NHS
Barnsley
Clinical Commissioning Group

The Primary Care Commissioning Committee will be held on Thursday, 31 January 2019 at 2.30 – 3.45pm in the Boardroom Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	2.30pm
2.	Quoracy	Note	Chris Millington	
3.	Declarations of Interest relevant to the agenda	Note	**PCCC/19/01/03** Chris Millington	2.30pm 5mins
4.	Minutes of the meeting held on 29 November 2018	Approve	**PCCC/19/01/04** Chris Millington	2.35pm 5mins
5.	Matters Arising Report	Note	**PCCC/19/01/05** Chris Millington	2.40pm 5mins
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
6.	Primary Care Update Paper	Assurance/ Note	**PCCC/19/01/06** Jackie Holdich	2.45pm 10mins
7.	Integrated Care Networks Update & Matrix	Assurance/ Note	**PCCC/19/01/07** Jackie Holdich	2.55pm 10mins
8.	Primary Care Strategy Update	Note	**Verbal** Jackie Holdich	3.05pm 5mins
	Quality and Finance			
9.	Finance Update	Note	**PCCC/19/01/08** Roxanna Naylor	3.10pm 10mins
	Contract Management			
10.	Contractual Issues Report • BHF Update • Dodworth Medical Practice Update • E-Declaration Update	Assurance/ Note	**PCCC/19/01/09** Julie Frampton	3.20pm 10mins
	Governance, Risk and Assurance			
11.	Risk and Governance Report	Assurance/ Note	**PCCC/19/01/10** Richard Walker	3.30pm 5mins
	Reflection on conduct of the meeting			
12.	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chris Millington	

Item	Session	Committee Requested to	Enclosure Lead	Time
	Other			
13.	Questions from the public relevant to the agenda	Note	**Verbal** Chris Millington	3.35pm 5mins
14.	Any other business	Note	**Verbal** All	3.40pm 5mins
15.	Items for escalating to the Governing Body	Note	**Verbal** Lesley Smith	3.45pm
16.	**Date and time of the next scheduled meeting:** Thursday, 28 March 2019 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	**Verbal** Chris Millington	3.45pm **Close**

Exclusion of the Public:

The CCG Primary Care Commissioning Committee should consider the following resolution:

***"That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted* - publicity on which would be prejudicial to the public interest"**
Section 1 (2) Public Bodies (Admission to meetings) Act 1960

NHS Barnsley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2019

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	X	*Information*	

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance and Assurance
Author	Alison Edwards	Governance, Risk & Assurance Facilitator

3. EXECUTIVE SUMMARY

Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

The table below details what interests must be declared:

Type	**Description**
Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.

	Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict. **Additions** Sarah Tyler has updated her declared interests with the following addition:- • Quality For Health developed by Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group Members should also declare if they have received any Gifts, Hospitality or Sponsorship.
4.	**THE COMMITTEE IS ASKED TO:**
	• 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.
5.	**APPENDICES**
	• Appendix 1 – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	*5 minutes.*

PART 1B – SUPPORTING INFORMATION

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

NHS Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
Nigel Bell	Lay Member for Governance	• Ad hoc provision of Business Advice through Gordons LLP
Dr Sudhagar Krishnasamy	Associate Medical Director	• GP Partner at Royston Group Practice, Barnsley • Member of the Royal College of General Practitioners • GP Appraiser for NHS England

Name	Current position (s) held in the CCG	Declared Interest
		• Member of Barnsley LMC • Member of the Medical Defence Union • Director of SKSJ Medicals Ltd • Wife is also a Director • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Undertakes sessions for IHeart Barnsley
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 2018)
Mike Simms	Secondary Care Clinician	• Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Lesley Smith	Governing Body Member	• Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group • Deputy System Lead SYB, Integrated Care System • Chief Executive Lead for Strategy, Planning & Transformation SYB, Integrated Care System

Name	Current position (s) held in the CCG	Declared Interest
Mark Smith	GP Governing Body Member	• Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. • Director of Janark Medical Ltd
Sarah Tyler	Lay Member for Accountable Care	• Volunteer Governor / Board Member, Northern College • Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery) • Interim Health Improvement Specialist for Wakefield Council (ceased July 2018) • Quality For Health Manager developed by Voluntary Action Calderdale (VAC) in partnership with the Calderdale Clinical Commissioning Group

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	• Nil
Richard Walker	Head of Governance & Assurance	• NIL
Jamie Wike	Head of Planning, Delivery and Performance	• NIL
Julie Frampton	Senior Primary Care Commissioning Manager	• NIL

NHS
Barnsley
Clinical Commissioning Group

Minutes of the PUBLIC Primary Care Commissioning Committee meeting on Thursday, 29 November 2018 at 2.30pm in the Meeting Room 1 Hillder House, 49–51 Gawber Road S75 2PY

MEMBERS PRESENT:

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

GP CLINICAL ADVISORS

Dr Nick Balac	CCG Chairman
Dr Sudhagar Krishnasamy	Associate Medical Director
Dr Mark Smith	Governing Body Members

IN ATTENDANCE:

Julia Burrows	Director of Public Health, BMBC
Lee Eddell	Commissioning Manager, NHSE
Julie Frampton	Senior Primary Care Commissioning Manager
Jackie Holdich	Head of Delivery
Angela Musgrave	Executive Personal Assistant
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager

APOLOGIES:

Sue Womack	Healthwatch Manager, VAB

MEMBERS OF THE PUBLIC:
There were no members of the Public in attendance

Agenda Item	Note	Action	Deadline
PCCC 18/11/01	**APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 18/11/02	**QUORACY**		
	The meeting was declared quorate.		

