

**The Primary Care Commissioning Committee will be held on
Thursday, 30 May 2019 at 2.30 – 3.30pm in the Boardroom
Hilder 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	Assurance	PCCC/19/05/03 Chris Millington	2.30pm 5mins
4	Minutes of the meeting held on 28 March 2019	Approve	PCCC/19/05/04 Chris Millington	2.35pm 5mins
5	Matters Arising Report	Note	PCCC/19/05/05 Chris Millington	2.40pm
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
6	Working Win Update <i>Julie Tolhurst (Public Health Principal)</i> <i>Paul Ellsworth (Work & Wellbeing Manager)</i> <i>Niall O'Reilly (Head of Work & Wellbeing)</i>	Assurance/ Note	PCCC/19/05/06 Presentation	2.40pm 20mins
7	Primary Care Networks Update	Assurance/ Note	PCCC/19/05/07 Julie Frampton	3.00pm 10mins
8	Home Visiting Procurement Update	Note	PCCC/19/05/08 Julie Frampton	3.10pm 5mins
9	ETTF & BAU Capital	Note	PCCC/19/05/09 Julie Frampton	3.15pm 5mins
Quality and Finance				
10	Finance Update	Note	PCCC/19/05/10 Julie Frampton	3.20pm 5mins
11	CQC Updates <ul style="list-style-type: none"> Ashville Medical Practice Goldthorpe Medical Practice Victoria Medical Centre 	Note	PCCC/19/05/11 Julie Frampton	3.25pm 5mins
Contract Management				
12	Contractual issues Report <ul style="list-style-type: none"> PDA end of year report 2018/19 – TO FOLLOW LES/DES Local Incentive Schemes 	Assurance/ Note	PCCC/19/05/12 Julie Frampton Verbal	3.30pm 10mins
Governance, Risk and Assurance				

Item	Session	Committee Requested to	Enclosure Lead	Time
13	Risk and Governance Report	Assurance	PCCC/19/05/13 Richard Walker	3.40pm 5mins
	Reflection on conduct of the meeting			
14	<ul style="list-style-type: none"> Conduct of meetings Any areas for additional assurance Any training needs identified 	Note	Verbal Chris Millington	3.45pm
	Other			
15	Questions from the public relevant to the agenda	Note	Verbal Chris Millington	3.45pm 5mins
16	Any other business	Note	Verbal All	3.50pm 5mins
17	Items for escalating to the Governing Body	Note	Verbal Lesley Smith	3.55pm 5mins
18	Date and time of the next scheduled meeting: Thursday, 25 July 2019 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	Verbal Chris Millington	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

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR													
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input type="checkbox"/>	<i>Information</i> <input checked="" type="checkbox"/>										
2.	REPORT OF													
		<i>Name</i>	<i>Designation</i>											
	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance											
	<i>Author</i>	Paige Dawson	Governance, Risk & Assurance Facilitator											
3.	EXECUTIVE SUMMARY													
<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;</td> </tr> <tr> <td>Indirect interests</td> <td>Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.</td> </tr> </tbody> </table>					Type	Description	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
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	<p>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.</p> <p>Addition: Mark Smith's practice is now a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix 1 – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

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

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • 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	<ul style="list-style-type: none"> • Ad hoc provision of Business Advice through Gordons LLP
Dr Sudhagar Krishnasamy	Associate Medical Director	<ul style="list-style-type: none"> • 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
		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> • Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> • Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • 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	<ul style="list-style-type: none"> Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. Director of Janark Medical Ltd The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Nil
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> NIL
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> NIL
Julie Frampton	Senior Primary Care Commissioning	<ul style="list-style-type: none"> NIL

Name	Current position (s) held in the CCG	Declared Interest
	Manager	
Lee Eddell	NHS England Primary Care Manager	<ul style="list-style-type: none">• Nil

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
 held on Thursday, 28 March 2019 at 2.30pm in the Boardroom
 Hilder House, 49–51 Gawber Road S75 2PY**

MEMBERS PRESENT:

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

GP CLINICAL ADVISORS

Dr Sudhagar Krishnasamy	Associate Medical Director
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Julie Frampton	Senior Primary Care Commissioning Manager
Angela Musgrave	Executive Personal Assistant
Ruth Simms	Assistant Finance Manager
Julia Burrows	Director of Public Health, BMBC
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE

APOLOGIES:

Jackie Holdich	Head of Delivery, Integrated Primary & Out of Hospital Care
Roxanna Naylor	Chief Finance Officer
Sarah Tyler	Lay Member for Accountable Care
Dr Nick Balac	CCG Chairman
Lee Eddell	Commissioning Manager, NHSE

MEMBERS OF THE PUBLIC:

Agenda Item	Note	Action	Deadline
PCCC 19/03/01	APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 19/03/02	QUORACY		
	The meeting was declared quorate.		
PCCC 19/03/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	There were no declarations of interest relevant to the agenda.		

PCCC 19/03/04	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 31 January 2019 were verified as a correct record of proceedings.		
PCCC 19/03/05	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 19/03/06	<p>PRIMARY CARE NETWORKS UPDATE</p> <p>The Chief Officer provided members with a verbal update regarding the work taking place with GP practices in line with the new GP Contract and the establishment of Primary Care Networks (PCN).</p> <p>On the 13 of February 2019 Barnsley GP practices attended a workshop with wider system partners across the Borough where, in collective discussions, consideration was given to have one supra-network across Barnsley, underpinned by 6 locality teams.</p> <p>Following a request from attendees at the workshop to explore this suggestion further, better understand what this might look like and understand the benefits it might offer, the CCG had since shared a paper with practices on how this might work, to help inform their local discussions.</p> <p>Attendees also considered what the new network contract offered (investment in new roles), what the deliverables would be (national service specifications), as well as the risks and opportunities.</p> <p>It was noted that to be eligible for a Network Contract, a PCN would need to submit a completed registration form to the CCG by no later than 15 May 2019.</p> <p>Over the next 5 years significant additional funding would flow through the network DES, half of which would be for new and additional roles to support practices address workload issues. The additional workforce would support the delivery of seven service specifications that were clinical areas for improvement rather than entirely new areas of work which the PCN would be accountable for.</p>		

