation deadlines for the outstanding actions on the 2020/21 Children’s Continuing Care and s117 funding decisions and 2019/20 Continuing Healthcare / Broadcare Re-Audit to 31 March 2022.</b></p> <p><b>The Audit Committee agreed that the Audit of CHC and Childrens CHC should be re audited and said audit to be completed by the end of January 2022.</b></p>		

Ref	Agenda Item	Action	Dead line
	<p><b>Agreed Action</b>  <b>The Chief Nurse to join the regular meetings with the Assistant Client Manager 360 Assurance and the Continuing Healthcare Operational Lead to consider mitigating evidence for the outstanding actions in respect of the 2019/20 Continuing Healthcare / Broadcare Re-Audit.</b></p>	JS	
<p><b>AC</b>  <b>21/09/09</b></p>	<p><b>UPDATE FROM EXTERNAL AUDITORS INC: ANNUAL AUDIT LETTER</b></p>		
	<p>The Senior Manager, KPMG presented the Health Sector Update and the Annual Audit Letter to the Audit Committee.</p> <p>The Chief Finance Officer confirmed that the CCG has received resources for long Covid and as part of the national DES (Directly Enhanced Service) for Primary Care. The additional resource for weight management remains outstanding.</p> <p>It was confirmed that the content of the Annual Audit Letter confirming an unqualified ('clean') opinion on the CCG's Annual Report and Accounts had not changed since the draft previously provided to the Audit Committee but is formally presented to the Committee for completeness of record. Also, it was noted that the Annual Audit Letter is posted on the CCG's website.</p> <p>The Senior Manager, KPMG advised that discussions are in hand with the Chief Finance Officer and Head of Finance: Statutory Accounts and Financial Reporting, looking ahead to next year's Audit</p>		
	<p>In response to a question raised by the Committee Chair, the Interim Director 360 Assurance advised that planning work for year end including a section on due diligence is underway. On 27 September 2021 360 Assurance will attend an ICS meeting re year end requirements and latest guidance on Integrated Care Boards. Audit work is on track to complete as much as possible to be able to provide the Head of Internal Audit Opinion for 2021/22.</p>		
	<p><b>The Audit Committee noted the Health Sector Update and the Annual Audit Letter.</b></p>		

Ref	Agenda Item	Action	Dead line
AC 21/09/10	<b>INTEGRATED RISK MANAGEMENT FRAMEWORK</b>		
	The Audit Committee approved the refreshed Integrated Risk Management Framework.		
AC 21/09/11	<b>INCIDENT REPORTING AND MANAGEMENT POLICY</b>		
	<p>The Head of Governance and Assurance introduced the Incident Reporting and Management Policy and Mid Year Incident Summary, which included a recommendation to make some minor amendments to the incident reporting procedure.</p> <p>The Committee Chair referred to the mid year incidents summary and expressed concern that the three reported incidents were all related to information Governance. Staff should be aware of the procedures to follow when sharing information, including to other NHS people not working at the CCG. During CCG close down and transition there may be added pressure particularly on Personal Assistants and admin staff to share information. Until all CCGs become one organisation there are rules about what information can and cannot be shared. He advocated formalising processes for and before information can be shared. The responsibility also rested with the requestors and a clear message from the top, to bottom of organisation is required about information sharing.</p> <p>The Head of Governance and Assurance confirmed that the CCGs compliance with information governance training is good.</p>		
	<p><b>The Audit Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the revised and updated CCG Incident Reporting and Management Policy.</b></li> <li>• <b>Noted for information &amp; assurance the mid year report on incidents reported</b></li> </ul> <p><b>Agreed actions</b></p> <ul style="list-style-type: none"> <li>• <b><i>To raise the issue of information Sharing with SY ICS Governance Leads.</i></b></li> <li>• <b><i>To provide staff with further guidance on information sharing at the Staff Briefing and in Friday 'Round Up'.</i></b></li> </ul>	<p>RW</p> <p>RW</p>	

Ref	Agenda Item	Action	Dead line
<b>AC 21/09/12</b>	<b>HEALTH / SAFETY &amp; FIRE &amp; BUSINESS CONTINUITY UPDATE</b>		
	<p>The Head of Governance and Assurance presented the Health, Safety and Business Continuity Update to the Audit Committee.</p> <p>The Audit Committee noted the impending opening up of Hillder House for use by greater numbers of CCG staff. It was noted that the use of Hillder House Car Park during the Covid pandemic had been much appreciated by BHNFT staff but is now required for CCG Staff. The Hillder House car park barrier will need to be lowered to allow CCG staff to use the car park. Car park usage will be monitored to see if there is any potential to offer spaces to BHNFT Staff.</p>		
	<p>The Head of Governance and Assurance advised that Covid case rates and still high in Barnsley and under the current circumstances it makes sense not to have large face to face meetings.</p> <p>It was noted that the direction of the fire 'green running man notice' has been raised as a job with Property Services.</p>		
	<b>The Audit Committee noted the report and the assurances it provides.</b>		
<b>AC 21/09/13</b>	<b>AUDIT COMMITTEE – TERMS OF REFERENCE</b>		
	<p>The Audit Committee received the Committee's terms of reference (TOR) and noted that the TOR are fit for purpose with no changes proposed.</p> <p>The Practice Representative vacancy on the membership of the Audit Committee and other CCG Committees was noted. The vacancies on CCG Committees was raised at the Membership Council Meeting on 8 September 2021 and included in Membership Briefing with a request for any Practice Representatives interested in joining the membership of a CCG Committee to contact the Chairman or Head of Governance &amp; Assurance.</p> <p>The Head of Governance and Assurance advised that if unable to secure Membership Council Practice Representative as members of CCG Committees, the Committees can still operate under quoracy requirements.</p>		

Ref	Agenda Item	Action	Dead line
	The Audit Committee approved the Terms of Reference.		
AC 21/09/14	<b>AUDIT COMMITTEE WORK PLAN AGENDA TIMETABLE AND 2022 MEETING DATES</b>		
	The Audit Committee received its Work Plan/Agenda Timetable and proposed 2022 meeting dates for approval. A number of amendments to the Work Plan/Agenda Timetable were highlighted.		
	<p><b>The Audit Committee</b></p> <ul style="list-style-type: none"> <li>○ <b>Approved the updated Audit Committee Work Plan/Agenda Timetable 2021 / 2022 subject to the following amendments, to remove</b> <ul style="list-style-type: none"> <li>▪ the review of SO SFIs and PFP</li> <li>▪ the review of Audit Committee TOR</li> <li>▪ the Internal Audit and LCF Plan of Work 22/23</li> </ul> </li> <li>○ <b>External Audit Plan to January 2022 Audit Committee rather than in March 2022</b></li> <li>○ <b>The Draft Head of Internal Audit Opinion and LCF &amp; Functional Standards Annual Report to March 2023 meeting.</b></li> <li>• <b>Approved the proposed 2022 Audit Committee meeting dates noting that additional meeting dates can be arranged as and when required.</b></li> </ul> <p><b>Agreed Action</b> <i>To update the Audit Committee Work Plan/Agenda Timetable 2021 / 2022 as agreed by the Committee.</i></p>	RW / KM	
AC 21/09/15	<b>ASSURANCE FRAMEWORK AND RISK REGISTER</b>		
	<p>The Head of Governance and Assurance presented the Governing Body Assurance Framework (GBAF) and Risk Register Report to the Audit Committee. The Committee noted the three new priority areas added to the GBAF and the 9 red (extreme) risks on the CCG's Risk Register.</p> <p>The Committee Chair referred to the new priority area on the GBAF 'Delivering the covid vaccination programme &amp; meeting needs of patients with covid-19' and queried if this also covered Long Covid. The Head of Governance and Assurance clarified that this did also relate to long Covid.</p>		

Ref	Agenda Item	Action	Dead line
	<p><b>The Audit Committee</b></p> <ul style="list-style-type: none"> <li>• Reviewed the Assurance Framework and Risk Register</li> <li>• Determined that all risks are being appropriately Managed</li> <li>• Did not Identify any potential new risks or risks for removal</li> <li>• Noted the full report</li> </ul>		
AC 21/09/16	<p><b>REGISTERS – REGISTER OF INTERESTS REGISTER OF GIFTS, HOSPITALITY &amp; SPONSORSHIP REGISTER OF PROCUREMENT DECISIONS</b></p>		
	<p>The Audit Committee considered the Register of Interests (staff), Register of Gifts, Hospitality &amp; Sponsorship and Register of Procurement Decisions</p> <p>The Chief Finance Officer requested that when staff declare an interest, hospitality, or sponsorship the Finance Department be informed to ensure that the CCG does not engage with the companies.</p>		
	<p><b>The Audit Committee noted the Registers.</b></p> <p><i>Agreed Action For the Corporate Affairs Team to notify the Finance Team when new declarations of interest, hospitability or sponsor ship are declared.</i></p>	RW	
AC 21/09/17	<p><b>CCG CLOSEDOWN AND INTEGRATED CARE BOARD DUE DILIGENCE</b></p>		
	<p>The Chief Finance Officer provided the Audit Committee with an update on the approach to the closedown of the CCG and due diligence requirements. It was noted that a CCG task and finish group is working on ICS transition and the due diligence process.</p> <p>It was highlighted that the frequency of Audit Committee meetings may need to be increased as required to sign off the transition and due diligence requirements. The Head of Governance and Assurance advised that the first hour of every Governing Body Development Session until the end of March 2022 is dedicated time to provide the Governing Body</p>		

Ref	Agenda Item	Action	Dead line
	with context / oversight regarding Change and Transition Assurance. The Committee Chair advised that Audit Committee members will have a 10 minute catch up after the Governing Body sessions to determine if additional Audit Committee meetings are required.	ALL	
	The Chief Finance Officer commented that she will update the Committee Chair with the outcomes and recommendations from a meeting of CCG Chief Finance Officers on 27 September 2021 to consider the close down and due diligence requirements	RN	
	<p><b>The Audit Committee</b></p> <ul style="list-style-type: none"> <li>• Supported the establishment of the Transition group within the CCG.</li> <li>• Supported the membership, noting that other officers of the CCG will be engaged as required.</li> <li>• Noted the links to the ICS design and transition work</li> <li>• Noted the development of a risk register</li> <li>• Noted that impact assessments to be undertaken once across the system.</li> </ul>		
<b>AC 21/09/18</b>	<b>FREEDOM OF INFORMATION REQUESTS ANNUAL REPORT</b>		
	The Audit Committee received the CCG's Freedom of Information Annual Report 2020/21. The Committee noted that all FOI requests had been responded to within required timescales and this was an achievement during the very difficult times of the Covid Pandemic. The Committee extended their appreciation to everyone involved in the coordination of and provision of responses to FOI requests.		
	<b>The Audit Committee noted the Freedom of Information Requests Annual Report.</b>		
<b>AC 21/09/19</b>	<b>AUDIT COMMITTEE TRAINING REQUIREMENTS</b>		
	No specific training requirements were identified.		
<b>AC 21/09/20</b>	<b>ESCALATION OF ITEMS TO GOVERNING BODY</b>		
	<p>The following items were agreed for escalation to the Governing Body:</p> <ul style="list-style-type: none"> <li>• External Audit KPMG, Annual Audit Letter – formally</li> </ul>		

Ref	Agenda Item	Action	Dead line
	<p>received by the Audit Committee for completeness</p> <ul style="list-style-type: none"> <li>• Integrated Risk Management Framework</li> <li>• Audit Committee Terms of Reference</li> <li>• Closedown of the CCG and due diligence requirements</li> <li>• Freedom of Information Annual Report 2020/21</li> </ul>		
<b>AC 21/09/21</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	<p>The Committee concluded that the business of the meeting had been well conducted with all members having an opportunity to provide their input.</p> <p>The Chief Nurse commented that the meeting had been very useful and a good experience.</p>		
<b>AC 21/09/22</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	The next meeting of the Audit Committee will be held on Thursday 13 January 2022 at 09.30 am, via Microsoft Teams.		