PCCC 18/11/03	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest relevant to the agenda. The Declarations of Interest would be amended to include the new members - Lee Eddell, Commissioning Manager, NHSE and Dr Mark Smith, Governing Body Member. The register would also be amended to incorporate Sarah Tyler's role, 'Quality for Health Manager'. **Action:** Richard Walker would amend the CCG's Register of Interest report to reflect the above comments.	**RW**	7.12.18
PCCC 18/11/04	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 27 September 2018 were verified as a correct record of proceedings.		
PCCC 18/11/05	**MATTERS ARISING REPORT**		
	The Committee noted the matters arising report. All actions were complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 18/11/06	**<u>GP WIFI</u>** Members were informed that NHS Digital had been working to ensure that everyone has access to free WIFI in NHS sites across England, as set out in the NHS England General Practice Forward View. Daisy, the approved provider, had been appointed to install WIFI across South Yorkshire & Bassetlaw; however significant delays in Sheffield and Doncaster have had an impact upon the timeframe for installation in Barnsley. The original installation date of July had been deferred to December, and now further issues will delay installation into January 2019. Concerns were raised regarding lack of progress over the past 2 years and members' lack of confidence in the installation being completed by January 2019. Although members had suggested escalating the concerns to the NHS Board of Commissioners, it was acknowledged that Barnsley had contributed to the initial installation problems; these issues have since been resolved.		

	The current issues relate to the provider, and again a solution had been found, therefore it was anticipated that the January 2019 deadline would be met. **Health & Social Care Network (HSCN)** The HSCN (which replaces the old N3 network) enables health and social care organisations to create shared networks, to help deliver shared and integrated ICT services. Redcentric Solutions Ltd had been confirmed as the preferred provider for the Y&H region. The Provider, Partners and Barnsley CCG were in the early stages of planning the network solution across Barnsley. It was anticipated that the system would be rolled out at pace across Barnsley to ensure full installation by July 2019. Members were informed that the 4 year connectivity management period would commence from the start of the contract. The roll out of HSCN had already commenced outside of Barnsley. **Windows 10** Following NHS England's publication of the 2018/19 addendum to the GP IT operating model, EMBED, the current provider, had put a programme in place to upgrade machines from Windows 7 to Windows 10 across all Barnsley GP practices and the CCG. Members were informed that the IT systems, including computers, printers etc. would not be accessible whilst the reconfiguration was taking place therefore members were asked to acknowledge and manage the potential disruption, particularly across GP Practices. The Chair asked if practices across Barnsley had been made aware of the reconfiguration and implications, members were informed that in addition to discussions at Membership Council, information had also been shared in the Primary Care Newsletter and arrangements had been put in place for the Project Manager from EMBED to attend the forthcoming Practice Managers meeting. Following the suggestion that the general public and providers should also be made aware of the changes and implications, it was noted that once the dates of the upgrades had been confirmed, practices should refer to their business continuity plans.		

	Members were informed that EMBED had made arrangements with 2 practices to trial Windows10 before being rolled out to other practices. The Senior Primary Care Commissioning Manager assured members that regular updates in respect of GP WIFI and Windows 10 upgrade would be shared widely across Primary Care and meetings have taken place with EMBED to alleviate any communication issues. Due to HSCN being in its infancy, once the project was up and running regular updates would be shared with colleagues across all services. Concerns were raised regarding the deployment and installation timeframe and the importance of practices being made aware of the installation dates. Members were informed that deployment had already commenced in other areas. From a Barnsley perspective the GPIT Lead (Dr John Harban) and the Project Lead (Julie Frampton) had met regularly to discuss the implications for practices. A project group had been established, with general practice representation. EMBED were also aware of the challenges ahead and were putting plans in place to protect access for patients. **Action:** The Commissioning Manager, NHSE agreed to obtain the deployment process, including successes and challenges, from other CCG's across the Borough. This information would be shared with the group via the Senior Primary Care Commissioning Manager.	**LE/JF**	
QUALITY AND FINANCE			
PCCC 18/11/07	**<u>Finance Update</u>** The Assistant Finance Manager provided a verbal update in respect of Primary Care Commissioning budgets. Members were informed that since the previous meeting there had been no significant movement in the 2018/19 position, however a full report would be submitted to the January Committee meeting. Members were informed that planning for 2019/20 would commence following the publication of the planning guidance, linking with the delivery of the 5 year forward view. In addition the Assistant Finance Manager was following through the primary care investment with primary care colleagues.		

	The Committee enquired whether confirmation had been received in terms of the £3.5billion investment in primary and community care. It was noted that an allocation and breakdown of work streams would not be available until January 2019. Once the CCG was aware of the allocation, work would commence to agree what would be delivered against the affordability and planning guidance requirements. A return had been produced for NHSE in respect of the national assessment, the impact and new tariff prices and the implications for Barnsley. Based on the information being provided, members were not confident that NHSE were sighted on the risks nationally for CCG's.		
CONTRACT MANAGEMENT			
PCCC 18/11/08	**PUBLIC CONTRACTUAL ISSUES REPORT**		
	Following discussions at the previous meeting where members had requested further clarity regarding the service changes following the outcome of the CQC inspection, the Head of Delivery had shared the Contractual Issues Report. **Evaluation of I-HEART Barnsley Triage** The report explained the rationale and how the service would continue to deliver safe effective care for their patients and the changes to the clinic times and the process. The paper also referred to the retrospective engagement with patients and carers including the feedback and impact of changes. Although the feedback was positive, members felt that by providing the numbers alongside the percentages would be statistically significant in terms of identifying the impact and comparators.		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 18/11/09	**RISK AND GOVERNANCE REPORT**		
	The Head of Governance and Assurance provided an overview of the Risk and Governance Report, confirming that no significant risks had been identified to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register. Following the introduction of the NHSE mandatory internal audit framework, which provided assurance to		