	<p>The Associate Medical Director informed the meeting that following an Extraordinary LMC meeting held on 27 March to discuss potential PCN configurations with GP practices, a Network agreement was negotiated which would be shared with practices by Friday, 29 March.</p> <p>It was also noted that GP practices felt more comfortable working within the original six localities with an over-arching supra-network and, that both partner organisations and GP practices did not want to disturb the good working relationships already established through the locality model.</p> <p>A number of issues which would require further discussions had been raised at the LMC meeting on 27 March including how practices would agree to work with each other to divide responsibilities, resources and accountability particularly with extended hours. A further concern was how to ensure preservation of the existing workforce.</p> <p>In response to a question from the Director of Public Health regarding how the funding would be drawn down and shared across the six localities, the Chief Officer advised that the CCG would forward a copy of the paper that had been developed and shared with practices which explained the complexities and gave context.</p>	LS	Complete
<p>PCCC 19/03/07</p>	<p>IT UPDATE</p> <p>The Senior Primary Care Commissioning Manager introduced the IT Update Report which provided members with an update on work currently in progress within the various IT projects.</p> <p>Appended to the update report was a project plan which included monthly updates and highlighted issues which would require resolving within the PCCC meeting or for escalating where necessary.</p> <p>Monthly IT Operational Steering Group meetings had been established with the responsibility for delivering a number of GPIT projects. Any issues or risks identified would be escalated and brought to the CCGs Management Team for resolution and to the PCCC for assurance.</p>		

GP WIFI

The meeting noted that although infrastructure problems had been experienced in some buildings which had pushed the programme of work back, 60% of GP practices now had WIFI installed.

Windows 10 Update

Huddersfield Road Surgery had been one of a number of practices across Yorkshire and the Humber to be an early adopter for Windows 10 and the lessons learnt from all of the installations had been used to develop a comprehensive list of issues readily available around connecting systems within Barnsley.

Practices had been informed that software would not be installed unless there was a service agreement in place. To support the reinstallation of ECG machines, Barnsley CCG would be purchasing licenses for all practices. Practices had also been asked to ensure that all registers such as asbestos and business continuity were up to date.

HSCN

Notification had been received from NHS digital that 8 GP practices required moving from their existing N3 connection to HSCN. 4 practices would need to transfer by 22 July and the remaining 4 practices by 22 August 2019. One other practice was having significant problems with their N3 connection and connectivity. The CCG had asked for this practice to be prioritised.

Following this notification a costed solution paper outlining what was required for the HSCN design and equipment needed to enable a tight deadline to be achieved would be considered at Management Team.

MOBILE WORKING

Following issues experienced in sourcing sim cards and VPNs that were Windows 10 compliant to ensure suitability for the Windows 10 laptops a provider had now been identified.

Unfortunately the currently problem was that eMBED had advised that due to resource issues it could be May or June before imaging of the laptops could be completed. This issue had been raised as a concern and the CCG had asked that funding from the ETTF scheme should come directly to the CCG to fund the services of an alternative technical engineer to complete the imaging.

	<p><u>E-CONSULTATION</u></p> <p>Procurement of an eConsultation system was now complete and a preferred provider had been agreed. A Project Manager had been appointed to work across SYB to support the work and ensure the process was completed to time.</p> <p>The Lay Member for Governance thanked Julie for providing a very useful IT Update which pulled everything together and kept members apprised of progress across the various programmes of IT schemes taking place.</p> <p>The Assistant Head of Primary Care Co-Commissioning, NHSE suggested that it may be helpful to include the national NHS App Roll Out within the IT Programme of Work for Primary Care.</p> <p>Action: NHS App Roll Out to be included in the IT Programme of Work for Primary Care.</p>	JF	Complete
QUALITY AND FINANCE			
PCCC 19/03/08	<p><u>FINANCE UPDATE</u></p> <p>The Assistant Finance Manager presented the Finance Update on the financial position for delegated Primary Care Commissioning budgets as at 31 January 2019 (month 10).</p> <p>The forecast position as at month 10 was an underspend of £831k, the majority of which related to the underutilisation of accruals. £135k related to indemnity payments which would be funded centrally by NHSE for 2018/19.</p> <p>The Committee noted the contents of the Finance report and the update from the Assistant Finance Manager.</p>		
PCCC 19/03/09	<p><u>CQC UPDATES</u></p> <p>The Senior Primary Care Commissioning Manager introduced the CQC Report which provided members with an update on the current CQC position in relation to primary care contracts.</p> <p>The following practices had received a rating of 'Good' across all domains.</p> <ul style="list-style-type: none"> • Hollygreen Practice • Kingswell Surgery 		

	<p>The CCG had written to both practices to congratulate all staff and thanked them for their continued efforts to provide high quality services.</p> <p>The CQC had completed inspections at the practices named below. Details of the outcome would be shared when published and assurance would be brought to the next Committee meeting in May.</p> <ul style="list-style-type: none"> • Ashville Medical Practice • Caxton House • The Rose Tree Practice (White Rose Medical Centre) • Victoria Medical Centre <p><u>Changes to CQC Regulatory Primary Care Medical Services</u></p> <p>From April 2019 the CQC are to introduce a new system of provider information collections and annual regulatory reviews for good and outstanding services.</p> <p>The CQC attended the Practice Managers' meeting on 5 March and provided Managers with an update on the CQC changes which had been well received.</p> <p>It was noted that Practices not having had an inspection since 2014-15 would be contacted by the CQC imminently and would require a telephone interview as well as an inspection.</p> <p>The Committee noted the 'Good' CQC ratings and the change in the CQC Regulatory Primary Care Medical Services process.</p> <p>It was suggested that the letters sent to Practices congratulating staff and thanking them for their continued efforts to provide high quality services should also be signed by the Chair of the PCCC.</p> <p>Action: The signature of the PCCC Chair to be included on letters sent from the CCG to all Practices receiving a 'Good' CQC rating.</p> <p>Action: The 'good' rating from the CQC inspections of Hollygreen Practice and Kingswell surgery to be included in the highlight report to be on the May Public Governing Body agenda.</p>	<p>JF</p> <p>JF</p>	<p>Complete</p> <p>Complete</p>
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CONTRACT MANAGEMENT			
PCCC 19/03/10	PUBLIC CONTRACTUAL ISSUES REPORT		
	<p>The Senior Primary Care Commissioning Manager introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><u>e-Declaration Update</u> All 33 Barnsley GP practices had submitted their responses within the deadline.</p> <p><u>Procurement Updates</u></p> <p><u>Home Visiting</u> At the Extraordinary meeting of the PCCC held on 14 February the Home Visiting Service Procurement Award report had been received and unanimously agreed. The outcome of the procurement process had been to award the contract to Barnsley Healthcare Federation.</p> <p><u>Any Qualified Provider Contracts</u> Procurement for the Any Qualified Provider Contracts for Community Carpal Tunnel services including Nerve Conduction and Vasectomy Non Scalpel service was now complete. Once a preferred provider(s) had been agreed this would be brought to a future meeting for approval of contracts to be awarded.</p> <p><u>In Year APMS, GMS and PMS Contract Variations</u></p> <p><u>Lakeside Surgery APMS Contract Variation</u> Members were informed that Barnsley CCG had received an application to add the Alliance Primary Care Limited company as a new partner to the Lakeside Surgery APMS contract from 1 April 2019.</p> <p>The Committee were also informed that the current partners (Dr Guntamukkala and Dr Vemula) would submit an application to be removed from the contract once the process of varying on the new contract holders was complete. This request would come to a future PCCC meeting for approval.</p>		