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 2 September 2021  
10.30am via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Chris Edwards	- Accountable Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Chief Operating Officer
Dr Andrew Mills	- Membership Council Member
Dr Jamie MacInnes	- Elected Member Governing Body

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Nigel Bell	- Lay Member Governance
Jeremy Budd	- Director of Strategic Commissioning and Partnerships
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
<b>FPC21/106</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC21/107</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.	
<b>FPC21/108</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 1 JULY 2021</b> – Approved.	
<b>FPC21/109</b>	<b>MATTERS ARISING REPORT</b>	
	<b>FPC21/96 – Risk Register</b>  Actions subsumed will be picked up and discussed at the Governing Body Development Session on the 21 September 2021.  <b>FPC21/24 - IPR</b> Chief Operating Officer reported that the 24 hours crisis helpline for	

	<p>IAPT figures would now be included within the IPR performance report, therefore this item was now closed.</p> <p><b>The matters arising report was received and noted.</b></p>	
<b>FPC21/110</b>	<b>UPDATE ON RECENT PUBLISHED AND EXPECTED GUIDANCE</b>	
	<p>The Chief Finance Officer presented the report to the committee giving updates on the recently published H2 timetable which was shared in the report to members. It was noted that work on the H2 plan had started and it is hoped that details on allocations will be received to allow further information to be shared at the October meeting for discussion. An update was given for 2022/23 plans and the expected timescales noting that clarity was awaited on the financial frameworks and further information is not expected at this stage until January or February 2022. It was reported that the team would commence activity planning for 2022/23 once H2 planning was done this would include working with providers on the opening position for 2022/23. The Chief Finance Officer agreed to bring updates to the committee as and when available.</p> <p><b>The Committee were asked to receive and note the contents of the report.</b></p>	
<b>FPC21/111</b>	<b>UPDATE ON CONTRACTING CYCLE</b>	
	No update available.	
<b>FPC21/112</b>	<b>APPROVAL AND OR UPDATE ON PROCUREMENTS</b>	
	<p>The Chief Operating Officer presented the update report to members noting that there was currently one procurement out at the moment following public consultation for Brierley Medical Centre and was issues for tender on the 23 August 2021 the bids received will be evaluated following that process.</p> <p><b>The Committee were asked to note the contents of the report.</b></p>	
<b>FPC21/113</b>	<b>COMMITTEE WORKPLAN</b>	
	<p>The committee workplan was presented to the committee for comments/updates. A few minor amendments were made to the plan which the committee secretary agreed to update.</p> <p><b>The workplan was received and noted.</b></p>	
<b>FPC21/114</b>	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the</p>	

	<p>report to Committee. It was reported that the CCG were on track for H1. The finance report provides details of the forecast position as at 31 July 2021 for the six months to 30 September 2021. As at the end of July 2021 there still remains limited data and we are showing a robust forecast position based on the data available. The reports to 31 July 2021 reflect a balanced budget position and achievement of financial duties, with the forecast overspend reported relating only to Hospital Discharge Programme Costs (HDP) and Elective Recovery Funding (ERF). In line with national guidance, these two items remain outside of envelope. £782k was received in Month 4, with a further £51k anticipated up to 31 July 2021, and a Month 6 assumed allocation adjustment of £190k.</p> <p>As an ICS system, Quarter 2 elective activity is not anticipated to hit the revised threshold levels (updated guidance from 1 July 2021 amending thresholds to 95% from 85% of 2019/20 activity levels) that attract additional allocations, therefore this has caused a £179k cost pressure to Month 6 (forecast £212k, ICS forecast £33k). This is being managed through the private provider risk reserve held within CCG budgets. The ICS have a retained Elective Recovery Fund allocation of £1.7m to be distributed across partners, with the methodology currently being agreed, this could potentially offset some of this risk, however this is currently not assumed within the position reported at Month 4.</p> <p>The Finance and Performance Committee are asked to note that whilst a balanced budget position is reported risks in relation to the delivery of efficiency plans (including unidentified QIPP), continuing healthcare and prescribing are being reviewed and may potentially require further mitigating action to allow achievement particularly as we transition into H2 (October 2021 to March 2022).</p> <p>Discussion was had around the pressures in prescribing and CHC and noted that there have been some high cost care packages coming through recently and were issues around the lack of providers being able to place these patients which was an issue for other areas in South Yorkshire and perhaps needed to look at this as a whole system. The Chair noted that there was a report planned for the Governing Body in September around complex cases which may pick up some of these issues. It was reported that the Head of Medicines Management was also looking at prescribing pressures and doing some work around the profiles that have changed.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Chief Finance Officer to discuss CHC with the Chief Nurse.</b></li> <li>• <b>Invite the Head of Medicines Management to the October committee to discuss prescribing pressures in more details with members.</b></li> </ul> <p><u>Performance</u></p>	<p>RN</p> <p>RN</p>
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	<p>The Chief Operating Officer updated members on the performance section of the report, areas highlighted for exception were urgent care, planned care, mental health and LD and cancer. The report gave more detail this month in terms of the position in recovery in these areas.</p> <p>It was noted that there were real challenges in urgent care especially in A&amp;E attendances and the ambulance service. It was reported that planned care was slowly moving down with 370 52 week waits going down from 452 in the June data. There were challenges withing diagnostics with 32% waiting over 6 weeks. There had been an increase in IAPT access rates but the target had still been achieved, with waits reported for CBT. Cancer was still challenged with the majority of areas not achieving targets.</p> <p>Discussion was had around elective waiting times and it was reported that a discussion was scheduled for the Planned Care and Outpatients Group in September around health inequalities where the Chief Operating Officer would raise this.</p> <p>The issue was raised around the 2 weeks opt in for mental health services nothing that if patients hadn't responded within 2 weeks they would remove those patients from the list and queried if there was another way to opt back in. the Chief Operating Officer agreed to raise this with Patrick Otway</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• Chief Operating Officer to circulate data for CBT waits.</li> <li>• Raise elective waiting times at the Planned Care and Outpatients Group in September.</li> <li>• Raise mental health opt in with Patrick Otway.</li> </ul> <p>The Committee were asked to note the contents of the report including:</p> <ul style="list-style-type: none"> <li>• Performance to date 2021/22</li> <li>• Projected delivery of all financial duties, predicated on the assumptions outlined in this paper</li> </ul>	<p>JW</p> <p>JW</p> <p>JW</p>
FPC21/115	<b>ASSURANCE FRAMEWORK</b>	
	<p>The Chief Operating Officer presented the Assurance Framework to the Committee. It was reported that there were 6 risks on the framework 1 red and 5 amber risks 3 of which were shared with other committees.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review the risks on the 2020/21 Assurance Framework for which the Finance and Performance Committee is responsible</li> <li>• Note and approve the risks assigned to the Committee</li> </ul>	

	<ul style="list-style-type: none"> <li>• Review and update where appropriate the risk assessment scores for all Finance and Performance Risks</li> <li>• Identify any new risks that present a gap in control or assurance for inclusion on the Assurance Framework</li> <li>• Agree actions to reduce impact of high risks</li> <li>• Identify any sources of positive assurance to be recorded on the Assurance Framework to reassure the Governing Body that the risk is being appropriately managed.</li> </ul>	
<b>FPC21/116</b>	<b>RISK REGISTER</b>	
	<p>The Chief Operating Officer presented the Risk Register to the Committee. It was reported that there were currently 5 red risks after combing the covid risk register with the corporate risk register, all risks had been updated.</p> <p>Dr J Harban raised CHC and the potential to increase the score and highlight to Governing Body around the increasing funds and the potential knock on effect of other services to pay these funds. The Chief Finance Officer reported that the risk set out in the report around CHC are making progress and there is possibly a new risk around market development (national issue) and the ongoing process issues within the teams and agreed to raise with the Chief Nurse and draft a new risk for discussion at the next Governing Body meeting. The Chief Finance Officer also planned to have a session with CHC colleagues around the finances and budgets and the position and statutory responsibilities.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• Chief Finance Officer and Chief Nurse to draft a new risk around CHC and marketing etc.</li> <li>• Chief Finance Officer arrange a session with CHC colleagues re the finances and budgets and the position and statutory responsibilities.</li> </ul> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review the Finance and Performance Committee Risk Register for completeness and accuracy</li> <li>• Note and approve the risks assigned to the Committee</li> <li>• Review the risk assessment scores for all Finance and Performance risks</li> <li>• Identify any other new risks for inclusion on the Risk Register</li> <li>• Agree actions to reduce impact of extreme and high risks</li> </ul>	<p>RN</p> <p>RN</p>
<b>FPC21/117</b>	<b>MINUTES OF THE BHNFT CONTRACT EXECUTIVE BOARD –</b> no minutes available.	
<b>FPC21/118</b>	<b>MINUTES OF THE SWYPFT CONTRACT EXECUTIVE BOARD –</b> no minutes available.	

FPC21/119	<b>MINUTES OF THE CHILDRENS EXECUTIVE COMMISSIONING GROUP – 7 JUNE 2021</b>	
	<p>The notes of the 7 June 2021 were presented to members for information and agreed to send any comments/questions to Patrick Otway. Dr Mills raised that the challenges around referring to CAMHS for GP's and was still an issue and no guidance had been received to GP practices as stated in the minutes. Dr Mills agreed to feed this back to Patrick.</p> <p><b>The minutes were received and noted.</b></p>	
FPC21/120	<b>MINUTES OF THE ADULTS JOINT COMMISSIONING GROUP –</b> no minutes available.	
FPC21/121	<b>TERMS OF REFERENCE</b>	
	<p>The Terms of Reference for the Committee were presented for annual review. Members were happy with the terms of reference and felt they were still valid for the next 6 months.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>It was agreed to change from Director of Strategic Planning and Performance to Chief Operating Officer.</b></li> </ul> <p><b>The Terms of Reference were approved.</b></p>	LW
FPC21/122	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	<p>The Chief Operating Officer presented the report to the Committee and member were asked to note the following decisions to commit expenditure taken by Management Team during July &amp; August 2021:</p> <ul style="list-style-type: none"> <li>• <i>Greenacre School</i> - Approved 3 months extension to contract with Apollo Healthcare for support to Greenacre School to end November 2021 (max £45,000)</li> <li>• <i>Learning Disability Nurse</i> – approved an increase of the current band 5 Learning Disability Nurse to a band 6 and working additional hours from 0.6 to 0.8 from August 2021 – March 2022 to cover maternity leave (£8,470)</li> <li>• <i>BMBC Brokerage Capacity</i> - approved funding for the backfill of an additional 1WTE for a 12 month period from 3 August 2021 (£33,000)</li> <li>• <i>Communications Manager Proposal</i> - supported in principle a 12 month fixed term appointment hosted by one of Barnsley's partners with supervisory / workload support from the Head of Comms &amp; Engagement (Non-recurrent B7 (£55,881 at top of scale) plus mobile phones and contract, laptop and indicative travel costs travel costs at approx.</li> </ul>	