	NHSE that delegated functions were being appropriately discharged, members were informed that 360 Assurance, the CCG's internal auditors, had already started to gather evidence for the review of the first domain 'Governance of Delegated Commissioning for Primary Care'. It was anticipated that the draft outcome of the review would be available to share with members at the January 2019 Committee meeting.		
OTHER			
PCCC 18/11/10	**REFLECTION OF CONDUCT OF THE MEETING** It was noted that Committee members agreed the conduct of the meeting had gone well.		
PCCC 18/11/11	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA** There were no members of the public present.		
PCCC 18/11/12	**ANY OTHER BUSINESS**		
	Dr Ghani and Dr Guntamukkala It was brought to the Committees attention that Dr Ghani and Dr Guntamukkala had both stepped down as members of the Primary Care Commissioning Committee and the Governing Body to work with Barnsley Healthcare Federation (BHF). **Action:** It was agreed that a letter would be sent to Dr Ghani and Dr Guntamukkala from the Chair of the PCCC, recognising and thanking them for their hard work and contributions to BHF. **Royal College of GP Guidance on Veteran Healthcare** The Director of Public Health had been asked by the Armed Forces Covenant Partnership Group (AFCPG) to share the Guidance on Veteran Healthcare with the Committee. Members were asked to consider if the level of awareness had been good or if there was anything further that the AFCPG could do. It was noted that Patrick Otway, Head of Commissioning (Mental Health, Children & Specialised) had been involved in this work and the Guidance had been shared at the locality meetings. It was also noted that the Guidance had been captured in the PDA to ensure practices had a		

register of veterans who were able to access priority treatment. Practices had also been invited to apply for formal accreditation to specialise in this area.

The Head of Public Health agreed to feedback the Committee's comments to the AFCPG.

Seasonal Flu Vaccine Uptake

The Director of Public Health informed the Committee that the seasonal flu vaccine uptake had declined in comparison to 2017.

For the period 1st September to 31st October 2018

- The uptake rate of 39.6% for >65 is lower than Y&H and England rates (2017 was 58.6%)
- GP practice level goes from 20.8% - 59.6%
- Uptake for at risk patients is 31.9%, which is higher than Y&H and England rates (but is lower than last year)
- GP Practices goes from 16.7% - 46.6%
- Pregnant Women uptake is 30%, which is lower than Y&H and England rates (again it is lower than last year)
- 1 GP Practice should be congratulated for achieving a 71% uptake
- 1GP Practice is achieving 8.6%
- The uptake for 2 years is 22.5% which is higher than Y&H and England (again it is lower than last year)
- GP practices range from 0% - 55.9%
- The uptake for 3 year olds is 25% higher than the Y&H and England rates (again is lower than last year)
- GP Practice ranges from 0% - 49%

It had not been possible to provide an analysis at this stage; however the Committee were informed that discussions would be taking place at the Health Protection Board. To support the uptake going forward the Committee were asked if they could suggest a Primary Care representative on the Health Protection Board.

NHSE Update

The Commissioning Manager, NHSE informed members that NHSE had been preparing Community Pharmacy provision in all areas over the Christmas and New Year period (including Christmas Day, Boxing Day and New Year's Day).

	Work was also ongoing to prepare for the winter pressures and winter reporting. **<u>Additional Meetings</u>** When asked what mitigations had been put in place to ensure that the Committee could react to the request for an urgent decision, the Committee were asked to note the Terms of Reference which clarified the urgent decision making arrangements which had been applied in the past. It was noted that the PCC Committee takes the delegated decision making from the CCGs Governing Body if there was wider conflict and therefore emergency meetings could be arranged at the Chair's discretion.		
PCCC 18/11/13	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	There were no items for escalating to the Governing Body Assurance Report.		
PCCC 18/11/14	**DATE AND TIME OF THE NEXT SCHEDULED MEETING**		
	Thursday, 31 January 2018 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley		

Barnsley
Clinical Commissioning Group

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2019

PUBLIC

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **29 November 2018.**

Minute ref	Issue	Action	Action/Outcome
PCCC 18.11.03	**DECLARATIONS OF INTEREST** Head of Governance & Assurance to amend the CCG's register of Interest report to reflect 2 new members – Lee Eddell, NHSE and Dr Mark Smith, CCG.	**RW**	**Complete**
PCCC 18.11.06	**STRATEGY, PLANNING, NEEDS ASSESSMENT & COORDINATION OF PRIMARY CARE** **Windows 10** Commissioning Manager, NHSE to obtain and share the deployment process, including successes and challenges from other CCGs across the Borough.	**LE/JF**	IT Update to be provided for March meeting
PCCC 18.11.12	**ANY OTHER BUSINESS** **Dr Ghani & Dr Guntamukkala** Letter to be sent to Dr Ghani and Dr Guntamukkala from the Chair of the PCCC recognising and thanking them for their hard work and contributions to BHF.	**AM**	**Complete**

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Action/Outcome
PCCC 18/09/08	**CONTRACTUAL ISSUES REPORT** Apollo Court Breach Notice Committee approval was given for the issuing of a draft Breach Notice.	**LR**	**Complete**

NHS
Barnsley
Clinical Commissioning Group

GOVERNING BODY

10 January 2019

PRIMARY CARE UPDATE

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**

Decision		*Approval*		*Assurance*	X	*Information*	X

2.	**REPORT OF**

	Name	Designation
Clinical Lead	Dr Krishnasamy	Associate Medical Director Urgent Care, Primary Care & Workforce
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
Author	Julie Frampton	Senior Primary Care Commissioning Manager

3.	**EXECUTIVE SUMMARY**

This paper will provide Governing Body with an update on the key areas of implementation of the GP Forward View (GPFV). This update follows on from a report to Governing Body on 12 July 2018 and outlines the continued progress made in delivery of the GPFV.