	<p><u>PMS Contract Changes</u></p> <p><u>The Dove Valley Practice PMS Contract Variation</u> Barnsley CCG had received an application to remove Dr Catherine Liley, GP partner from the Dove Valley Practice contract due to her resignation on 1 April 2019.</p> <p>Dr Matthew Dowling would be joining the partnership.</p> <p><u>Hill Brow Surgery PMS Contract Variation</u> Barnsley CCG had received an application to remove Dr Monica Duggal from the Hill Brow Surgery contract due to her retirement on 31 March 2019.</p> <p><u>Royston High Street Practice – GMS Contract</u> Members noted the application request received to vary the GMS contract for Royston High Street practice due to a 24 hour retirement for Dr Edward Czepulkowski.</p> <p>The Primary Care Commissioning Committee:-</p> <ol style="list-style-type: none"> 1. Noted the process being undertaken in respect of the General Practices e-Declaration for assurance 2. Procurement Updates <ol style="list-style-type: none"> i) Noted the information regarding the Home Visiting service procurement ii) Noted the information regarding the AQP procurement 3. In year APMS, GMS and PMS Contract Variations <ol style="list-style-type: none"> i) Approved the Lakeside Surgery APMS Contract Variation ii) Approved the Dove Valley PMS Contract Variation iii) Approved the Hill Brow Surgery Contract Variation iv) Noted the information regarding Royston High Street GMS Contract for assurance 		
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GOVERNANCE, RISK AND ASSURANCE			
PCCC 19/03/11	RISK AND GOVERNANCE REPORT		
	<p>The Head of Governance and Assurance provided an overview of the Risk and Governance Report confirming that no new risks had been identified since the previous meeting which needed to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register.</p> <p><u>Assurance Framework 2018/19</u> Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.</p> <p><u>Risk Register</u> There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing.</p> <p><u>Mandated NHSE Audit of Primary Medical Services</u> Although NHS England (NHSE) had delegated primary care commissioning functions to CCGs, it still retained the overall accountability for ensuring the functions were being discharged effectively.</p> <p>NHSE had therefore introduced a mandatory Internal Audit Framework for all CCGs which required the independent completion of assessments. Four domains would be covered on a cyclical basis, over the next three to four years - Commissioning & procurement of services; Contract oversight and management functions; Primary Care Finance; and Governance.</p> <p>The focus for 2018/19 had been on governance arrangements. Internal Audit had issued the final report for Barnsley CCG which provided NHSE with 'significant assurance' over the CCG's arrangements and included only two low risk recommendations.</p>		

	<p>The Primary Care Commissioning Committee:-</p> <ul style="list-style-type: none"> Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible Reviewed the Risk Register attached and: <ul style="list-style-type: none"> Confirmed all risks identified were appropriately described and scored Confirmed there were no other risks which needed to be included on the Risk Register Noted the 360 Assurance's Primary Medical Care and Contracting – Review of Governance Arrangements 		
<p>PCCC 19/03/12</p>	<p>ANNUAL ASSURANCE REPORT 2018/19 The Head of Governance & Assurance introduced the Committee Annual Assurance Report for 2018/19.</p> <p>Members were informed that it was a requirement of all CCG Committees to provide a Committee Annual Assurance report at the end of each year to offer assurance to the Accountable Officer and Governing Body that the Committee had carried out the responsibilities delegated to them as detailed in their terms of reference.</p> <p>The report demonstrated how, throughout 2018/19, the PCCC had continued to function as an effective Committee undertaking the responsibilities for commissioning primary medical services.</p> <p>It was noted that there was one error on the report which related to the designation of the author which should read: Report of: Chris Millington, Lay Member for Patient and Public Engagement & Primary Care Commissioning.</p> <p>The Committee: Noted and approved the contents of the Annual Primary Care Commissioning Committee Assurance Report for 2018/19 subject to the amendment of the author's designation.</p>	RW	Complete

PCCC 19/03/13	PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE WORK PLAN UPDATE 2019/20 <p>The Head of Governance & Assurance introduced the Public PCCC Work Plan and Agenda Timetable for 2019/20 to ensure business was carried out in a planned, structured way and to provide assurance that its functions would be discharged as per the terms of reference.</p> <p>The Committee: Reviewed and approved the updated Public PCCC Work Plan and Agenda Timetable for 2019/20 with the following amendments.</p> <ul style="list-style-type: none"> • Removal of the PDA Outcomes on page 1 • ETTF Update to be populated • Self-assessment of Committee's effectiveness – report expected at July 19 meeting <p>Action: Work Plan/agenda to be amended to reflect the points above.</p>	AM	Complete
OTHER			
PCCC 19/03/14	REFLECTION OF CONDUCT OF THE MEETING <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
PCCC 19/03/15	QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA <p>There were no members of the public present at the meeting.</p>		
PCCC 19/03/16	ANY OTHER BUSINESS <p><u>Working Win</u> Following a query from the Chief Officer regarding what impact the Working Win Health Employment Trial had had on days lost through ill health in Barnsley, the Director of Public Health acknowledged that work was ongoing within the Council to acquire further clarity around the scheme which was managed by South Yorkshire Housing Association.</p> <p>The Director of Public Health agreed that it would be helpful to have a presentation or deep dive session at the CCG to include people from the Council and South Yorkshire Housing Association to better understand the impact the scheme was having.</p>		