	<p>£1.1k)</p> <p>Dr J Harban queried if other partners had been approached to part fund the comms manager post, the Chief Finance Officer reported that they would be approached and would await to see what the response was and take it from there. It was added that comms as a system development and communications were not yet fully developed so this post should cover that going forward.</p> <p><b>The Committee received and noted the update.</b></p>	
<b>FPC21/123</b>	<b>ANY OTHER BUSINESS</b>	
	<p>It was Dr Andrew Mills last meeting of the committee before stepping down. The Chair and members thanks Dr Mills for his contributions to the Committee and wished him well for the future.</p>	
<b>FPC21/124</b>	<b>ITEMS FOR ESCALATION TO THE GOVERNING BODY</b>	
	<ul style="list-style-type: none"> <li>• Risk Register - new risk around CHC raise at Governing Body on the 9 September.</li> </ul>	
<b>FPC21/125</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	<p>The meeting went well and ran to time and all business was conducted.</p>	
<b>FPC21/126</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	<p>Thursday 7 October 2021 at 10.30am via Microsoft Teams.</p>	

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 7 October 2021 at  
10.30am via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Chris Edwards	- Accountable Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Chief Operating Officer
Nigel Bell	- Lay Member Governance

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Dr Jamie MacInnes	- Elected Member Governing Body
Jeremy Budd	- Director of Strategic Commissioning and Partnerships
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)

Agenda Item		Action & Deadline
<b>FPC21/127</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC21/128</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.  Dr J Harban reported that he was no longer Chair of the Audit and Governance meeting at Barnsley Healthcare Federation but was noted this had already been updated on the register.	
<b>FPC21/129</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 2 SEPTEMBER 2021 – Approved.</b>	
<b>FPC21/130</b>	<b>MATTERS ARISING REPORT</b>	
	<b>FPC21/116 Risk Register</b>	
	The Chief Finance Officer reported that she had had a conversation with the Chief Nurse around the CHC risk for	

	marketing and was still to write up the risk and assured this would be done for the next Governing Body Meeting.	
<b>FPC21/131</b>	<b>H2 FINANCIAL PLAN</b>	
	<p>The Chief Operating Officer shared slides with members which showed the 6 areas that remain a priority for H2 and also a further 5 areas to tackle health inequalities.</p> <p>The Chief Finance Officer reported that H2 arrangements remained broadly consistent with H1 and these were shared with members. Planning assumptions from guidance were also presented to the committee. It was reported that South Yorkshire CFO's had met and were due a further meeting. Plans were being worked through and the following deadlines had been put in place:</p> <ul style="list-style-type: none"> <li>• Activity plans to be submitted by providers on 14 October</li> <li>• Initial narrative plan (provider elective recovery) 21 October</li> <li>• Final finance, activity and workforce plans to be submitted by 16 November from ICS to national team. (local deadline 22 October for CCGs to ICS)</li> <li>• Final narrative plans (ICS) 16 November</li> </ul> <p>Members were asked if an additional meeting was required prior to submission the 21 October, and members were in agreement.</p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>Arrange an additional F&amp;P Meeting on the 21 October to agree/sign off financial plan.</b></li> <li>• <b>Agreed to invite Chris Lawson to a Clinical Forum meeting and then potentially a Primary Care Strategic Group to discuss Community Pharmacist in particular Hypertension.</b></li> </ul> <p><b>The Committee received and noted the update.</b></p>	<p>LW</p> <p>CL/LW</p>
<b>FPC21/132</b>	<b>INTEGRATED PERFORMANCE REPORT INCLUDING UPDATE ON PRESCRIBING PRESSURES</b>	
	<p><u>Finance</u></p> <p>The Chief Finance Officer presented the finance section of the IPR to members. It was reported that as at the end of August 2021 we are showing a robust forecast position based on the data available. The reports to 31 August 2021 reflects a balanced budget position and achievement of financial duties, with the forecast overspend reported relating only to Hospital Discharge Programme Costs (HDP) and Elective Recovery Funding (ERF). In line with national guidance, these two items remain outside of envelope. £30k was received in Month 5 relating to the Elective Recovery Fund, with a further £19k anticipated up to 31 August 2021 (Elective Recovery</p>	

	<p>Fund £1k, Hospital Discharge Programme £18k), and a Month 6 assumed allocation adjustment of £158k (Elective Recovery Fund £1k, Hospital Discharge Programme £157k). As reported last month, as an ICS system we are not anticipated to hit the revised Quarter 2 thresholds for elective activity (updated guidance from 1<sup>st</sup> July 2021 amending thresholds to 95% from 85% of 2019/20 activity levels) which would attract additional allocations. The Month 5 independent sector year to date and forecast position has reduced due to anticipated Q2 activity growth not materialising, reducing the cost pressure previously reported. A final decision on the process to manage the retained ICB Elective Recovery Fund allocation of £1.7m is imminent, however no impact is assumed within the position reported at Month 5.</p> <p>Continuing Healthcare and Prescribing continued to be volatile areas with forecast movements from M4 to M5 of £284k and £209k respectively. The movement in Continuing Healthcare relates to growth in care package costs, not patient numbers, and includes a £250k risk adjustment for data recording issues and outstanding uplift notifications with BMBC. Prescribing is based on the latest available data (Month 3) at January 2021 national profiles rather than the latest published profile (July 2021) in agreement with the Head of Medicines Management.</p> <p>The Chief Finance Officer reported that once the plan is done it will show the gap and then conversations can begin to look at how to address this. Discussion was had around the CHC increases and the growth and what may happen if this level of growth continues. It was reported that this was a problem for many others and not just Barnsley and this issue had been discussed at the South Yorkshire CFO's and Chief Nurses. There had been a discussion at a recent Audit Committee and a risk had been identified around the market development work that was required with providers for CHC and complex care packages and that risk would come to the November Committee. It was agreed to invite the Chief Nurse to attend a future Committee to give an update on all these issues.</p> <p>The Chair raised that should any funds become available following the work on the plan would it be worth the Primary Care Strategic Group working up any schemes against any available funds. It was agreed to work up the plan see what the gap was and then revisit this after the 21 October.</p> <p><b>Agreed Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Chief Finance Officer to meet with Chief Nurse and discuss CHC financial position.</b></li> <li>• <b>Invite the Chief Nurse to the November Committee to update on CHC financial position/pressures.</b></li> <li>• <b>Following the 21 October submission of the plan look at any potential funds and primary care plans should any funds be available.</b></li> </ul>	<p>RN</p> <p>LW</p> <p>RN/NB</p>
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Performance

The Chief Operating Officer presented the performance section of the IPR. It was reported that challenges were still being faced in relation to covid and performance levels. A&E were starting to recover but were still less than 70% on the 4 hour waits and bed occupancy was high. In terms of planned care there were 304 52 weeks waits but 183 of these were for Barnsley patients and was reported that Barnsley have no 104 week waits. There were waits within diagnostics and IAPT data for August was back on track, the Chief Operating Officer had checked with the team whether patients were being removed if they didn't respond on time but was assured that they were being followed up appropriately if no response is received. Cancer performance had stayed fairly static and there had been a big increase in referrals with cancer being a big key area for Barnsley and expectations for H2. It was reported that the next assurance report to Governing Body would have an update on cancer as the waits were not good.

It was reported that Barnsley had been successful in the diagnostic hub bid for the Glassworks. The Chair asked about staffing and capacity of the hub and was agreed there could be challenges to recruit but work was ongoing around which services will be up and running and when. It was agreed it would be useful to see how this would help with the backlog and address the waiting lists, early diagnosis and referrals.

**Agreed Actions**

- **Chief Operating Officer to have an update on the diagnostic hub for the next Governing Body.**

JW

Prescribing Pressures

The Head of Medicines Management attended the meeting to give an update to members on the current prescribing pressures. It was reported that there are lots of different pressures; increase in population, age increase, respiratory and diabetes and the national profile. It was also noted that as more data became available then a better confidence would be had as data only went up to month 4 currently but noted there had been an improvement and was showing a downward trend now and looking more stable in terms of QIPP delivery. It was reported that pressures this year had been different from previous years and there was a backlog/pressures from secondary care into primary care with drug being started in secondary care then filtering into primary care to delivery those medications. The PDA efficiencies were on track and the top 20 drugs are monitored and are seeing growth with £280k growth pressures.

An issue has been around no cheaper stock and costs can range between £9k to £140k per month and this can't be predicted and continue to see a wide range of variations but the team continue to

	<p>work closely with the finance team on these issues. A question was asked how we get costs back from secondary care for the drugs that filter into primary care but was reported this can't be clawed back due to having a block contract but some of these issues are taken through the Area Prescribing Committee and have been assured that things will change in relation to the pathways.</p> <p>The Chair asked members if they felt assured following the update and now know what the issues are within prescribing. Member felt assured that the team have a handle on it and know that there are some things that can't be changed and were assured that QIPP is on track to deliver.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• In February/March have an update with Roxanna Naylor, Nick Balac, John Harban, Chris Lawson to give idea what the CCG will be handing over to place.</li> </ul> <p><b>The Committee were asked to note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• Performance to date 2021/22</li> <li>• projected delivery of all financial duties, predicated on the assumptions outlined in this paper</li> </ul>	RN/NB/ JH/CL
FPC21/133	<b>MANAGEMENT TEAM DECISIONS WITH FINANCIAL IMPLICATIONS</b>	
	<p>The Chief Operating Officer presented the report to members and the Finance &amp; Performance Committee were asked to note the following decisions to commit expenditure taken by Management Team since 20 August 2021:</p> <ul style="list-style-type: none"> <li>• LeDeR reviews - SMT approved the non-recurrent funding of £14k to the end of the 2020/21 financial year to fund 20 reviews by NECS.</li> <li>• CHC LD Post – Recruitment Issues – SMT supported recruitment from an external contractor due to another unsuccessful recruitment attempt on a 12-week contract, with an associated cost associated cost pressure of £18,214.</li> </ul> <p><b>The Committee received and noted the report.</b></p>	
FPC21/134	<b>ANY OTHER BUSINESS</b>	
	No items were raised under this heading.	
FPC21/135	<b>AREAS FOR ESCALATION TO GOVERNING BODY</b>	
	There were no additional areas for escalation to Governing Body that wouldn't already be addressed in routine reporting.	

<b>FPC21/136</b>	<b>REFLECTION ON HOW THE MEETINGS BUSINESS WAS CONDUCTED</b>	
	The meeting went well and all relevant business was conducted.	
<b>FPC21/137</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 4 November 2021 at 10.30am via Microsoft Teams.	