This paper will provide Governing Body with an outline of the 3 priority areas for Primary Care and a brief description of the work plan for each area as we progress towards the further development of Integrated Care Networks/localities.

4.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**

- Note the contents of this paper which are provided for information and assurance regarding progress in Primary Care from June 2018 to December 2018.

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	**Links to CCG's Priority Areas**	**Y/N**
	1 - Urgent & Emergency Care	
	2 - Primary Care	Y
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

PART 2 – DETAILED REPORT

1.	**INTRODUCTION/ BACKGROUND INFORMATION**
	The GPFV has provided a clear direction for the future of primary care in which general practice is the foundation of a strong, vibrant, joined up health and care system. This is a five year programme of work, and it remains important that we all continue to learn and respond to the changing circumstances. The Barnsley CCG Governing Body Assurance Framework (GBAF) provides assurance for the Governing Body in the delivery of the CCG's annual strategic objectives. The Primary Care Commissioning Committee is accountable for providing that assurance for the 2018/19 amber risk regarding the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • The under development of opportunities of primary care at scale, including new models of care • Inadequate investment in primary care GP Locality working has provided an opportunity for practices to work collaboratively together for the benefit of their populations and to maintain their unique identity and relationship with their own patients. As these Localities continue to mature they can look to increase their flexibility to shape and build additional services, working from a more effective platform with other local health and care providers, including community health services, social care and voluntary organisations. The Practice Delivery Agreement (PDA) provides further investment into general practice to focus support by ensuring that: • Commissioning intentions are met • Variation is reduced • Specific health improvement areas are targeted • Work towards collaborative working and integration progresses.
2.	**DISCUSSION/ISSUES**
	1) GP Forward View – Progress with Implementation • **Access activity** (including extended access arrangements) – the Barnsley Healthcare Federation (BHF) delivers this for the population of Barnsley. We have confirmed to NHSE that we have 100% coverage and that we commission 30 mins/1000 population appointments. The CCG has helped to facilitate partial direct booking of appointments for Barnsley people via NHS111 to one of the extended access hubs • **Practices eDeclaration** (eDEC) – every practice in Barnsley met the 5 December deadline to submit their annual declaration that they are compliant against their core contracts. The Primary Care Team will be reviewing the e-declarations to address any areas of non-compliance. • **Care Navigation –** across Barnsley we have 110 Care Navigators. Barnsley Healthcare Federation will continue to deliver care navigation training throughout 2019 therefore this figure will increase.

- **Clinical Correspondence training** – Barnsley CCG have commissioned this training which is due to roll out in January 2019. Using this system, 80-90 per cent of letters sent to General Practice can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well. All practices will be encouraged to take part in this training.

- **The development of Primary Care Networks/Localities –** we have declared that all of our practices are members of one of the six Localities and that work continues against the NHSE Maturity Matrix, currently at step one.

- **eConsultation –** Barnsley CCG is part of the South Yorkshire and Bassetlaw (SYB) procurement process to secure a platform to deliver eConsultation in general practice. It is expected that a system will be procured and available by the end of March 2019.

- **Public access GPWIFI –** this is not yet available for practices to use across Barnsley. The programme has had a number of issues which now seem to be resolved and work is now underway to ensure all of the background work is completed prior to the engineers activating the system.

- **Apex Tool (capacity and demand in Primary Care) –** We will be rolling out the Apex Tool across all Barnsley GP practices during 2019. To date we have 1 practice with this installed and another 5 waiting for installation. All practices will have the tool installed prior to April 2019. NHSE have funded licences for all GP practices for 12 months once installed.

- **Releasing time for Care –** This is a national programme aligning quality improvements in general practice. Barnsley has 8 GP practices signed up to start this programme which will run from February and into March 2019.

- **Social Prescribing (My Best Life) –** The My Best Life service has now been in operation for 18 months which enables all GPs and other health professionals across Barnsley to have a mechanism to link patients with non-medical needs to community and self-care solutions.

  The MBL advisor will find out what help or support people need to reconnect to their community and form strong, positive and enduring relationships to improve their health and wellbeing. The type of support varies widely depending on the individual's needs to support improvements in health, wellbeing and quality of life with a reduction in social isolation, exclusion and loneliness. MBL releases GP time to support patients who require more complex medical intervention.

- **Frailty Programme –** Aims to provide better, quicker and consistent care across the whole system and offer joined up support for frail patients in their own homes and in the local community.
  Specific areas of work include:
    - Recording frailty using the Electronic Frailty index

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

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

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

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

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

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

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

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

2) Primary Care Priority Areas

Key Priority Area 1 – Sustainability and Coordinated Recruitment

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

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

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

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

- **Clinical Pharmacists**

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

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

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

- **International Recruitment**

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

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

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

- **Practice Manager Leadership Development**

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

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

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

- **NAPC – Diploma in Advanced Primary Care Management**
  Barnsley CCG is encouraging Practice Managers to enrol on the NAPC course, the CCG will fund a third contribution. 1 Practice Manager has already started the course.