	<p>It was also agreed that it would be helpful to have an update on Working Win to include GP referrals at the PCCC in May 2019.</p> <p>Action: Working Win Health Employment Trial update to be on the PCCC agenda in May 2019.</p>	JF/JB	Complete
PCCC 19/03/17	<p>ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT</p> <ul style="list-style-type: none"> • The 'good' rating from the CQC inspections of Hollygreen Practice and Kingswell surgery • GP IT Project Update 	<p>AM</p> <p>AM</p>	<p>Complete</p> <p>Complete</p>
PCCC 19/03/19	DATE AND TIME OF THE NEXT SCHEDULED MEETING		
	Thursday, 30 May 2019 at 2.30pm to 3.30pm in the Boardroom, Hilder House, Barnsley		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

30 May 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 **28 March 2019**

Minute ref	Issue	Action	Action/Outcome
PCCC 19/03/06	Primary Care Networks Update Copy of the Primary Care Networks paper shared with practices to be forwarded to the Director of Public Health.	LS	Complete
PCCC 19/03/07	IT Update NHS App Roll Out to be included in the IT Programme of Work for Primary Care.	JF	Complete
PCCC 19/03/09	CQC Updates Signature of the PCCC Chair to be included on letters sent to Practices receiving a 'Good' CQC rating.	JF	Complete
	Practices receiving 'Good' CQC ratings to be included on the May Public Governing Body agenda.	JF	Complete
PCCC 19/03/12	Annual Assurance Report 2018/19 Designation of the author of the report to be corrected.	RW	Complete
PCCC 19/03/13	PCCC Work Plan Update 2019/20 Three areas of the Work Plan/agenda to be amended.	RW	Complete
PCCC 19/03/16	Any Other Business Working Win Health Employment Trial update to be included on the PCCC agenda in May 2019.	JF/JB	On May Agenda. 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
	None		

PCCC/19/05/06

PRIMARY CARE COMMISSIONING COMMITTEE

THURSDAY, 30 May 2019

WORKING WIN BRIEFING

The health-led employment trial, **Working Win**, has been running across South Yorkshire and Bassetlaw for just over one year now. It is funded by the Government's Work and Health Unit, a partnership between NHS England and the Department of Work and Pensions, and commissioned locally by the Sheffield City Region Combined Authority.

Working Win is trialling a **new, voluntary approach to employment services for people with mental and physical health conditions**. Integrating employment specialists within NHS Trusts, GPs and voluntary sector services across our region, we support people to find good work that matches their strengths, skills and interests.

Uniquely, Working Win supports people out-of-work, looking to find employment, and people who are already in work but struggling, or off-sick, due to their condition. We also provide free training and advice to employers (e.g. Mental Health Awareness Training for line managers). This flexible approach means that we can intervene early in the hope of preventing people with health conditions from dropping out of work. We also support people to progress at work or switch jobs to escape in-work poverty.

Key successes in our first year:

- **More than 3,250 people have signed up to the trial** during the first 12 months. Half receive the new form of support. Working Win is reaching those who need support the most. The average participant reports 6 health conditions.
- Working Win is **on course to smash its employment targets**. Participants in the intervention arm of the trial have already achieved 531 job outcomes. With 18 months of delivery still remaining, we are more than half way towards the total target of 1,066 people finding, returning or remaining in employment.
- **Participant feedback is outstanding**. More than 90% of people rate the service they receive from Working Win as Good or Excellent, with 70% describing it as Excellent
- We've invested in **expert benefits, debt and employment law support through our partnership with Citizen's Advice**. **293 participants have been supported with more than 1,025 issues**. Benefits, tax credits and Universal Credit are the most commonly cited problems.
- Working Win provides **free training and advice to promote good working practices at more than 100 employers**, including Hitachi, South Yorkshire

Fire and Rescue, Barnsley Hospice, Barnsley College, Sheffield Teaching Hospitals and many more

- We're doing our bit to **promote an inclusive economy that works for everyone**. In Sheffield, we've linked up our Age Better in Sheffield initiative with Working Win to provide dedicated employment support with people over the age of 50. In June, we're running an event to promote [Embracing Employment for Refugees and Migrants](#) as part of Refugee Week.

We want to go further. We're campaigning for a radically different approach to employment support for people with health conditions and disabilities based on 5 principles: [strengths-based](#); [co-produced](#); [integrated](#); [preventative](#); and [voluntary](#), with no use or threat of sanctions to mandate participation.

Barnsley update

- **More than 400 people have signed up to the trial in Barnsley.** 189 have gone into the intervention arm of the trial
- Working Win participants have achieved **61 job outcomes in Barnsley so far**
- **Working Win in Barnsley** has embedded well in the area. Working closely with clinical partners; SWYFT Mental Health Access Team - where we are co-located, GP practices across the wards, the Voluntary and Community sector and BMBC. 5 GP practices have sent out a text message to patients about working win and another 2 have agreed in principle to trial the process. We have seen a 7-fold rise in referrals off the back of this initiative.

Our ask

For Working Win to produce definitive results, we need to recruit at least another 2,800 participants across South Yorkshire and Bassetlaw before referrals close at the end of October. In Barnsley, we need to recruit at least 737 more people before referrals end.

We would be hugely grateful if you could support us in one of the following ways, or in any other ways that you can think of:

1. **Proactively Identify out-of-work patients who might benefit from engagement with Working Win** staff to better understand how employment and debt support could improve their wellbeing. Workingwin staff are available to facilitate drop in/information sessions within GP practices and other health settings

2. **Refer all eligible patients** who express an interest in employment support to Working Win via our secure website <https://workingwinreferrals.co.uk> or via System1/EMIS
3. Sign up to deliver our **text message** from your practice
4. **Raise awareness of the trial's success** across your networks and help us to gain further support in the Barnsley area.

Contacts:

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n.oreilly@syha.co.uk

Paul Elsworth – Work and Well-being Manager Barnsley

07464497793

p.elsworth@syha.co.uk

Theo Bruckner

Marketing and Communications Coordinator

07393 462848

t.bruckner@syha.co.uk

Thank you so much for your backing

The Working Win team



Mental illness can affect anyone at any time. 1 in 4 people experience some form of mental illness and a new study from Mind suggests that around 1 in 2 of us will suffer from mental ill health in our lifetime. It is one illness that does not discriminate.