Adopted

**Minutes of the Meeting of the NHS Barnsley Clinical Commissioning Group  
FINANCE & PERFORMANCE COMMITTEE held on Thursday 21 October 2021 at  
10.00am via Microsoft Teams.**

**PRESENT:**

Dr Nick Balac (Chair)	- Chair
Dr John Harban	- Elected Member Governing Body - Contracting
Chris Edwards	- Accountable Officer
Roxanna Naylor	- Chief Finance Officer
Dr Adebowale Adekunle	- Elected Member Governing Body
Jamie Wike	- Chief Operating Officer
Dr Andrew Mills	- Membership Council Member
Nigel Bell	- Lay Member Governance

**IN ATTENDANCE:**

Leanne Whitehead	- Executive Personal Assistant
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**APOLOGIES:**

Jeremy Budd	- Director of Strategic Commissioning and Partnerships
Patrick Otway	- Head of Commissioning (MH, Children, Specialised)
Dr Jamie MacInnes	- Elected Member Governing Body

Agenda Item		Action & Deadline
<b>FPC21/138</b>	<b>QUORACY</b>	
	The meeting was declared quorate.	
<b>FPC21/139</b>	<b>DECLARATIONS OF INTEREST, SPONSORSHIP, HOSPITALITY AND GIFTS RELEVANT TO THE AGENDA</b>	
	The Committee noted the declarations of interest report. There were no declarations of interest raised relevant to the agenda.	
<b>FPC21/140</b>	<b>2021/22 FINANCIAL PLAN OCTOBER – MARCH H2</b>	
	The Chief Finance Officer presented the 2021/22 Financial Plan October – March H2 to members to approve prior to submission. It was reported that the position was still draft as information was still being received but noted any further changes would only be minor and a final version of the plan submitted would be presented at the November Committee. The report included all the CCG's confirmed allocations for H2. It was noted that the financial plan maximises any flexibility and these adjustments are reflected through a non recurrent budget adjustment, leaving the remaining	

	<p>efficiency where plans need to be identified to ensure financial balance can be achieved. The total efficiency requirement for H2 is £3.8m, with a 2021/22 total requirement of £11m. This will be delivered in the main through non recurrent measures except for £3.5m of Prescribing. The CCG is working to ensure that financial balance can be achieved across the year, working across partners to close the unidentified QIPP gap.</p> <p>A summary of budgets for H2 were detailed within the report which included a further £1m for CHC growth pressures/risks reserve which was felt should be enough to cover any risk emerging given H1 trends and also a £300k reserve for prescribing pressures. The CCG covid funding is funding the Primary Care hot clinics and home visiting services. It was also noted that guidance has been received confirming further allocations for Primary Care but details of this is not included within this draft financial plan. It was reported that there may be some risk to balancing the financial plan across the SYB as it is anticipated Barnsley Trust may submit a plan with a deficit. Discussions between the Trust, CCG and ICS remain ongoing.</p> <p>The Chief Finance Officer reported that a full review of all budgets would be done in months 8 and 9 and a discussion would be had at the January Committee around this. It was noted that ERF monies held nationally may come through the system to providers and commissioners at some point and also the primary care access additional funding had not been included as this hadn't been received yet. The Committee approved the plan for submission.</p> <p><b>The Committee were asked note the contents of the report including:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the details on allocation received in H2</b></li> <li>• <b>Note the efficiency requirement for H2</b></li> <li>• <b>Support the submission of these plans to the ICS to ensure the deadline is achieved, noting a final version highlighting any further minor amendments will be shared at Finance and Performance committee on 4 November 2021.</b></li> <li>• <b>Note the full year budget for 2021/22</b></li> </ul>	
FPC21/141	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday 4 November 2021 at 10.30am via Microsoft Teams.	

## GOVERNING BODY

11 November 2021

### PRIMARY CARE COMMISSIONING COMMITTEE HIGHLIGHT REPORT

#### PART 1A – SUMMARY REPORT

<b>1. THIS PAPER IS FOR</b>												
	<input type="checkbox"/> <i>Decision</i>	<input type="checkbox"/> <i>Approval</i>	<input type="checkbox"/> <i>Assurance</i>									
	<input checked="" type="checkbox"/> <i>Information</i>	<input type="checkbox"/>										
<b>2. PURPOSE</b>												
	<p>The purpose of this report is to provide Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 30 September 2021.</p>											
<b>3. REPORT OF</b>												
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Lay Member Lead</td> <td>Chris Millington</td> <td>Chair PCCC</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Lay Member Lead	Chris Millington	Chair PCCC	Author	Julie Frampton	Head of Primary Care
	Name	Designation										
Lay Member Lead	Chris Millington	Chair PCCC										
Author	Julie Frampton	Head of Primary Care										
<b>4. SUMMARY OF PREVIOUS GOVERNANCE</b>												
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Primary Care Commissioning Committee (PCCC)</td> <td>30 September 2021</td> <td>Highlights agreed</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	Primary Care Commissioning Committee (PCCC)	30 September 2021	Highlights agreed			
Group / Committee	Date	Outcome										
Primary Care Commissioning Committee (PCCC)	30 September 2021	Highlights agreed										
<b>5. EXECUTIVE SUMMARY</b>												
	<p>This report provides the November Governing Body with the agreed highlights from the public Primary Care Commissioning Committee held on 30 September 2021.</p> <p>There are no items to raise to Governing Body from this meeting.</p>											
<b>6. THE GOVERNING BODY IS ASKED TO:</b>												
	<ul style="list-style-type: none"> <li>Note the above which is provided for information and assurance.</li> </ul>											
<b>7. APPENDICES / LINKS TO FURTHER INFORMATION</b>												

	<ul style="list-style-type: none"><li>• Appendix 1 – PCCC Committee adopted minutes 5 August 2021</li></ul>
<b>Agenda time allocation for report:</b>	5 mins.

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

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

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



Barnsley

Clinical Commissioning Group

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 5 August 2021 at 11.30am via MS Teams**

**PRESENT: (VOTING MEMBERS)**

Nigel Bell	Lay Member for Governance
Mike Simms (Chair)	Secondary Care Clinician (joined the meeting at agenda item 11)
Chris Edwards	Chief Officer

**CLINICAL MEMBERS (NON-VOTING)**

Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Head of Primary Care
Angela Turner	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Margaret Lindquist	Board Member, Healthwatch Barnsley
Julia Burrows	Director of Public Health, BMBC
Paige Dawson	Risk, Governance and Assurance Facilitator
Ruth Simms	Finance Manager

**APOLOGIES:**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Richard Walker	Head of Governance & Assurance
Dr Nick Balac	Chair, Barnsley CCG
Roxanna Naylor	Chief Finance Officer

**MEMBERS OF THE PUBLIC:**

There were no members of the public present at the meeting.

Agenda Item	Note	Action	Deadline
<b>PCCC 21/08/01</b>	<b>HOUSEKEEPING</b>		
<b>PCCC 21/08/02</b>	<b>WELCOME AND APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 21/08/03</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 21/08/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		

	Conflict of interest PDA - GPs can stay in the discussion but any decisions to be made, GPs to leave.		
<b>PCCC 21/08/05</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 27 May 2021 were verified as a true and correct record of proceedings.		
<b>PCCC 21/08/06</b>	<b>MATTERS ARISING REPORT</b>		
	<u>Primary Care Strategy</u> It was confirmed that a review and amendments to the wording in the Primary Care Strategy Group Terms of Reference had been completed. To be re-circulated when Richard Walker returns from leave.	<b>RW/JF</b>	
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 21/08/07</b>	<u>Primary Care Estate</u> Head of Primary Care gave a verbal update advising that the data gathering exercise had commenced and all GP practices had received spreadsheets requesting the information they are required to check and also requests to provide additional information. All this will be collated and used to support the development of the shaped tool, ie different elements of information around staffing, estates etc.  The Primary Care 6 Facet survey of estates is due to commence. Practice managers have been notified that they will be contacted by the company that will be undertaking this work.  Chair asked if this work would be completed within the 6 months period that CCG remains.  Chief Officer advised that all capital bids will be going through ICS going forward. The timing of this piece of work is perfect which will give us the most up to date strategy and should enhance Barnsley's chances of attracting capital. Need to ensure the work is completed within the timescales.  Head of Primary Care confirmed that this work should be completed by the end of October beginning of November and that includes the work required to go into developing the wider estates strategy.		
<b>PCCC 21/08/08</b>	<u>GP Patient Survey 2020/21</u> Head of Primary Care advised that the purpose of the report is to provide members with information regarding the outcome of the GP patient survey published July 2021.		

	<p>The outcome of the GP patient survey published July 2021 is currently being analysed. The results of the survey are based on fieldwork during the period January to March 2021. Responses were received from 4428 of the 11,446 invited patients. A 39% response rate of questionnaires was completed.</p> <p>The GP Patient Survey measures patients' experiences across a range of topics, including:</p> <ul style="list-style-type: none"> <li>• Your local GP services</li> <li>• Making an appointment</li> <li>• Your last appointment</li> <li>• Overall experience</li> <li>• Your health</li> <li>• When your GP practice is closed</li> <li>• NHS Dentistry</li> <li>• COVID-19</li> <li>• Some questions about you (including relevant protected characteristics and demographics)</li> </ul> <p>To improve patient access via telephony is on the action plan.</p> <p>Chair highlighted that issues are now coming up in relation to the wait time for GP appointments, phlebotomy and wait times for referrals to cancer clinic.</p> <p>Head of Primary Care confirmed that these will be looked at and across the wider piece with other CCG colleagues who are responsible for these linking in with cancer leads and other areas.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the receipt of the GP Patient Survey, initial findings, and a more detailed analysis to be brought to a future PCCC</li> </ul> <p>Chair confirmed that this was a good summary of a large piece of work.</p>		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 21/08/09</b>	<b>FINANCE UPDATE</b>		
	<p>The Assistant Finance Manager presented the Finance Report that provided an update of the report.</p> <p>There are two sections to the report:</p> <p><b><u>Forecast Position 2021/22 – H1 April – September 2021</u></b> The forecast position as at Month 2 reflects a balanced budget position, at this early stage in the year there is</p>		

	<p>limited data available to allow a robust forecast position to be developed, H1 requirements April – September 2021.</p> <p><b><u>Additional Funding for 2021/22</u></b>        In Month 4 NHS Barnsley CCG are due to receive additional allocations in relation to both the General Practice COVID capacity Expansion Fund and Post COVID Assessment Clinic.</p> <p>Month 4 we received the £565k for covid capacity expansion funding and the £112k for post covid assessment clinics.</p> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report</li> </ul>		
<p><b>PCCC 21/08/10</b></p>	<p><b><u>CQC Updates</u></b>        The Head of Primary Care presented the CQC Update.</p> <p>The purpose of the report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.</p> <p><b><u>CQC Inspections</u></b>        The CQC have informed the CCG that they are continuing to develop their approach to inspection activity, moving on from their transitional monitoring approach adopted during the COVID-19 pandemic, as outlined below:</p> <p>From July 2021 a monthly review will be introduced of the information held on most of the services regulated.</p> <p><u>The Rose Tree Practice</u>        The Rose Tree Practice was inspected on the 18 and 19 May 2021 due to their current rating of Requires Improvement from their last inspection which took place on the 2 October 2019, following a rating of Inadequate in February 2019.</p> <p>The CQC rated the practice as good overall and in all domains. Some recommendations link in with practice to ensure update where required and offering support.</p> <p><u>Hoyland Medical Practice</u>        A remote inspection of Hoyland Medical Practice took place on 6 May in response to information received by the CQC.</p> <p>The CQC report published on the 8 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care and improve telephone access to the practice.</p>		

	<p>Additionally, the report outlined that the practice should:</p> <ul style="list-style-type: none"> <li>• Ensure all staff complete equality and diversity training.</li> <li>• Review the practices speak up policies.</li> </ul> <p><u>Woodland Drive</u> A remote inspection of Woodland Drive took place on 26 May in response to information received by the CQC.</p> <p>The CQC report published on 23 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>The CCG are liaising with the practice and requested an action plan to confirm the steps being taken to meet requirements.</p> <p><i>Upcoming inspections</i></p> <ul style="list-style-type: none"> <li>• Royston High Street Practice had a telephone monitoring call on the 16 July as although the practice is rated as Good overall, they were rated as Requires Improvement for being an effective practice at their inspection on 8 October 2019</li> </ul> <p><b>The Committee were asked to note:</b></p> <ul style="list-style-type: none"> <li>• Note the CQC's inspection planning and approach</li> <li>• Note the inspection of Rose Tree Practice, Hoyland Medical Practice and Woodland Drive</li> <li>• Note the remote inspection undertaken at Royston High Street Practice.</li> </ul> <p>Lay Member for Governance asked for some clarity on the wording from CQC report on what the breach of regulations were, this would make clearer what the regulation was. Head of Primary Care to seek clarity and advise at the next meeting.</p>	<b>JF</b>	
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC 21/08/11</b>	<b>CONTRACTUAL ISSUES REPORT</b>		
	<p>The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><b><u>Ashville Medical Practice</u></b> Barnsley CCG has received an application to vary Ashville Medical Practice PMS contract to remove Dr Rainford from 1 October 2021 who is retiring. The practice</p>		