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

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

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

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

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

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

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

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

- **The BEST website**

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

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

Key Priority Area 2 – Home Visiting Service

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

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

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

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

Key Priority Area 3 – Developing Integrated Care Networks

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

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

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

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

	focused and fit for purpose to meet the future needs of the local population they serve. Following an engagement event held on the 12 December 2018 a number of questions were posed to the general practice locality members to review the delivery and form of the Localities and to begin to focus on integration and integrated care with GPs leading the way to: • Deliver coordinated and integrated support for patients with complex needs and conditions • Deliver increased levels of clinical & social support in the community • Design and enable Health and Care professionals to operate in a more cohesive and coordinated manner • Developing teams that flex and have skills that reflect local need • Enhance local services to meet the needs of their community • Enable better communication between service providers • Reduce ED & NEL admissions and for the ICN to take the next steps and to: • Establish effective leadership • Develop a collaborative culture • Ensure patient and carer engagement – have those conversations • Embrace information technology that supports new ways of working • Develop shared accountability • Align financial incentives and look at alternative ways to deliver services.
3.	**CONCLUSION**
	Delivery of the GPFV continues with good progress continuing to be made in a number of areas as demonstrated in the snap shot above. The model for future integrated out of hospital care is based on focusing on preventative medicine and using community based services to support the patients care needs at home. In Barnsley neighbourhoods have been established to incorporate representation from public health, local authorities, hospital consultants, housing and third sector organisations and now formal integration of these services across health and social care needs to include primary care reflecting the responsibility that GPs carry for oversight of the patient's care. As a result ICNs are well placed to act as vehicles for change to ensure delivery of service, which are patient focused and fit for purpose to meet the future needs of the local population they serve. In response to the direction of travel as detailed above the primary care strategy will be updated and be presented to the March 2019 Governing Body meeting.

PCCC/19/01/07

NHS
Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2018

Integrated Care Networks Development & Matrix Update

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	x	*Information*	x
2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
	Author	Terry Hague	Primary Care Transformation Manager
3.	**EXECUTIVE SUMMARY**		

The purpose of this report is to provide members with an update of the progress of the Integrated Care Networks development and progress against NHS England's Maturity Matrix.

Joined up and coordinated care is a response to the challenges faced by the NHS as outlined in the GP forward view and long term plan. The characteristics of primary care networks are also set out in NHS England's Reference Guide and will be integrated into the CCG's Primary Care Strategy, which is currently in development. The Practice Delivery Agreement contract signed by all Barnsley General Practices integrates network formation and engagement requirements.

A summary of these and the current position is given below.

Long Term Plan

The NHS Long term plan aims to address concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population. But also takes into account the possibilities for continuing medical advance and better outcomes of care.

The plan sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Including breaking down traditional barriers between care institutions, teams and funding streams so as to support the

increasing number of people with long-term health conditions, rather than viewing each encounter with the health service as a single, unconnected 'episode' of care.

The primary care / community health priorities within the long term plan includes improvements in 5 key areas:

- Improving out-of-hospital care (primary and community services)
- Reducing pressure on emergency hospital services
- Delivering person-centred care
- Digitally enabled primary and outpatient care
- A focus on population health and local partnerships through ICSs

One of the initiatives to achieve the above is described as Primary Care Networks of local GP practices and community teams with new investment funding expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people however networks need to be large enough to have impact and economies of scale through deeper collaboration between practices and others in the local health and social care system. Networks will provide a platform for providers of care being sustainable into the longer term, and also allow primary care providers to play more of a role in system decision making.

The long term plan describes expanded neighbourhood teams comprising of a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. In many parts of the country, functions such as district nursing are already configured on network footprints and this will now become the required norm. The result will be the creation of fully integrated community-based teams.

Reference Guide

The Primary Care Networks Reference Guide developed and produced by NHS England contains initial information on the key areas to be considered in establishing primary care networks locally, including setting out the core characteristics of primary care networks and considering how they might grow and mature over time.

The guide describes a network of a group of practices working collaboratively. The aim should not be to reorganise for the sake of it, but to design and implement ways of providing services collectively, that meets the health and care needs of their local population in a resource-efficient way. Additional services that are too big to be in every practice but which don't need to be delivered from a hospital should be delivered at the network level, allowing networks of practices to have a stronger prevention and population focus.

The guide provides initial resources and key principles around a number of key enablers that will underpin the effective development of Primary Care Networks including workforce, patient and public engagement, digital, clinical governance, estates and the business model.

How Barnsley will develop each of these areas will be covered in the Primary Care Strategy.

Matrix

The potential journey of a Primary Care Network is outlined in the maturity matrix (Appendix A).

A submission is made to NHS England in respect of progress against the maturity matrix. The table below shows the submission in September 2018 and anticipated return for March 2019.

CCG -	Sep-18	Mar-19
Number of PCNs at any stage of journey	6	6 TBC
% population coverage within CCG of PCNs at any stage of journey	100%	100%
number of PCNs assessed as nearest stage 1	6	
number of PCNs assessed as nearest stage 2		6
number of PCNs assessed as nearest stage 3		
% of your population with access to integrated teams	100%	100%

Primary Care Strategy

The Primary Care Strategy under development will include the plan for development of the Primary Care Networks, which will be known as Integrated Care Networks, with reference to the long term plan and reference guide.

Practice Delivery Agreement Specification

The Practice Delivery Agreement (PDA) specification outlines the aim to invest in the capacity needed to deliver a consistently high standard of General practice across Barnsley (as referenced in the Primary Care Strategy and the GP Forward View).

100% of practices have signed the PDA contract for the last two years, which is an enabler through locality meetings for practices to have a forum and regular time out to work together. Practices are being supported through the PDA to engage with other service providers to create a system which arranges services around the individual and provides people with the support they need to stay or get well – whether physical, emotional or social.

The next step beyond locality meetings, and the basis of the PDA specification for 2019/2020, is to work towards Integrated Care Networks (ICN), bringing together a range of health, care and wellbeing services. By being more joined-up services can be more responsive, ensuring people have the help and support they need to keep themselves as healthy and well as possible.

Formation of the Integrated Care Networks

Barnsley CCG governance includes the Integrated Care Partnership Board and Integrated Care Delivery Group driving the development of models in relation to the Neighbourhoods workstream.