34 year-old Paul from Barnsley discovered just this, whilst working in his last job at a leading call centre. Confident, charismatic and funny – Paul definitely doesn't fit the stereotype of someone who suffers from anxiety and depression.

"I was a great employee, top 5% in the company actually. I used to be the person that they would bring the CEOs and top executives to speak to about 'life on the floor'. I earned a good salary and I was well liked around the business, I had lots of friends there.

"One day I took a call from a customer who didn't have the right information they needed and threatened to kill themselves. I didn't have the support I needed - I didn't have the training to deal with something like that. After that it just snowballed. It wasn't just at work, it had a knock on effect with my family and home life too.

"The negativity had created a mental block which stopped me from seeing reality as it was. I didn't want to leave the house. I had anxiety over meeting people that destroyed my social life. Then one day, I don't know what happened, but I tried to commit suicide. I just stepped out into traffic.

"My work weren't able to support me going into a different role and they didn't have any system to reallocate people. They gave me two options, either I get on the phone in the next hour or quit. So I rang my wife and she just said "your health comes first Paul".

“It was hard but I had to quit and it was a shock to the system. We had a family support worker who assessed my situation and she referred me to the job centre, after explaining my situation I managed to get on ESA.

“I went to my GP and he referred me to the crisis team - I started to see a psychologist once a week and it really helped. It reigned in my thoughts. I attended IAPT (Improving Access to Psychological Therapies) for six weeks. They offered me CBT and it worked so well that they wanted to use my story as a case study.

“Attending group session and sharing my experiences with others was really important, to know that I wasn't alone. Nobody mentions that social interaction is so important to the recovery process.

“One thing led to another and I started volunteering in the community shop as a community leader. One day Paul - the Working Win manager in Barnsley - came in and started talking about the health-led employment trial. We spoke about my situation and he offered to set up an initial appointment.

“The first meeting was really difficult. The thought of getting back in to work - meeting new people - it was a lot to deal with. I was shaking and on the brink of tears. But I got through it, and Mike the specialist who met me really helped.

“Now I'm working and I couldn't be happier. I work as a customer care assistant with a high street fast food retailer in Barnsley. I get to work with people that I really like and they love me there, I'm already being promoted to customer experience leader. “Now I'm saving up to take my wife and four kids on holiday. It will be the first time we've been abroad. It's great to have something to look forward to, to feel positive and love every day.

Paul signed up to take part in Working Win. Supported by NHS England, the Department of Health and Social Care, and the Department for Work and Pensions; Working Win is a free trial testing a new type of support for people with mental or physical health conditions that are affecting their work or their ability to find a job. If you live in South Yorkshire or Bassetlaw, you can learn more and refer yourself to the trial [here](#).

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

Primary Care Networks

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>				
2.	REPORT OF											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 40%;">Name</td> <td style="width: 30%;">Designation</td> </tr> <tr> <td>Lead</td> <td>Julie Frampton</td> <td>Senior Primary Care Commissioning Manager</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td></td> </tr> </table>				Name	Designation	Lead	Julie Frampton	Senior Primary Care Commissioning Manager	Author	Julie Frampton	
	Name	Designation										
Lead	Julie Frampton	Senior Primary Care Commissioning Manager										
Author	Julie Frampton											
3.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
4.	EXECUTIVE SUMMARY											
	<p>Following the publication of the Network Contract DES specification GP Practices have actively sought the best approach for Barnsley to support both Practices and patients. Practices have been overwhelmingly in favour of continuing to work together in their established local networks, whilst making certain that the work undertaken as 'one' is not lost.</p> <p>Practices are committed to the single, joint PCN approach as it not only provides local autonomy, but provides sustainability, security and wider integration with all providers in Barnsley who form part the integrated delivery partnership.</p>											
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:											
	<ul style="list-style-type: none"> Approve the single Primary Care Network (PCN) within which each of the six Local Networks will operate in their own right, each with a Local 											

	Network Director/s. This will ensure that Barnsley can continue to operate as 'one' and all of the practices within the 6 Local Networks have agreed to be part of the one joint PCN.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix A – <i>Description</i> • Appendix B - <i>Description</i> • Links – <i>to further info</i>

Agenda time allocation for report:	<i>10 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>The CCG has supported the development of “Locality Networks” in Barnsley over the last 2 years. With the publication of the NHS Long Term Plan (2019) and Network Contract Direct Enhanced Service (DES) we are now working to further support the transformation of our localities into a PCN.</p> <p>Barnsley’s Primary Care Network will focus on seamless, accessible and integrated care, delivered by primary care teams and ensuring primary medical care is the foundation of a high performing health care system.</p>
2.	DISCUSSION/ISSUES
	<p>The Long Term Plan will deliver a new model of integrated primary, community and social care, providing a sustainable model for primary healthcare for practices in Barnsley.</p> <p>In Barnsley we already have a track record of working as one, investing consistently and equitably in primary care, in “at scale” networked provision for all our practice populations and in ensuring that no practice or its registered population are left behind.</p> <p>Following the publication of the Network Contract DES specification GP Practices have actively sought the best approach for Barnsley to support both Practices and patients. Practices have been overwhelmingly in favour of continuing to work together in their established local networks, whilst making certain that the work we have undertaken as ‘one’ is not lost.</p> <p>To that end Barnsley Healthcare Federation (BHF) will host each of the existing local Networks that are linked through a single joint Primary Care Network (PCN). Each of the six local networks will operate in their own right, each with a Network Director/s. This will ensure that Barnsley can continue to operate as ‘one’ and all of the practices within the 6 local networks have agreed to be part of the one joint PCN. There will be a lead Accountable Clinical Director that works supportively and collaboratively with each of the Local Network Directors thereby ensuring the accountability for delivery will flow through each network in Barnsley.</p> <p>Practices are committed to the single, joint PCN approach as it not only provides local autonomy, but provides sustainability, security and wider integration with all providers in Barnsley who form part the integrated delivery partnership.</p> <p>The existing local networks have patient population of between 30,000 and 50,000, excepting for one which has 56,575. Geographically and in terms of existing services and community staff alignments the CCG has agreed that the larger network remains as is.</p>