	<p>have plans to recruit a GP going forward and already have 9 members on their contract currently. They do not foresee any issues during the recruitment period.</p> <p>Director of Public Health, BMBC asked what the picture was in terms of the position of GP recruitment in Barnsley. Head of Primary Care confirmed that the Ashville Medical practice has a very good record of recruitment and does not have any concerns that it will raise any issues.</p> <p>Medical Director, BCCG confirmed also that it was a large practice and a training practice. A lot of their GP registrars that train with them often stay. The Practice Manager has advised that there should be no disruption to the service and it has a good history that if they need to replace any GPs they have been quite successful in the past.</p> <p><b><u>GP Practice Premises Sale and Return</u></b>          Dr Mellor &amp; Partners, Garland House Surgery - Garland House/ Woodgrove Surgery – to sale and lease back their property.</p> <p>CCG did initially believe that there would be no financial impact to them, however, have now been made aware that the practice is not VAT registered and there is an implication around reimbursement of VAT. This does over the length of the lease add to up to a considerable amount of monies and we do have an obligation to look at this. NHS England has been approached for guidance and not sure if there is an alternative and to approve it as it is.</p> <p>Primary Care Manager, NHSEI advised that most practices are not liable for VAT, it is only dispensing practices and certain building projects where it is mandated or of no interest to be VAT registered. So on the whole those practices would not be registered. The implication is the cost of VAT would have to be met by the CCG. No incentives for GPs to be VAT registered unless they meet the other categories. But it has significant impact on the CCGs if they are not VAT registered.</p> <p>Primary Care Manager, NHSEI stated that perhaps for future leases it be a condition of it that they are VAT registered and it is written into any new lease agreements as it is part of the commission of sale and return.</p> <p><b>Action:</b> Lay Member for Governance asked for clarity on the £32, 625 that it is per annum and for it to be minuted that it is per annum. Also, that going forward this should be seen upfront in future to mitigate risk when seeking advice from NHSE.</p> <p>Chair asked who this had been discussed with in the first</p>	<p><b>JF</b></p>	
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	<p>place. Head of Primary confirmed that info from NHS England and PCC had been sourced but she had not asked specifically about VAT however this wasn't raised by either sources and NHSE and CCG need to review for the future.</p> <p><b>Action :</b> Primary Care Manager, NHSEI agreed to take back and clarify with NHS England and raise the question about VAT registration be in the agreements.</p> <p><b><u>Monk Bretton Health Centre – Additional Room</u></b> Barnsley CCG has received an application from Monk Bretton Health Centre to incorporate an additional room into their lease.</p> <p>Head of Primary Care advised that they had looked into the eligibility for this practice, at room sizes and practice size against the list value and can confirm they can be accommodate within those terms. The additional cost of the rent would be £2736 per annum and there is 7 years left on the lease.</p> <p><b><u>Brierley Medical Centre APMS Contract Procurement</u></b> The APMS contract for BHF Brierley Medical Centre, which commenced on 1/12/2015, was due to terminate on the 30 November 2020. The contract included a clause to provide for an extension to the contract for a maximum of one year. The committee approved the extension to the contract for one year giving a contract end date of 30 November 2021.</p> <p>The procurement process has commenced and has started patient consultation and engagement. Letters have been sent out to all patients on their list with questionnaires. The team are arranging for people to sit on the procurement team.</p> <p><b><u>BHF Contracts Review Update</u></b> The data entry and quality, timeliness of reporting and accuracy of the Service Quality Performance (SQP) report for the Barnsley Healthcare Federation (BHF) contracts has been discussed by the CCG's Senior Management Team. It was agreed that the most appropriate step would be to move from a full SQP report to a minimum data set to increase confidence, data quality, and assurance of the BHF contracted services. This will ensure that the key contractual reporting requirements of each contract are provided which will support future commissioning/ procurement intentions, be more consistent and accurate, and could be supported by more "automated" means supporting the data quality elements.</p> <p>A further update will be provided to this committee when</p>	<p><b>NG</b></p>	
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	<p>the review of the data set has been completed to provide assurance of the successful implementation of new systems in place.</p> <p><b>The Committee were asked to :-</b></p> <ol style="list-style-type: none"> <li>1) Approve the contract variation for the removal of Dr Rainford from the Ashville Medical Practice contract</li> <li>2) a) Approve the reimbursement of VAT payments as a result of the Sale and Lease back of Dr Mellor &amp; Partners, Garland House Surgery - Garland House/Woodgrove Surgery</li> <li style="padding-left: 40px;">b) Approve the additional room for Monk Bretton Health Centre</li> <li>3) Note the progress of Brierley Medical Centre APMS contract procurement.</li> <li>4) Note the update of Barnsley Healthcare Federation Contract review for assurance.</li> </ol> <p>Committee were in agreement and approved the requests and acknowledged the information supplied.</p> <p><b>Action:</b> The Chair asked for BHF Contract review to put placed on next month's agenda to ensure kept up to date on progress.</p>	<p><b>JF</b></p>	
<p><b>PCCC 21/08/12</b></p>	<p><u>PDA 2021/22 Primary Care Schemes</u></p> <p>The purpose of the report is to provide the proposed Primary Care PDA Schemes for 2021/22 with the finances associated with the schemes for approval.</p> <p>Since 2014/15 Barnsley CCG has developed and implemented a Practice Agreement Scheme between itself and its 32 Member GP Practices called the Barnsley Practice Delivery Agreement (PDA). This is commissioned via an NHS Standard Contract.</p> <p>The aim of the PDA is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley and has been reviewed and refreshed with consideration to the challenges for Primary Care, particularly during the COVID 19 Pandemic. The focus of the PDA has always been to invest in the infrastructure to deliver and enhance quality of care which reduces health inequalities of patients living in Barnsley. As part of this contract GP practices will receive a consistent income level to assist with staffing capacity and be resilient to meet to changing landscape of the NHS.</p> <p>The 2021/22 Primary Care Schemes of the Practice Delivery Agreement is broken down into 7 core schemes,</p>		

including Medicines Management:

**Plans for Delivery of Primary Care Services**

**Estate Planning**

**Staff trained as appropriate, and equipment updated**

**Operational Planning Guidance**

**IT and Digital Projects**

*Chair asked if the GPs had any comments.*

Dr M Smith, GB Member stated that the way of achievement seems vague compared to previous years and difficult to quantify when completed and there is a lot more subjective in it.

Head of Primary Care responded and said that they would be working with the practices to complete data sheets and agreed that some of it is more subjective than in previous years and were mindful not to ask practices to get involved in huge amounts of data gathering and analysis due to current pressures they are undertaking.

***Dr M Smith, GB Member and Dr M Guntamukkala, Medical Director left the meeting at this point.***

Chair asked members for any comments:

*How we know if delivered it – exceptional year, still trying to work out how to do that and only have so much resource, happy to leave to JF to come up with something sensible.*

*All seems sensible but we have a model for primary care which is struggling across the whole country. This may have been covered in the Primary Care Strategy meeting but wonder whether to use this to get engagement of practices into that kind of future looking. While also understanding the pressures, we cannot really ask them to do lots of things, but we really need that engagement in the discussion about primary care for the future and how it is sustainable, as it clearly is not right across the country. May not be able to deal with a PDA but there is a need for engagement in those discussions.*

*Regarding MS and NB comments understand some of the indicators around the subjective nature and some of the indicators, accept that this is an exceptional year, but note for future years that we can aspire to have more clarity around indicators to achieve would be helpful.*

**The Committee were asked to approve:**

1. Approve the proposed schemes with the associated finances for inclusion within the 2021/22 PDA

Chair confirmed with all members and they were in

	<p>agreement to approve.</p> <p>GPs returned to the meeting.</p>		
<b>PCCC 21/08/13</b>	<p><b>COVID EXPANSION FUNDING</b></p> <p>The purpose of the report is to seek approval for the General Practice Covid Capacity Expansion Funding to practices on the revised basis set out within the paper.</p> <p>On the 19 March 2021 NHSE/I wrote to all CCGs and GPs setting out details of a second General Practice Covid Capacity Expansion Fund. Nationally this fund consists of £120 million of revenue funding to be allocated through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up from April 2021 until the end of September 2021 based on the previous requirements of the first offer in November 2020.</p> <p><b>The Committee members were asked to:</b></p> <ul style="list-style-type: none"> <li>• Approve the proposal payment of £1.90 weighted per head of patient population out to practices and to note that it is non recurrent funding.</li> </ul> <p>Chair confirmed all agreed to approve.</p>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 21/08/14</b>	<p>The Risk, Governance and Assurance Facilitator presented the risk and Governance report that provided the Committee with:</p> <ul style="list-style-type: none"> <li>• Assurance regarding the delivery of the CCG's annual strategic objectives, and</li> <li>• Assurance that the current risks to the organisation were being effectively managed and monitored appropriately</li> </ul> <p><u>Assurance Framework</u></p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the two risks for which the Primary Care Commissioning Committee is the assurance provider. Two risks are scored as 'Amber' High Risk:</p> <p>1) Risk ref 2.1 Primary Care 2) Risk ref 9.1 Digital Technology</p> <p>Head of Primary Care raised: Risk ref 9.1 Digital Technology - some of it needs to be reviewed and updated a lot of things are completed. It needs to be updated to include the current subjects and emerging risks that are showing through the work that is not only within Barnsley Bassetlaw and Sheffield IT teams but with the wider ICS. Also need to be mindful that Bassetlaw is not within SY ICS now need to know what it</p>		

	<p>means in terms of the SY IT service</p> <p><b>Action:</b> – updated version to be brought to the next meeting</p> <p><u>Risk Register</u> There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>Reviewed and agreed that the risks were being appropriately managed and scored.</li> </ul>	<b>JF/PD</b>	
<b>OTHER</b>			
<b>PCCC 21/08/15</b>	<b>REFLECTION OF CONDUCT OF THE MEETING</b> The Committee agreed that the meeting had been conducted appropriately.		
<b>PCCC 21/08/16</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b>		
	There were no questions received from the members of the public.		
<b>PCCC 21/08/17</b>	<b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b> It was agreed to escalate the following items to the Governing Body for information:- <ul style="list-style-type: none"> <li>PDA for noting</li> <li>CQC reports for noting</li> <li>COVID paper for information</li> </ul>		
<b>PCCC 20/08/14</b>	<b>DATE &amp; TIME OF NEXT MEETING</b> Thursday 30 September 2021 at 2.30pm via MS Teams.		