	For the last two years GP practices in Barnsley have been coming together at locality meetings. These have brought GP practices together to enable conversations around how practices could work together for the benefit of patients and the practices with achievements such as the Demand management approach. An Integrated Care Network event was held on the 12 December 2018 involving 130 GP Members and wider stakeholder colleagues demonstrating significant engagement which has assisted in refocussing the next steps to include: • Wider practice involvement • Workforce Changes, such as the Clinical Pharmacists Programme • Integrated teams • Population Health Management following creation of a unit to encompass CCG; BMBC; hospital, community and mental health providers, primary care and healthwatch. • Agreed action plans and Memorandum's of Understanding • New models of care • Mapping assets with partners A further engagement event will be held with practices on the 13 February 2019 to progress the formation of the Integrated Care Networks. Through collaborative working and an integrated approach as outlined in the Reference Guide and PDA contract, Barnsley health services will move closer towards the NHS Long Term Plan new service model of care at the right time in the optimal setting. Achievement of the ICN will be closely monitored against the maturity matrix, with further updates being presented to the Committee.
4.	**THE COMMITTEE IS ASKED TO:**
	Note the update on the Integrated Care Networks development and progress against the NHS England Maturity Matrix.
5.	**APPENDICES**
	None

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

NHS England Primary Care Networks Reference Guide

The journey of development for Primary care networks in a health system – maturity matrix

Our learning to date tells us that Primary care networks will develop and mature at different rates. Laying the foundations for transformation is crucial before taking the steps towards a fully functioning Primary care network. This journey might follow the maturity matrix below.

Foundations for transformation	*Step 1*	*Step 2*	*Step 3*
Plan: Plan in place articulating clear vision and steps to getting there, including actions at network, place and system level. **Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there. **Time:** Primary care, in particular general practice, has the headroom to make change. **Transformation resource:** There are people available with the right skills to make change happen, and a clear financial commitment to primary care transformation.	**Practices identify PCN partners** and develop shared plan for realisation. **Analysis on variation** in outcomes and resource use between practices is readily available and acted upon. **Basic population segmentation** is in place, with understanding of needs of key groups and their resource use. **Integrated teams**, which may not yet include social care and voluntary sector, are working in parts of the system. Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. Steps taken to ensure **operational efficiency** of primary care delivery and support struggling practices. Primary care has a **seat at the table** for system strategic decision-making.	PCNs have **defined future business model** and have early components in place. Functioning **interoperability within networks,** including read/write access to records, sharing of some staff and estate. All primary care clinicians can access **information to guide decision making**, including risk stratification to identify patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system. Early elements of **new models of care** in place for most population segments, with **integrated teams** throughout system, including social care, the voluntary sector and easy access to secondary care expertise. Routine peer review. **Networks have sight of resource use and impact on system performance**, and can pilot new incentive schemes. Primary care plays an **active role in system tactical and operational decision-making,** for example on UEC	**PCN business model** fully operational. **Fully interoperable IT, workforce and estates** across networks, with sharing between networks as needed. **Systematic population health analysis** allowing PCNs to understand in depth their populations' needs and design interventions to meet them, acting as early as possible to keep people well. **New models of care** in place for all population segments, across system. Evaluation of impact of early-implementers used to guide roll out. PCNs take **collective responsibility for available funding.** Data being used in clinical interactions to make best use of resources. **Primary care providers** full decision making member of ICS leadership, working in tandem with other partners to allocate resources and deliver care.

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2019

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information*	X
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Roxanna Naylor	Chief Finance Officer
Author	Ruth Simms	Assistant Finance Manager

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 30 November 2018 (Month 8).

The Forecast position as at Month 8 is (£471k) underspend, Appendix A sets out the movements from budget with a detailed narrative, however the majority of this underspend relates to the underutilisation of accruals.

The 2018/19 Core Contract uplift, of 2%, has now been applied to GP Payments as the contract changes have now been agreed and this is reflected in the Month 8 position.

Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.

4. THE COMMITTEE IS ASKED TO:

- Note the contents of the report

5. APPENDICES

- Appendix A – Finance Monitoring Statement

Agenda time allocation for report:	10 minutes.