	<p>Each of the local networks have worked as established localities for a number of years and are coterminous with six long established Barnsley Metropolitan Borough Council's local area council boundaries.</p> <p>Practices in Barnsley have signed the Mandatory Network Agreement and all necessary paper work demonstrating their desire to make certain our PCN structure is successful now and in the future.</p>
5.	APPENDICES TO THE REPORT
	<i>The section should list the appendices attached to the report</i>
6.	CONCLUSION
	<p>To be eligible for the Network Contract DES, a PCN needs to submit a completed registration form to its CCG by no later than 15 May 2019, and have all member practices signed-up to the DES. It asks for six factual pieces of information:</p> <ul style="list-style-type: none"> (i) The names and the ODS codes of the member practices (ii) The Network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019 (iii) A map clearly marking the agreed Network area (iv) The initial Network Agreement signed by all member practices (v) The single practice or provider that will receive funding on behalf of the PCN (vi) The named accountable Clinical Director <p>Barnsley CCG confirms that it has received all of the factual information required as listed above by 15 May 2019 and all the documents are included with this paper.</p> <p>The Primary Care Commissioners have reviewed all the information and we have checked for accuracy, completeness and compliance.</p>

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

PRIMARY CARE HOME VISITING SERVICE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>				
2.	REPORT OF											
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3.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome										
4.	EXECUTIVE SUMMARY											
	<p>The Primary Care Home Visiting service has commenced delivery as planned following the successful procurement of Barnsley Healthcare Federation as the provider of this service.</p> <p>All the due diligence requirements were fully met via the actions identified within the implementation plan.</p>											
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:											
	<ul style="list-style-type: none"> Note the successful implementation and start of the service as planned 											
6.	APPENDICES / LINKS TO FURTHER INFORMATION											

Agenda time allocation for report:	10 minutes
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PART 1B – SUPPORTING INFORMATION

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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>As you will recall earlier this year PCCC approved the appointment of Barnsley Health Care Federation (BHF) as the provider of the Primary Care Home Visiting service following a procurement process. This paper is to provide assurance that the implementation and delivery processes have been completed and that this service is now “live”.</p>
2.	DISCUSSION/ISSUES
	<p>Following the appointment of BHF as the provider of the service the Commissioners set a number of implementation meetings to work through a detailed action plan to ensure that all the requirements of the service specification were met and that the transition from the winter service to the new service went smoothly.</p> <p>The action plan and implementation progressed well with a number of questions regarding the differing requirements arising from the new service specifications worked through to effectively ensure that the new service was delivered as commissioned via the procurement.</p> <p>BHF already had a number of systems and processes in place that required minor changes which were easily achieved and some more complex issues regarding timeframes that took longer to address.</p> <p>BHF ensured that the changes in the service was communicated widely with GP practices and worked closely with Rightcare Barnsley to ensure that their inclusion in the new service specification was well planned and seamless.</p> <p>The reporting of Home Visiting KPIs will be monitored via the existing BHF Contracting meeting with these added to the existing Service Quality Plan (SQP).</p> <p>The action plan and implementation was successfully completed and the service went live on the 1 May 2019.</p>
3.	CONCLUSION
	<p>The successful completion of the final stages of the implementation plan has ensured that the Primary Care Home Visiting Service transitioned successfully and that the service for patients continues.</p> <p>The Home Visiting Service delivery will be reviewed monthly as part of the BHF Contracting meeting and any issues will be managed within the meetings Terms of Reference.</p>

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

Update on Estates and Technology Transformation Fund (ETTF) and Business as Usual (BAU) Capital Schemes

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
2.	REPORT OF							
		Name	Designation					
	Executive Lead	Julie Frampton	Senior Primary Care Commissioning Manager					
	Author	Julie Frampton	Senior Primary Care Commissioning Manager					
3.	SUMMARY OF PREVIOUS GOVERNANCE							
	The matters raised in this paper have been subject to prior consideration in the following forums:							
	Group / Committee	Date	Outcome					
4.	EXECUTIVE SUMMARY							
	<p>The ETTF and BAU schemes approved by NHSE are underway and will provide improved facilities for both patients and staff. The process for approval has taken some time to complete especially for the Brampton and BHF schemes which took almost a year for final approval.</p> <p>The process is now slicker and Barnsley now have an additional scheme and one in planning.</p>							
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:							
	<ul style="list-style-type: none"> Note the progress of these schemes 							
6.	APPENDICES / LINKS TO FURTHER INFORMATION							

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

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

PART 2 – DETAILED REPORT

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>Over the last 2-3 years a number of GP practices have submitted Project Initiation Documents (PIDs) to NHS England (NHSE) for refurbishment/internal alterations or larger build projects with funding secured through the ETTF or BAU NHS England capital funding route.</p> <p>Currently Barnsley has three NHSE approved schemes in progress and one scheme that is currently having a PID worked up for a large extension. The Brampton scheme is underway with a large extension to the existing practice; the Kingswell scheme has just received approval for internal alterations to enable the premises to be better suited to becoming a teaching practice as well as providing more space to accommodate increasing patient numbers; and one scheme, Mobile Working, that has been reported via the IT updates.</p> <p>The final scheme that is under development is for the branch site of Huddersfield Road Surgery at Baugh Green. A first draft of the PID has been submitted to NHSE and now requires a number of amendments to questions from the NHSE team before it can be resubmitted for approval.</p> <p>Barnsley also had one scheme from Barnsley Healthcare Federation (BHF) that was approved by NHSE and as the “due diligence” phase commenced BHF decided, on balance, that the scheme was not going to add value and therefore withdrew the scheme.</p>
2.	DISCUSSION/ISSUES
	<p>The schemes underway are all progressing well and will add value to patient experience and ensure that the practices are well placed to meet future needs.</p>
3.	IMPLICATIONS
3.1	<p>Financial implications</p> <p>Revenue cost implications of these approved schemes were assessed as part of the PID and “due diligence” process. As the PID progresses with the Barugh Green scheme these costs will also be reviewed and discussed with the finance team.</p>
4.	CONCLUSION
	<p>The Barnsley ETTF and BAU schemes are progressing well. These schemes, when completed, will provide better facilities and access to the premises for patients.</p>