**Minutes of the NHS Barnsley Clinical Commissioning Group**  
**QUALITY & PATIENT SAFETY COMMITTEE**  
**Thursday 19 August 2021, 13:00pm-15:30pm (Microsoft Teams)**

**MEMBERS:**

Jayne Sivakumar	- Chief Nurse (Deputy Chair)
Mike Simms	- Secondary Care Clinician
Dr Mark Smith	- Practice Member Representative Contracting Lead from the Governing Body
Chris Millington	- Lay Member for Public and Patient Engagement and Primary Care Commissioning
Jo Harrison	- Specialist Clinical Portfolio Manager

**IN ATTENDANCE:**

Richard Walker	- Head of Governance and Assurance
Terry Hague	- Primary Care and Transformation Manager
Hilary Fitzgerald	- Quality Manager
Jill Auty	- Quality Administrator (minutes)
Siobhan Lenzionowski	- Lead Commissioning and Transformation Manager
Sheena Moreton	- Continuing Healthcare Operational Lead

**APOLOGIES:**

Dr Madhavi Guntamukkala	- Medical Director
Chris Lawson	- Head of Medicines Optimisation
Dr Adebowale Adekunle	- GP Governing Body Member

Note		Action	Deadline
<b>Q&amp;PSC 21/08/01</b>	<b>HOUSEKEEPING</b>		
	The Chair advised that everyone is responsible for their own safety within their environment during the meeting.		
<b>Q&amp;PSC 21/08/02</b>	<b>APOLOGIES, CHANGE TO COMMITTEE MEMBERSHIP &amp; QUORACY</b>		
	<p>Apologies noted as above. The meeting was declared quorate.</p> <p>The Chair informed members that Dr Shahriar Sepehri, Membership Council Representative had resigned from the committee effective from 26 July 2021. A thank you letter was sent on 28 July 2021 acknowledging the support given during his membership.</p> <p><b>The Chair lost connection at this point in the meeting. The Secondary Care Clinician took over the Chair role and continued with the meeting.</b></p>		

<b>Q&amp;PSC 21/08/03</b>	<b>PATIENT STORY</b>		
	<p>The Secondary Care Clinician presented the patient story which had been presented at Barnsley CCG Governing Body meeting in July 2021. The story highlighted reservations about receiving the Covid19 vaccination and the impact on health that this can have. Members discussed how persuasive peer pressure from family is and the importance of a consistent message from health professionals to encourage and reassure the public that the vaccine is safe. The Lead Commissioning and Transformation Manager commented that the impact of long Covid on young and old will be seen throughout the NHS for a number of years to come.</p> <p><b>The Chair re-joined the meeting during presentation of the patient story.</b></p>		
<b>Q&amp;PSC 21/08/04</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	No new declarations of interest relevant to the agenda were declared.		
<b>Q&amp;PSC 21/08/05</b>	<b>MINUTES OF THE MEETING HELD ON 15 APRIL 2021</b>		
	Committee members approved the minutes of the previous meeting held on 17 June 2021 as an accurate record.		
<b>Q&amp;PSC 21/08/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Chair confirmed a number of actions were complete. The following updates were received against outstanding actions:</p> <p><b>Minute reference Q&amp;PSC 21/06/03 Patient Story –</b> The Chief Nurse to investigate if there are any reasons why ANPs are not able to complete and sign DNACPRs. A meeting has been arranged with Andrea Parkin, BHF Head of Nursing for 23 August 2021 – meeting notes to be shared with committee members.</p> <p><b>Minute reference Q&amp;PSC 21/06/15 BCCG IVF Policy Amendment –</b> Lead Commissioning and Transformation Manager to develop a supplementary user-friendly guide for Barnsley patients to support the Yorkshire and Humber Access to Infertility Treatment Policy. The Lead Commissioning and Transformation Manager and the Quality Manager to gain further guidance for clinicians and to update the BCCG website with revised wording along with a supplementary user-friendly guide for Barnsley patients.</p>	<b>JS</b>	<b>Ongoing</b>
		<b>SL/HF</b>	<b>Ongoing</b>

	<p><b>Minute reference Q&amp;PSC 21/06/23 SYB ICS System Quality Development</b> - The Chief Nurse to provide an update on progress of South Yorkshire &amp; Bassetlaw Integrated Care System – System Quality Development Task &amp; Finish Group. The Chief Nurse provided a verbal update to members. A paper will be presented to the Barnsley Design Group. Members were informed the Safeguarding function will highly likely sit at place.</p> <p><b>Minute reference Q&amp;PSC 21/06/24 Any Other Business</b> - The Chair to meet with Head of Governance and Assurance to discuss how Medical Examiners gain access to read only patient records. Initial meeting held 22 July 2021 which flagged several potential issues requiring further consideration. An initial meeting was held on 22 July 2021 which flagged several potential issues. A further meeting is due to be held September 2021.</p> <p><b>Minute reference Q&amp;PSC 21/02/15 – Minutes of the 11 November 2020 and 16 December 2020 Area Prescribing Committee</b> - The Head of Medicines Optimisation to draft the risk relating to Denosumab medication provision. The Head of Medicines Optimisation was not present at the meeting. The Quality Administrator to obtain an update.</p> <p><b>Minute reference Q&amp;PSC 20/12/14 Minutes of the 14 October 2020 Area Prescribing Committee</b> - The Chief Nurse to follow up acutely ill patients being discharged from hospital to community. The action has been superseded members agreed to close.</p> <p><b>Minute reference Q&amp;PSC 20/12/17 Any Other Business</b> - Tom Davidson (BHNFT) to be invited to a future meeting to present Medway data capability. The Chief Nurse to contact Tom Davidson following members agreement area of interest for presentation at a future meeting.</p>	JS	Complete
		RW	Ongoing
		CL	Ongoing
		JA	Ongoing
			Complete
		JS	Ongoing
<b>QUALITY AND GOVERNANCE</b>			
<b>Q&amp;PSC 21/08/07</b>	<b>QUALITY AND PATIENT SAFETY UPDATE REPORT</b>		
	<p>The Quality Manager took the report as read and presented the following highlights: <b>Barnsley Hospital NHS Foundation Trust (BHNFT)</b></p> <ul style="list-style-type: none"> <li><u>ED Performance</u> - Performance deteriorated further in August 2021 to 36%. Multiple factors affecting performance.</li> </ul>		

	<ul style="list-style-type: none"> <li>• <u>Referral To Treatment (RTT)</u> - Performance continues to improve for June 2021 - 85.6% compared with 78.4% in March 2021. Improvement in patients waiting longer than 52 weeks.</li> <li>• <u>Diagnostic Waits</u> - % of people waiting over 6 weeks for a diagnostic test improved to 38% in June 2021.</li> <li>• <u>Cancer</u> – 2ww waits declined in performance to 89.4%. Symptomatic Breast 2ww declined to 70.9% with increase in referrals being a factor over the last two months. 31 day standards are being met overall with only one breach in May 2021.</li> <li>• <u>Cancelled Operations</u> – 19 operations cancelled in Qtr1 2021/22.</li> <li>• <u>Outpatient DNA Rates</u> – Performance declined in May and June 2021 with a rate of 8.1% in June versus a target of 6.9%.</li> <li>• <u>StEIS Reportable Serious Incidents (SIs)</u> – 10 SIs between 1 April 2020 and 7 July 2021. An initial review by the Trust has identified themes relating to delayed diagnosis and/or treatment in urology and breast screening services. Both services have action plans in place to reduce future incidents. A risk has been recorded on the Trust’s corporate risk register relating to Urology. Members were assured this will be monitored at Clinical Quality Board (CQB).</li> <li>• <u>Infection Prevention and Control</u> – C-Diff – 7 hospital onset cases since April 2021 with no particular themes identified.</li> <li>• <u>Ophthalmology Action Plan</u> – The Trust is working through the 20 point action plan with 6 actions currently on track. Members were assured this will be monitored at CQB meetings.</li> </ul> <p><b>South West Yorkshire Partnership NHS Foundation Trust</b></p> <ul style="list-style-type: none"> <li>• <u>Patient Access</u> – Out of area bed placement increased 374 days in Qtr1 2021/22 which has been linked to acuity in referrals.</li> <li>• <u>StEIS Reportable Serious Incidents (SIs)</u> – 4 SIs between 1 April 2021 and 7 July 2021 which equals the number in the same period 2020/21. All apparent/actual self-inflicted harm.</li> <li>• <u>Number of restraint incidents</u> – 170 incidents of Reducing Restrictive Physical Interventions in June 2021 increase of 60.4% since May 2021. Only 2 related to Barnsley patients.</li> <li>• <u>Number of children &amp; young people in adult ward</u> – 3 service users were placed on adult wards in June 2021 for a total of 40 days which is a deteriorating position.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• <u>Complaints</u> – 19% of formal complaints in June 2021 have staff attitude as a primary subject compared with 6% May 2021. Response target timescales challenging due to capacity of investigators. A new investigator has been recruited.</li> <li>• <u>Information Governance (IG)</u> –11 IG breaches in June 2021 compared with 7 in, April 2021 but this is in line with Trust’s monthly target of 12 or less.</li> <li>• <u>Pressure ulcers</u> – 1 avoidable pressure ulcer June 2021. Tissue viability nurses are providing additional training around Waterlow risk assessments and wound care management with the neighbourhood nursing teams.</li> </ul> <p><b>Yorkshire Ambulance Service</b> Highlights of the SYB 999/IUC Clinical Quality Group met in July 2021 were provided. Both 999 and IUC services are under significant pressure due to increase in demand and depleted staffing levels due to sickness and self-isolation. The Quality Manager asked members to consider reflecting this in the Risk Register.</p> <p>The Lead Commissioning and Transformation Manager commented on RTT performance data for 62 day standards which now stands at 84.2% against a target 85%. This is a massive achievement for the Trust.</p> <p><u>Primary Care Update</u> The Primary Care and Transformation Manager presented the Primary Care update for assurance highlighting:</p> <ul style="list-style-type: none"> <li>• <u>GP Appointments</u> – All practices in the Primary Care Network (PCN) have now mapped all active appointment slot types to the new set of national appointment categories which will enable reporting at practice level in the coming weeks.</li> </ul> <p><b>Correction to minutes from the meeting held on 21 October 2021.</b> <i>All practices in the PCN will have mapped all active appointment slot types to the new set of national appointment categories and are complying with the August 2020 guidance on recording of appointments, which would enable more comprehensive data which will be included within this report as soon as available.</i></p> <ul style="list-style-type: none"> <li>• <u>Care Quality Commission (CQC) Inspections</u> <ul style="list-style-type: none"> <li>➢ Updates were provided regarding the inspections/ monitoring and findings of</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>➤ Hoyland Medical Practice - 6 May 2021.</li> <li>➤ Woodland Drive Medical Centre - 26 May 2021.</li> <li>➤ High Street Practice -16 July 2021.</li> <li>• <u>Out of Hours/Extended Hours Access</u> – Previous data anomalies have been resolved and the Service Quality and Performance report deemed complete. Going forward a minimum data set will be agreed to minimise the amount of reporting work and to enable contract monitoring.</li> </ul>		
<b>Q&amp;PSC 21/08/08</b>	<b>SAFEGUARDING ADULTS/CHILDREN UPDATE</b>		
	<p>The Chief Nurse provided a verbal update on safeguarding for adults and children highlighting:</p> <ul style="list-style-type: none"> <li>➤ Changes to senior positions in social care</li> <li>➤ Increases in safeguarding activity around neglect since the lock down.</li> <li>➤ 2 serious case reviews have been concluded relating to unsafe sleeping practice for children.</li> <li>➤ Campaigns are currently running on Hallam FM for unsafe sleeping practices and ICON (Infant crying is normal, Comforting methods can help, OK to walk away, Never shake a baby).</li> <li>➤ The CCG's Designated Nurse for Safeguarding Adults has secured a full-time post at SCCG which will leave the post in Barnsley vacant. A solution will be presented within the next two weeks to Management Team; however, members were advised this is a risk which is being mitigated by cover from other colleagues within BCCG.</li> </ul>		
<b>Q&amp;PSC 21/08/09</b>	<b>CARE HOME QUALITY ASSURANCE (STANDING ITEM)</b>		
	<p>The Chief Nurse provided a verbal update on risk number 11 in the Governing Body Assurance Framework (GBAF) relating to the Care Home Delivery Plan. Responsibility for care homes will sit with Jamie Wike, BCCG Chief Operating Officer going forward. This will include responsibility for updating the GBAF and reviewing the action plan.</p> <p>The Chief Nurse will action strengthening the support to care homes that employ registered nurses.</p> <p>Work is ongoing to capture feedback about registered nurses employed in care homes.</p>		
<b>Q&amp;PSC 21/08/10</b>	<b>SPECIALIST CLINICAL PORTFOLIO QUALITY AND FINANCE HIGHLIGHT REPORT</b>		
	<p>The Specialist Clinical Portfolio Manager presented to committee members for the first time the Specialist Clinical Portfolio Quality and Finance report highlighting:</p>		