PART 1B – SUPPORTING INFORMATION

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

APPENDIX A

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 8

FOR THE PERIOD ENDING 30th November 2018

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	Forecast Outturn Variance Explanation
ENHANCED SERVICES	774,308	-	774,308	884,498	110,190	14.23%	Overspend due to Increase in Violent Patient numbers which has resulted in the increase in the payment for the violent patients scheme, forecast £7k overspend. Claims for 18/19 Learning Disabilities higher than expected current forecast £42k overspend. Overspend from 17/18 of £20k due to claims higher than expected. Underutilised accruals from 17/18 for Minor Surgery of (£8k). Quarter 1 & 2 Minor Surgery claims higher than expected and due to rise further with more Doctors receiving Minor Surgery training, forecast £50k overspend. Overspend from 17/18 for Extended Hours of £8k. Underspend for 18/19 extended hours (£10k), due to change in practices who are providing this service.
GENERAL PRACTICE - APMS	1,209,583	-	1,209,583	1,217,316	7,733	0.64%	Primary Care Co Commissioning forecast for GMS, APMS and PMS contracts are based on up to date list sizes (October 2018). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes built into the forecast. These figures are up to date with relevant contract changes and include the nationally agreed additional 2%.
GENERAL PRACTICE - GMS	11,394,343	-	11,394,343	11,531,475	137,132	1.20%	
GENERAL PRACTICE - PMS	12,074,070	-	12,074,070	12,143,910	69,840	0.58%	
OTHER GP SERVICES	1,484,906	-	1,484,906	1,502,849	17,943	1.21%	Overspend includes a number of movements - Underspend due to underutilised accruals from 17/18 for Locum and Sickness Claims for (£163k). Overspend on Indemnity charges included in Forecast of £135k, for 18/19, that we do not have a budget for. Forecast may be revised once agreement is reached with NHSE on who will fund indemnity charges. Underspend on Professional Fees Prescribing and Dispensing of (£60k); forecast is based on 17/18 outturn. Overspend on Primary Care Enabling Services forecast of £55k built into forecast which we don't have a budget for. Overspend of £30k for Burleigh Street IT built into forecast which we have no budget in place for. Other minor movements of £21k across a number of areas. Forecast based on most up to date invoices.
OTHER PREMISES	369,589	-	369,589	(119,768)	(489,357)	-132.41%	Underspend due to underutilisation of 2017/18 accruals of (£253k). 18/19 Forecast of £236k released as voids and subsidies not been as expected.
PREMISES COST REIMBURSEMENT	5,079,739	-	5,079,739	5,043,071	(36,668)	-0.72%	Underspend due to underutilisation of 2017/18 accruals of (£76k) due to Non Domestic Rates, Clinical Waste and Water rates been lower than expected and CHP management fee not been reimbursed to practices. Increase in 18/19 CHP rental of £101k due to increase in rent. Underspend of (£49k) for Burleigh Street rent due to practice opening mid year and therefore full year budget is not required. Underspend of (£10k) with regards to rent reviews that are due but not yet taken place and other minor movements of £3k.
QOF	3,805,971	-	3,805,971	3,518,423	(287,548)	-7.56%	The underspend on QOF relates to underutilised accruals from 2017/18 of (£241k). QOF Achievement forecast currently (£17k) underspend and QOF Aspiration forecast currently (£30k) underspend, these are based on the expected outturn for 18/19 as per M1-M8 Payments for Aspiration with 5% increase built into the forecast for increase in QOF value.
TOTAL PRIMARY MEDICAL SERVICES	**36,192,509**	**-**	**36,192,509**	**35,721,773**	**(470,736)**	**-1.30%**	

PCCC/19/01/10

NHS Barnsley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2019

CONTRACTUAL ISSUES REPORT

PART 1 SUMMARY REPORT

Decision		*Approval*		✓	*Assurance*	✓	*Information*	✓

	Name	Designation
Lead	Julie Frampton	Senior Primary Care Commissioning Manager
Authors	Lynne Richards	Primary Care Transformation Manager

1. THIS PAPER IS FOR

2. REPORT OF

3. EXECUTIVE SUMMARY

Barnsley Healthcare Federation

Barnsley Healthcare Federations Extended Hours, GP streaming and Out of hours services were re-inspected on 16 and 17 November 2018 following inadequate CQC ratings being published earlier in the year. Members will be pleased to note that the services are now rated good across all domains.

The CQC inspector shared the following information as part of a press release:

'The Inspectors found that the services had reviewed risk management systems so that safety was prioritised and when incidents did occur learning from them would improve future processes. Staff were treating patients with kindness, respect and compassion, patients could also access care and treatment within a reasonable timeframe.

The services were also recognised for their commitment to share and promote best practice, with other organisations, in respect of the identification and management of early signs of sepsis.

Allison Holbourn, Deputy Chief Inspector of General Practice for the North, said:

"I am very pleased that the provider has taken our previous inspection findings seriously and worked hard to make the necessary improvements to ensure patient safety. It is fantastic to see that they have also developed an area of outstanding practice too.

	"The leadership, management and staff at both the provider and at each service deserve to be congratulated for the considerable efforts made to improve the care and treatment being provided to patients." You can read the reports in full on CQC's website at: i-Heart 365 Service - Extended Hours: https://www.cqc.org.uk/location/1-2236200080 i-Heart 365 Service - GP Streaming: https://www.cqc.org.uk/location/1-4186390201 i-Heart 365 Service - Out of Hours Service: https://www.cqc.org.uk/location/1-4186390342
	Dodworth Medical Centre All PCCC members on 17 December 2018 to request the approval of the removal of Dr Kadarsha and Professor Kumar from the PMS contract with effect from 01 January 2019. Voting members confirmed the approval via email in accordance with the urgent decision making process as detailed within the Terms of Reference. The contract variation has now been actioned and members are asked to ratify the urgent decision taken. The Primary Care Team have offered the new providers bi-weekly meetings to support them at Dodworth Medical Practice. The new providers have developed an action plan to address the CQC concerns which will be monitored by the Primary Care Team.
	GP Contract – e-Declaration In December each year GP practices are required to submit an annual declaration on compliance with their core GMS/PMS or APMS contract. The primary care team are currently undertaking a process to identify areas on non-compliance. Any areas identified will be discussed with the practice and if there are any areas for escalation these will be reported to the next meeting of this Committee.
5.	**THE COMMITTEE IS ASKED TO:**
	• Note the contractual issues update and ratify the urgent decision in relation to Dodworth Medical Centre

Agenda time allocation for report:	10 minutes

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	N
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y

3.	Governance Arrangements Checklist	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

NHS Barnsley Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

31 January 2019

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	X	*Information*	X

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance & Assurance
Author		

3. EXECUTIVE SUMMARY

Introduction

In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.

Assurance Framework 2018/19

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

Appendix 1 of this report provides the Committee with an extract from the GBAF 2018/19 of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care
    - Not having quality monitoring arrangements embedded in practice
    - Inadequate investment in primary care
    - Independent contractor status of General Practice.