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
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	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Roxanna Naylor	Chief Finance Officer										
<i>Author</i>	Ruth Simms	Assistant Finance Manager										
3.	EXECUTIVE SUMMARY											
	<p><u>2018/19 Year End Position</u></p> <p>This report provides the financial outturn position for 2018/19 for delegated Primary Care Commissioning.</p> <p>The outturn for 2018/19 is an underspend of £818k. Appendix A sets out the details of the movements from budget and shows the majority of the underspend relates to 2017/18 accruals not materialising and achievement in QOF not being as anticipated.</p> <p><u>2019/20 Budget Update</u></p> <p>The revised national allocation for Primary care Co-Commissioning budgets for 2019/20 is £37,016,000. The budget requirement however for 2019/20 is £37,789,828, creating a pressure to the CCG of £773,828, which is to be funded from CCG programme costs and was approved by Governing Body in May 2019. This pressure is a result of national GP contract negotiations, planning requirements and full year effect of decisions on premises in 2018/19. The CCG allocation has also been reduced from the initial allocation notification of £38,113,000 by £1,097,000 due to indemnity costs being funded centrally.</p> <p>The 2019/20 Primary Care Co Commissioning budgets are set out below with the uplifts applied to each area:</p>											

Category	19/20 Budget £'s	% Uplift Applied
Enhanced Services	458,541	0.7% Demographic Growth & 1% Provider Inflation
GENERAL PRACTICE - APMS	1,222,246	0.7% Demographic Growth & increase in core funding per patient of £0.09
GENERAL PRACTICE - GMS	11,754,245	0.7% Demographic Growth & increase in core funding per patient of £0.92
GENERAL PRACTICE - PMS	12,351,061	0.7% Demographic Growth & increase in core funding per patient of £0.53
Other GP Services	732,483	1% Provider Inflation on Locums
Other Premises	133,642	
Premises Cost Reimbursement	5,385,121	Inflation of 3% on Community Health Partnership Rent & 2% Inflation on Other Rents. 1% Inflation on Water. 3% Inflation on Rates.
Prescribing & Dispensing Doctors	509,942	1% Provider Inflation
QOF	3,785,943	0.7% Demographic Growth
Telephone & Transport	261,022	1% Inflation on Transport SLA
PCN DES	1,195,582	See assumptions below
Total Budget	37,789,828	

Primary Care Network (PCN) Direct Enhanced Services (DES) Assumptions

The table below highlights the 4 key financial areas in the new Primary Care Network DES and the assumptions made with regards to setting the Budgets for 2019/20.

Category	2019/20 Budget £'s	Assumptions/Calculation
Network Participation	514,849	Weighted list size January 2019 X £1.761 per patient.
Extended Hours	385,660	Q1 budget based on previous years DES payments with 0.7% Demographic growth & 1% Provider Inflation. Q2/Q3/Q4 budget based on actual list size (January 2019) X £1.099 per patient
Staff Reimbursement	160,536	Funding available of £92,000 per 50,000 population for 9 months of the year. This Budget is based on 3 Months taking into account recruitment timelines and notice periods. (part year effect)
Clinical Director Contribution	134,536	£0.514 per registered patient (January 2019) to cover July 2019 to March 2020 (funding available for 9 months).
Total	1,195,581	

	<p>Additional core PCN funding equating to £1.50 per registered patient (January 2019) totalling £393,347 has been allocated to the new PCN DES, which will be funded from CCG Programme Allocations.</p> <p>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.</p>
4.	THE COMMITTEE IS ASKED TO NOTE:
	<ul style="list-style-type: none"> • the contents of the report • 2018/19 year end position • the budget for 2019/20 and other primary care funding within CCG Programme budgets to support Primary Care Networks • the over commitment against the Primary Care Co-Commissioning budget of £774k funded from Programme budgets within the CCG.
5.	APPENDICES
	<ul style="list-style-type: none"> • Appendix A – Finance Monitoring Statement outturn for 2018/19

Agenda time allocation for report:	10 minutes
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	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

NHS BARNSELEY CLINICAL COMMISSIONING GROUP
Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 12
FOR THE PERIOD ENDING 31st March 2019

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			ACTUAL OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	ACTUAL OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	774,308	-	774,308	875,449	101,141	13.06%	Overspend due to increase in Violent Patient numbers and the payment for the scheme, £3k overspend. Claims for 18/19 Learning Disabilities higher than expected £30k overspend. Quarter 1, 2 & 3 Minor Surgery claims higher than expected with more Doctors receiving Minor Surgery training, £38k overspend. Overspend for 18/19 extended hours £12k, due to change in practices providing this service. Overspend from 17/18 of £20k on Enhanced Service due to claims higher than expected. Other minor movements of (£2k).
GENERAL PRACTICE - APMS	1,209,583	-	1,209,583	1,214,152	4,569	0.38%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (January 2019). List sizes and payments are adjusted quarterly. There is a percentage increase in list sizes included in the position. These figures are up to date, at 31st March 2019, with relevant contract changes and include the nationally agreed additional 2%.
GENERAL PRACTICE - GMS	11,394,343	-	11,394,343	11,530,546	136,203	1.20%	
GENERAL PRACTICE - PMS	12,074,070	296,000	12,370,070	12,035,812	(334,258)	-2.70%	Overspend includes a number of movements. Locums - Underspend due to underutilised accruals from 17/18 for Locum and Sickness Claims (£163k). Underspend of (£23k) on Locums and Sickness Claims for 18/19 following a review of outstanding claims. Professional Fees Prescribing - Underspend of (£24k) 17/18. 18/19 Prescribing and Dispensing higher than expected £80k. IT Costs - Overspend of £11k for Burleigh Street IT built into the position for which we have no budget. GP Fellowship - Underspend of (£11k) as not funding in 18/19. Seniority - Reconciliation taking place position includes £102k with regards to potential outcomes based on YTD reimbursements. Clinical Pharmacists - Position includes £84k, budget sat within General Practice - PMS above. Other minor movements of (£5k).
OTHER GP SERVICES	1,484,906	-	1,484,906	1,535,700	50,794	3.42%	Underspend due to underutilisation of 2017/18 accruals of (£253k). (£135k) released in 18/19 as voids and subsidies no as expected.
OTHER PREMISES	269,011	-	269,011	(119,768)	(388,779)	-144.52%	Overspend of £22k on rates due to increase in Non Domestic Rates for 18/19. Outturn includes £119k for 17/18 & 18/19 Management Fee on CHP buildings as there is still a disagreement with CHP with regards to who should fund these. Other minor movements of (£10k). Additional rates invoices of £25k for practices received in M12. Other minor movements of £15k. Underspend due to underutilisation of 2017/18 accruals of (£68k) due to Non Domestic Rates, Clinical Waste and Water rates been lower than expected and CHP management fee not been reimbursed to practices. Underspend of (£77k) due to Burleigh Street opening mid year and other rent reviews that are due but not yet taken place.
PREMISES COST REIMBURSEMENT	5,180,317	-	5,180,317	5,205,821	25,504	0.49%	The underspend on QOF relates to underutilised accruals from 2017/18 of (£241k). QOF Achievement outturn shows an (£17k) underspend and QOF Aspiration underspend (£154k), these are based on the expected outturn for 18/19 as per M1-M12 Payments for Aspiration with 5% increase built into the expected outturn position for increase in QOF value, actuals expected in June 2019.
QOF	3,805,971	-	3,805,971	3,393,102	(412,869)	-10.85%	
TOTAL PRIMARY MEDICAL SERVICES	36,192,509	296,000	36,488,509	35,670,814	(817,695)	-2.24%	