	<ul style="list-style-type: none"> <li>➤ The Specialist Clinical Portfolio team is a relatively new addition to the BCCG Quality Team.</li> <li>➤ Following a recent 360 Assurance Audit of Children's Continuing Care and S117 actions were incorporated into a work plan incorporating all funding specialisms.</li> <li>➤ Initial data cleansing exercise has taken place to identify and understand patient numbers and financial costings. This information will be reported going forward to provide assurance and financial efficiency.</li> </ul> <p>The Lay Member for Public and Patient Engagement and Primary Care Commissioning thanked the team for pulling together a comprehensive report.</p> <p>A discussion took place about the issues with acute mental health beds and inpatient stays. It was noted that the General Manager for Inpatient beds, SWYPFT will be presenting an updated position at the September 2021 Clinical Quality Board.</p> <p>Members were advised of concerns relating to the Mayman Lane step down bed service provided by Affinity Trust. The service has been put under formal Quality Surveillance. Assurance has been provided with additional supervision in place to support one patient from Barnsley. It was agreed that the CCG should add a risk to their Risk Register regarding Mayman Lane.</p> <p>The Chair thanked the Specialist Clinical Portfolio Manager for leadership and direction and asked for thanks from members to be passed to the wider team for their hard work and commitment.</p>		
	<p><b>Actions agreed:</b> The Specialist Clinical Portfolio Manager to draft a risk in relation to Mayman Lane service with support from the Head of Governance and Assurance.</p>	JH/RW	October 2021
<p><b>Q&amp;PSC 21/08/11</b></p>	<p><b>CONTINUING HEALTHCARE UPDATE</b></p>		
	<p>The Operational Lead for Continuing Healthcare presented the recovery position of the service for assurance highlighting:</p> <ul style="list-style-type: none"> <li>➤ Number of outstanding reviews and the reasons for these.</li> <li>➤ 3 open appeals in progress</li> <li>➤ 10 PUPoC cases</li> <li>➤ Staffing vacancies and measures to mitigate these. Also, case numbers have increased during the pandemic across Continuing Healthcare putting the team under additional pressure.</li> </ul>		

	The Chair asked members to consider amending the current risk to reflect the staff changes. The Head of Governance and Assurance agreed this would be acceptable due to the financial risk if reviews are not undertaken on time.	JS	October 2021
	<b>Actions agreed:</b> The Chair to amend the existing Adults CHC risk to reflect the staff vacancy and recruitment difficulty.	JS	October 2021
<b>Q&amp;PSC 21/08/12</b>	<b>BCCG PATIENT EXPERIENCE FEEDBACK REPORT QTR1 2021/22</b>		
	<p>The Quality Manager presented the Quarter 1 2021/22 report highlighting the main points of the report and key learning that the CCG had identified.</p> <p>It was highlighted that the nature of complaints in quarter 1 were more complex than usual and there had been an increase in MP complaints, concerns about Providers and enquiries.</p> <p>The Operational Lead for Continuing Healthcare assured members that learning highlighted from CHC complaints is discussed at team meetings and colleagues welcome feedback about their services.</p> <p>The Lead Commissioning and Transformation Manager raised information on trends from provider feedback reports would be useful when writing new specifications.</p>		
<b>Q&amp;PSC 21/08/13</b>	<b>SWYPFT QUALITY ACCOUNTS 2020/21</b>		
	The Quality Manager presented the CCG's response to SWYPFT's Quality Accounts highlighting that feedback had been obtained outside of QPSC due to the timings of QPSC and the response deadline.		
<b>Q&amp;PSC 21/08/14</b>	<b>LeDeR ANNUAL REPORT 2020/21</b>		
	<p>The Specialist Clinical Portfolio Manager presented the interim annual report 2020/21. It was highlighted that the programme has been retitled Learning from Lives and Deaths of People with a Learning Disability. A new LeDeR national policy was issued in May 2021 which now includes all deaths of people with a diagnosis of Autism from the age of 4 to be included.</p> <p>The new policy requires reviews to be completed at ICS level going forward. Each ICS will recruit a Local Area Contact (LAC), Reviewers and Senior Reviewers according to demand. In the meantime, CCGs will continue to review cases.</p> <p>A LeDeR subgroup has been established in South Yorkshire which sits under the Barnsley Learning</p>		

	<p>Disability Strategic Health and Social Safeguarding Adults Board.</p> <p>Barnsley had a significant backlog of cases dating back to 2016. All reviews in the backlog have been completed by the due date.</p> <p>From April 2020 to November 2020 21 further deaths have been reported. 14 reviews are still to be completed with 5 requiring completion to avoid breaching the 6 month timescale. Discussions are ongoing with North of England Commissioning Support (NECS) who may have capacity to complete these.</p> <p>The initial themes identified from completed reviews include annual health checks, record keeping, medication and oral hygiene.</p>		
<b>Q&amp;PSC 21/08/15</b>	<b>AREA PRESCRIBING COMMITTEE ANNUAL REPORT</b>		
	Due to operational pressures the Head of Optimisation was unable to attend the meeting. This agenda item was deferred to the October 2021 meeting.		
<b>Q&amp;PSC 21/08/16</b>	<b>NEURO-REHAB REVIEW PROGRESS UPDATE</b>		
	<p>The Lead Commissioning and Transformation Manager provided a verbal update to members advising the timescale has been met to present the results of the review at September 2021 BCCG Governing Body meeting.</p> <p>The Lead Commissioning and Transformation Manager thanked Martine Tune, Deputy Chief Nurse for her support in ensuring the tight timescale was met.</p> <p>The Chair also thanked The Lead Commissioning and Transformation Manager and Practice Member Representative Contracting Lead from the Governing Body for their support in meeting the deadline.</p>		
<b>Q&amp;PSC 21/08/17</b>	<b>SWYPFT COMMUNITY WAITING LISTS UPDATE</b>		
	<p>The Quality Manager provided a detailed verbal update to committee members based on discussions with Sue Wing, Associate Director of Community Services, SWYPFT on 26 July 2021.</p> <p>The CCG is now receiving monthly reports on Continence and Urology, Adult Epilepsy and Dietetics.</p> <p>SWYPFT has identified and is investigating anomalies in the way waiting times for other services are recorded on SystemOne. Completion of data cleansing is expected to take 3-4 months.</p>		

	<p>In relation to Adult SALT, a private provider has been identified to help clear the waiting list. This is being progressed through the Trust's Procurement Team.</p> <p>The Lead Commissioning and Transformation Manager informed committee members the Trust has requested funding from the ICS for a half time post to work with learning disability patients who are in the high risk overweight category.</p>		
<b>Q&amp;PSC 21/08/18</b>	<b>ACORN UNIT OUT OF HOURS MEDICAL COVER - UPDATE</b>		
	<p>The Chair provided members with a verbal update highlighting:</p> <ul style="list-style-type: none"> <li>➤ The Acorn Unit has moved to Highstone Mews accommodating 30 beds</li> <li>➤ BHNFT have agreed to cover the in-house Monday- Friday 9am-5pm</li> <li>➤ i-Heart will cover the out of hours in the same way they cover other care homes in Barnsley</li> </ul> <p>A meeting took place with BHNFT on 29 July 2021 and a safe pathway was agreed to provide medication for patients. A 9 point action plan was agreed with one of the actions to strengthen the medical oversight model by December 2021 with an implementation date of April 2022.</p>		
<b>Q&amp;PSC 21/08/19</b>	<b>RISK REGISTER AND ASSURANCE FRAMEWORK (STANDING ITEM)</b>		
	<p>The Head of Governance and Assurance presented the Risk Register highlighting four risks which have been escalated to the Assurance Framework as a gap in control against one or more risks in the Assurance Framework.</p> <ul style="list-style-type: none"> <li>• Ref CCG 14/15 (rated score 15 'extreme') – discharge medication risks</li> <li>• Ref CCG 19/05 (rated score 15 'extreme') - End of Life care services.</li> <li>• Ref CCG 20/03 (rated score 16 'extreme') BCCG Adult CHC backlog of reviews.</li> <li>• Ref CCG 21/01 (rated score 16 'extreme') Children's Continuing Care</li> </ul> <p>Risk Ref CCG 13/13 (rated score 10 "high risk") - YAS to be increased to 15 "extreme". Risk Ref CCG 20/03 and CCG 21/01 to be reduced to 12 "high risk".</p> <p>Committee members agreed to the changes to Ref CCG 13/13 and Ref CCG 21/01. Following a discussion members agreed the risk rating for Risk Ref CCG 20/03 to remain the same with an amendment to the wording.</p>		

	New risk to be added to the register in relation to Mayman Lane service as per action under agenda item QPSC 21/08/10.		
	<p><b>Actions agreed:</b></p> <p>Risk Ref CCG 13/13 (rated score 10 “high risk”) - YAS to be increased to 15 “extreme”.</p> <p>Risk Ref CCG 20/03 risk rating to remain with amendment to wording</p> <p>Risk Ref CCG 21/01 to be reduced to 12 “high risk”</p> <p>New risk to be added in relation to Mayman Lane service.</p>	JS	October 2021
<b>Q&amp;PSC 21/08/20</b>	<b>Q&amp;PSC TERMS OF REFERENCE - ANNUAL REVIEW</b>		
	<p>The Quality Manager presented the results of the annual review of the Q&amp;PSC Terms of Reference highlighting:</p> <ul style="list-style-type: none"> <li>➤ Inclusion of Specialist Clinical Portfolio Manager</li> <li>➤ Minor changes to the wording</li> </ul> <p>Following a discussion, committee members agreed to add additional wording to section 5.4 as follows:  <i>“The following officers will routinely attend meetings Head of Governance and Assurance, Lead Commissioning and Transformation Manager”.</i>          Committee members approved the changes as above.</p>	HF	October 2021
	<p><b>Actions agreed:</b></p> <p>The Quality Manager to add the following wording to section 5.4  <i>“The following officers will routinely attend meetings Head of Governance and Assurance, Lead Commissioning and Transformation Manager”.</i></p>	HF	October 2021
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>Q&amp;PSC 21/08/21</b>	<b>MINUTES OF 12 MAY 2021, 06 JUNE 2021 AREA AND 07 JULY 2021 PRESCRIBING COMMITTEE</b>		
	<p>The Chair asked committee members for any questions in relation to the committee reports.</p> <p>The Secondary Care Clinician asked for an update on the progress of D1 Task and Finish Group.</p>		
	<p><b>Actions agreed:</b></p> <p>The Quality Administrator to ask the Head of Optimisation for an update on the D1 Task and Finish Group.</p>	JA/CL	October 2021
<b>Q&amp;PSC 21/08/22</b>	<b>MINUTES OF 24 MAY 2021 AND 07 JULY 2021 PRIMARY CARE QUALITY &amp; COST EFFECTIVE PRESCRIBING GROUP MEETING</b>		
	The Chair asked committee members for any questions in relation to the committee reports. No comments were raised.		