	Risk Register The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract of red and amber risks associated with the Primary Care Commissioning Committee. There are currently six risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the six risks, there is one red (extreme) rated risk, one amber risk (high), three yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored. *Additions / Removals* There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.
4.	**THE COMMITTEE IS ASKED TO:**

	• Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible
	• Review the Risk Register extract attached and:
	  ○ Consider whether all risks identified are appropriately described and scored
	  ○ Consider whether there are other risks which need to be included on the Risk Register.

5.	**APPENDICES**
	• Appendix 1 – GBAF 2018/19 Extract risk 2.1 • Appendix 2 – Risk Register extract of red and amber risks associated with the PCCC

Agenda time allocation for report:	5 mins

PART 1B – SUPPORTING INFORMATION

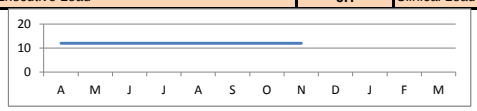
1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business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

21/01/19 **NHS Barnsley CCG Governing Body Assurance Framework 2018-19**

PRIORITY AREA 2: PRIMARY CARE	***Delivery supports these CCG objectives:***	**PRINCIPAL THREATS TO DELIVERY**
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends. f) Every practice implements at least 2 of the high impact 'time to care' actions g) Deliver delegated Primary Care functions	Highest quality governance High quality health care ✓ Care closer to home ✓ Safe & sustainable local services ✓ Strong partnerships, effective use of £ ✓ **Links to SYB STP MOU** 8.3. General Practice and primary care	There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice • Inadequate investment in primary care • Independent contractor status of General Practice.

Committee Providing Assurance	**PCCC**	*Executive Lead*	**JH**	*Clinical Lead*	**NB**

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**TOLERATE**		



Date reviewed	**Dec-18**

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.

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
1. Incentivise practices to complete HEE Workforce Analysis tool	All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE. This continues to be incentivised through the 2018/19 PDA.	Ongoing
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area	Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC).	Ongoing
3. Optimum use of BEST sessions	BEST programme and Programme co-ordination	Ongoing
4. Development of locality working	6 localities established. A GP Clinical Lead and PM lead allocated to each locality. A series of locality meetings held August, October and December 2017. Large locality event on 14 February 2018 to develop locality based plans and identify areas for development. Further locality event in Dec 2018 to further develop locality working and plans for 2019-2020.	Ongoing
5. BHF - Existence of strong federation supports Primary Care at Scale	BHF contract monitoring, oversight by PCCC	Ongoing
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)	Monitored through PDA Contract monitoring of the My Best Life Service	Ongoing
7. Programme Management Approach of GPFV & Forward View Next steps	Reported to GB in November 2017. GPFV assurance returns submitted bi-monthly to NHSE. Further update to PCCC in June 2018 to report on GPFV progress from 2017/18. GPFV update submitted to PCCC in June 2018 as planned..	Ongoing
8. Care Navigation roll out - First Port of Call Plus	BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns	Ongoing
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)	NHS England 360 Stakeholder Survey results reported to Governing Body. 16/17 results reported to Membership Council Spring 2017.	Ongoing
SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.	BCCG is represented on the group.	Ongoing

Gaps in assurance	**Positive assurances received**
None identified	*Report on implementation of the GP Forward View being presented at PCCC June 2018. Await any further recommendations.* *Report accepted at PCCC with recognition of work undertaken and progress.*

Gaps in control	**Actions being taken to address gaps in control / assurance**
RR 14/10:If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.	BCCG has a baseline of the Primary Care workforce following the 30 June 2017 submission for baseline data via the HEE Tool. Data presented at BEST event in September. The CCG and BHF will then work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward. Practices encouraged to look at skill mix with innovative recruitment.
RR 18/03: If there is not an adequate and rapid response from Barnsley Healthcare Federation to the areas identified by CQC in their recent inspections there is a risk that the BHF does not meet contractual and service requirements potentially leading to: (a) poor quality or unsafe services for the people of Barnsley; (b) reputational /brand damage; (c) Strategic implications for the CCG in terms of delivery of the out of hospital strategy and primary care at scale. (d) Continuity of service (e) Risk of patients and practices not accessing services provided by BHF	Barnsley Healthcare Federation have appointed a new Clinical Director/ Chair and have had a Senior Management restructure. A detailed action plan to address all areas of concern highlighted within the CQC report has been produced and is being monitored through both PC contracting and Quality Surveillance at the CCG. Regular updates and evidence on progress is being provided by the Chief Executive which is offering assurance on progress. Resilience funding through NHSE has been sourced and provided and the Federation GP practices are signed up to the releasing time for care programme. CQC re-inspection of BHF and iHeart services has been performed (Nov18) and awaiting the outcome report.

RISK REGISTER – January 2019

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	15	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients	**3**	**3**	**9**	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream and Primary Care workforce Strategy is in development. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The successful PMCF (now known	Senior Primary Care Commissioning Manager. (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	12/18	**December 2018** No updates to report **November 2018** No changes to report **October 2018** There are no changes to report **September 2018** Practices continue to report their workforce figures and these are presented and monitored through each practices quality dashboard. In	01/19

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
		services could be further away from their home.				as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles. The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care. The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points. GP Forward View includes a section on workforce, with additional funding being made available to support Primary Care sustainability.							2018/19 15 lots of resilience funding have been approved for Barnsley practices which will support recruitment and future resilience. **August 2018** No change to report **June 2018** Update to be provided at 26 July PCCC meeting **May 2018** No change to report **April 2018** No change to report	

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
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**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).	Senior Primary Care Commissioning Manager (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	11/18	**November 2018** Successful recruitment to the CCG's Primary care team to support the delegated responsibilities **September 2018** The CCG continues to effectively managing its delegated responsibility. Strong links have been made with the NHSE Area Team and the contracting team to ensure that this function is effective. **August 2018** No updates to report **June 2018** No updates to report	02/19