<b>Q&amp;PSC 21/08/23</b>	<b>CLINICAL QUALITY BOARDS</b> <ul style="list-style-type: none"> <li>• <b>BHNFT – MINUTES 06 MAY 2021</b></li> <li>• <b>SWYPFT – MINUTES 10 JUNE 2021</b></li> </ul>		
	The Chair presented the minutes for information and assurance. No comments were raised.		
<b>Q&amp;PSC 21/08/24</b>	<b>MINUTES OF 20 MAY 2021 PRIMARY CARE QUALITY IMPROVEMENT GROUP</b>		
	The Primary Care and Transformation Manager presented the minutes for information and assurance. The Chair queried minute reference PCQIG 18.05.09 to be escalated to Q&PSC. It was noted this action had been completed and closed at the last meeting however the minutes from the last meeting have not been ratified and therefore not available for circulation.		
<b>Q&amp;PSC 21/08/25</b>	<b>ANY OTHER BUSINESS</b>		
	No items were raised.		
<b>Q&amp;PSC 21/08/26</b>	<b>AREAS FOR ESCALATION TO THE GOVERNING BODY via the QUALITY HIGHLIGHT REPORT</b>		
	Items for escalation are <ul style="list-style-type: none"> <li>• Specialist Clinical Portfolio Quality and Finance Update</li> <li>• LeDeR Interim Annual Report 2020/21</li> <li>• BCCG Patient Experience Report Qtr1 2021/22</li> <li>• Adults and Children Safeguarding Update</li> <li>• SWYPFT General Community Services Waiting Lists</li> </ul>		
<b>Q&amp;PSC 21/08/27</b>	<b>REFLECTION ON HOW WELL THE MEETING'S BUSINESS HAS BEEN CONDUCTED</b>		
	Members agreed that it had been a good informative meeting.		
	Members agreed to increase the length of the meetings to 3 hours (including a 10 minute break).		
	<b>Actions agreed:</b> The Quality Administrator to increase the length of the meetings to 3 hours.	<b>JA</b>	<b>October 2021</b>
<b>Q&amp;PSC 21/08/28</b>	<b>DATE AND TIME OF NEXT MEETING</b> 21 October 2021, 1pm via MS Teams		

<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Thursday, 7 October 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillor Jim Andrews BEM, Deputy Leader (Chair)  
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Chair)  
Councillor Trevor Cave, Cabinet Spokesperson - Childrens Services  
Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities  
Julia Burrows, Director of Public Health,  
Jeremy Budd, Director of Commissioning and Partnerships, NHS Barnsley CCG  
Adrian England, Healthwatch Barnsley  
Amanda Garrard, Chief Executive Berneslai Homes  
Andy Snell, Public Health Consultant  
Diane Lee, Head of Public Health, BMBC  
Kathy McArdle, Service Director, Place, BMBC  
Julie Tolhurst, Public Health Principal, BMBC  
DCI Andrea Bowell, South Yorkshire Police  
Sue Barton, Deputy Director, SWYPFT  
Emma Robinson, Business Intelligence and Improvement Advisor

### 1 **Declarations of Pecuniary and Non-Pecuniary Interests**

There were no declarations of pecuniary or non-pecuniary interest.

### 2 **Minutes of the Board Meeting held on 10th June, 2021 (HWB.07.10.2021/2)**

The meeting considered the minutes of the previous meeting held on 10<sup>th</sup> June 2021.

**RESOLVED** that the minutes be approved as a true and correct record.

### 3 **Public Questions (HWB.07.10.2021/3)**

The meeting noted that no public questions had been received for consideration at today's meeting.

### 4 **Position Statement - Zero tolerance for abuse of colleagues cross the system (HWB.07.10.2021/4)**

It was reported that because of the degree of pressure in the health and social care system, some members of the public were becoming increasingly frustrated displayed through abuse on staff and colleagues. A Zero tolerance approach around abuse was taken to the Integrated Partnership Group and agreed. Partner agencies

are supportive of this approach and a joint statement will be issued in due course to confirm this.

**RESOLVED** that the Zero Tolerance approach be noted and endorsed.

## **5 Joint Health and Wellbeing Strategy 2021-2030 - Diane Lee (HWB.07.10.2021/5)**

Diane Lee presented this item, seeking the Health and Wellbeing Board's approval and endorsement of the refreshed Health and Wellbeing Strategy (2021-2030) and seeking Members' views on next steps for the Board to ensure successful implementation of the Strategy. The Strategy examines what needs to be done collectively to achieve a Healthy Barnsley by 2030, focussing on the wider determinants of health. Key ambitions for a Healthy Barnsley are set out on one page under the headings of Starting Well, Living Well and Ageing Well, with an initial focus on improving Mental Health for all ages and ensuring that Barnsley is a great place for a child to be born. It was highlighted that in terms of next steps, the Strategy needs to be launched, implemented and shared widely, including via social media channels, with examples from different organisations of the great work being done in the Borough. A communication plan is being developed for this. The Strategy was well received by the Board, and thanks expressed to all those involved. Performance and progress will be brought back to the Board.

**RESOLVED** that the content and principles contained within the refreshed Health and Wellbeing Strategy (2021 – 2030 and the next steps in the launch and implementation thereof, be noted and endorsed.

## **6 Barnsley Emotional Health and Wellbeing Strategy - Patrick Otway (HWB.07.10.2021/6)**

Patrick Otway introduced this item, providing the Board with an All-age Mental Health Strategy Update. It was highlighted that the existing strategy is now over 6 years old and predates 'Five Year Forward View in Mental Health', 'Future in Mind', the NHS long Term Plan, the PHE Prevention Concordat for Better Mental Health and excludes Dementia. There has been a significant transformation of mental health services since the original strategy and therefore, the refresh is timely. The Mental Health Strategy Task and Finish group was established to refresh the strategy, overseen by the Mental Health Partnership Board (MHPB) which will be held to account by HWBB. Lots of feedback and comments from partners and members have been received, which will be considered and incorporated where appropriate. The Mental Health Partnership has been leading on the chapters in the strategy with service user representation from the Mental Health Forum to scrutinise and challenge the work. Tangible short terms actions will be considered as part of the action plan and a performance dashboard will be developed. . The strategy will need to go to DMTs of Place, Communities and Children within BMBC. Future updating will be led by the Mental Health Partnership.

**RESOLVED** that the Health and Wellbeing Board note the update and continue to offer constructive challenge and support.

## **7 Tackling Excess Winter Deaths and Cold Weather Plan (HWB.07.10.2021/7)**

Julie Tolhurst introduced this item, outlining the impacts of cold weather on morbidity and excess winter mortality in Barnsley. Barnsley's excess winter death rate in 2018/19 was 17.7%, with respiratory diseases being the main underlying cause of excess winter deaths in Barnsley. This is higher in older age groups and reflects the national picture. Covid-19 has directly and indirectly had an impact on excess mortality from all causes, with shared risk factors amongst the most vulnerable. There is a time lag in data and progress has been made since these figures were produced. Reassurances were given that real time data has been looked at during the course of the pandemic, with substantial work done around hospital mortality rates. The collaborative cold weather plan aims to reduce excess winter deaths in Barnsley and improve flu and Covid vaccinations. This will be delivered through the Warm Homes Service, Falls Prevention Support, the Flu and Covid Vaccination Programmes, Conditions management and a collaborative communications plan.

Concerns were raised about the forthcoming cut to Universal Credit coupled with rising energy prices. 5000 Barnsley Homes tenants losing £20 per week will have an impact on the most vulnerable which will need to be minimised. Although some funding will be received from central Government, it is unclear how this gap in finance will be plugged. A holistic, multifactorial and collaborative approach is necessary, with better sharing of data and understanding across the system, as has been seen during the pandemic. In the early days of Covid, data and joined up intelligence was successfully used to identify people at greatest risk. Connections with the voluntary and community sector will be of vital importance and the spirit of volunteering which developed over the pandemic will be key to this.

**RESOLVED** that the Health and Wellbeing Board note the update and continue to input into the Cold Weather Plan for Barnsley.

## **8 Integrated Care System Update - Jeremy Budd (HWB.07.10.2021/8)**

Jeremy Budd provided an update from the Barnsley Integrated Care Partnership Group (BICPG) on the development of the Integrated Care Partnership (ICP) Development Plan. The Health and Care Bill is currently going through Parliament, with an anticipated date for Royal Assent of 1st April 2022. The Chief Executive is currently being recruited. The role of the HWBB and relationship with other Boards and organisations within the Integrated Care System was outlined. It was highlighted that the ICP sits across the whole of South Yorkshire and the South Yorkshire Health and Wellbeing Strategy will be formulated here. The Thriving Places guidance (Sept 2021) was outlined and includes what the place-based arrangements should look like; configuration, size and boundaries of the place; system responsibilities and functions; membership and the planned governance model. The Design Team will continue to develop the outline ICP Development Plan for discussion at the forthcoming ICPG meeting.

**RESOLVED** that the Health and Wellbeing Board note the update and arrange a face-to-face development session to further consider the complexities and implications of the Integrated Care System.

## 9 Mental Health Partnership Update - Adrian England (HWB.07.10.2021/9)

Since the last meeting of the Health and Wellbeing Board in June the Mental Health Partnership and its various sub-groups of the Partnership have worked on the following:

- Overseeing the development of the new Emotional Health and Wellbeing Strategy, as already discussed.
- Started to work on developing a dashboard to monitor performance across the system. There is an ask of the health and wellbeing board to support the development of the dashboard. The purpose of the dashboard is to enable the Partnership to monitor performance across the system, hold the system to account in delivering the Strategy and enable the partnership to make intelligent, evidence-based decisions.
- Eating Disorders (ED): an all-age pathway is being explored, with training to be provided to GPs and partners, funding for which has been secured until March and training is ready to commence.
- Other work is ongoing in terms of MH Transformation and several groups have been established to progress key areas including crisis care, rehab and recovery, eating disorders (as above) and personality disorder. These areas will be the priorities for the Mental Health Partnership going forwards.
- Prevention for Better Mental Health fund – we've received £328,204 funding (plus an additional £20,700 for admin and evaluation) to fund a range of prevention projects including to expand the current Umbrella service, a miniature woods and forestry network which aims to connect people with nature, Peer relationships service and promoting better mental health through sports clubs. We know these opportunities lead to the improvement in the wider determinants of Mental Health and Wellbeing.
- The Delivery Group meets monthly, has strong representation from a range of services. The Mental Health Forum represent service users but we're currently exploring how we can have greater representation from service users and carers.
- Latest suicide profiles published online covering data from 2018 – 2020. Barnsley's overall rate has risen to the highest rate since data collection began 20 years ago. It's a stark reminder that we need to do more as a system to prevent suicide in Barnsley. However, we have recently secured £60k funding to enable real time surveillance for cases of attempted suicide – this should help to prevent suicide, as we know a large proportion of suicides have had a previous attempt and are already known to the health and care system
- Established section 136 task and finish group and working with Yorkshire Ambulance Service to establish an emergency mental health vehicle for Barnsley.

A discussion took place regarding eating disorders. This is a target area for the Partnership and is one of the task and finish groups. More information can be brought to the next Board meeting.

**RESOLVED** that the update be noted.

**10 Key points from the Children and Young People's Trust Executive Group (HWB.07.10.2021/10)**

Cllr T. Cave reported that the Minutes from the last meeting have not yet been formally agreed and published. An update will be available at the next meeting.

**RESOLVED** that the update be noted.

**11 Key points from the Safer Barnsley Partnership Board held on 21st June, 2021 - Wendy Lowder (HWB.07.10.2021/11)**

The meeting considered the minutes from the Safer Barnsley Partnership held on 21st June, 2021. Cllr Platts provided a further update, highlighting that Chief Superintendent Abdy was now in post and has taken on the role of Board Co-Chair. A case study around the experience of a customer's experience of anti social behaviour (ASB) was described along with an overview of the Board's performance. It was highlighted that there has been some rise in ASB due to the lifting of Covid restrictions.

**RESOLVED** that the minutes be received and the update noted.

**12 Key points from the Stronger Communities Partnership held on 3rd June, 2021 - Councillor Platts (HWB.07.10.21/12)**

The meeting considered the minutes from the Stronger Communities Partnership meeting held on 3rd June 2021. Cllr Platts provided a further update, highlighting the direction of travel for the Board going forward, Barnsley 2030, the work of the Mental Health Partnership and the Forward Plan. Meetings of the Board continue to be well attended.

**RESOLVED** that the minutes be received and the update noted.

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Chair