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

CQC REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
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Group / Committee	Date	Outcome										
Quality and Patient Safety Committee	25/04/2019	Noted										
4.	EXECUTIVE SUMMARY											
	<p>The purpose of this report is to provide members with an update on the current CQC position in relation to our primary care contracts.</p>											
	<p><u>CQC Inspections - Good Ratings</u></p> <p>The following practices have been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> • Ashville Medical Practice <p>A CQC inspection took place on the 24 January 2019. In the report published on the 21 March 2019, the practice received a rating of 'Good' across all domains.</p>											

	<p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-559394430</p> <p>The CCG has written to the practice to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.</p> <ul style="list-style-type: none"> • Goldthorpe Medical Practice <p>A CQC inspection took place on the 10 April 2019. In the report published on the 15 May 2019, the practice received a rating of 'Good' overall and across all domains.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-6209692775</p> <ul style="list-style-type: none"> • Victoria Medical Centre (Dr Smith) <p>A CQC inspection took place on the 15 January 2019. In the report published on the 22 March 2019, the practice received a rating of 'Good' overall and across all domains with the exception of Services being Well-led which was rated as Requires Improvement.</p> <p>The CCG is liaising with the practice and is assured that an action plan has been developed and to offer support.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-569769678</p>
	<p>CQC Inspections completed</p> <p>The CQC have also completed inspections of the practice listed below. Details of the outcome and their report will be shared when published.</p> <ul style="list-style-type: none"> • Dodworth Medical Practice (Apollo Court) was re-inspected on the 30 April 2019 following an inspection on the 10 July 2018 where the practice was rated inadequate. The CCG are supporting the practice and are assured that steps are being taken in line with the action plan. <p>Assurance regarding this will be brought to the next committee meeting.</p>
	<p>CQC Annual Regulatory Reviews</p> <p>The committee may recall the update provided regarding the CQC's introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with good and outstanding services introduced in April 2019.</p> <p>Inspectors will formally review the information they hold on each practice and consider whether there are any indications of substantial change (positive or negative) in the quality of care since the last inspection. This process will assist the decision as to whether to inspect, what to focus on and when the next</p>

	<p>inspection should be timetabled. If the CQC decide not to take any action, the practice will be informed and the practices page updated on the CQC website. The annual regulatory review cannot change a practice rating. This can only happen following an inspection.</p> <p>The following practices have had an Annual Regulatory Review completed on the date noted below:</p> <ul style="list-style-type: none"> • Chapelfield Medical Practice – 22 May 2019 • Grimethorpe Surgery – 13 May 2019 • Hill Brow Surgery PMS Practice – 17 April 2019 • Hoyland First PMS Practice (Walderslade) – 9 May 2019 • Hoyland Medical Practice – 23 May 2019 • Huddersfield Road Partnership – 2 May 2019 • Royston High Street – 23 May 2019 <p>No concerns have been raised by the CQC and positive feedback has been received from 2 of the practices regarding the experience and its usefulness.</p> <p>As four of the practice's last CQC inspection took place in 2014, it is likely that a new inspection will take place within the next few months. The Committee will be kept informed of the outcome.</p> <p>The following practices have an Annual Regulatory Review booked to take place:</p> <ul style="list-style-type: none"> • Dearne Valley Group Practice – 13 June 2019 • Kakoty Practice – 17 June 2019 • Lundwood Medical Centre – 19 June 2019 • Dr Mellor & partners – 19 June 2019 • Woodland Drive Medical Centre – 17 June 2019 <p>Details of the outcome of these will be shared with the committee.</p>
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Note the Good rating from the CQC inspections of Ashville Medical Practice; Goldthorpe Medical Centre and Victoria Medical Centre • Note the awaited CQC report for Dodworth Medical Practice (Apollo Court) • Note the Annual Regulatory Reviews completed and booked to take place
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • None

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:	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

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

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NA												
4.	EXECUTIVE SUMMARY											
	<p>The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.</p>											
	<p>1. E-Declaration Update</p> <p>General Practices are required to complete an electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual book of Primary Medical Services. Submissions are made in December each year.</p> <p>All 33 practices within Barnsley submitted their responses as required which included information regarding practice staff, premises and equipment, opening hours, practice services, practice procedures, governance, catchment area, CQC and general practice IT.</p>											

Analysis of responses has been undertaken with queries followed up for clarification and action. 18 practices were contacted to corroborate the answers provided and provide guidance where necessary or ensure that an action plan was in place.

The table below shows the outcome and provides assurance that although some of the practices had multiple questions where responses did not meet requirements, no quality concerns were identified.

Number of questions which gave rise to a query	Number of practices	Outcome
1	7 Practices	6 practices responses were amended to compliant 1 practice has an action plan in place to meet requirements
2	5 Practices	2 practices responses were amended to compliant 2 practices have an action plan in place to meet requirements 1 practice has had a change of contract holder since completion of the eDeclaration, has been alerted to this response and formulating an action plan.
3	5 Practices	All responses amended to complaint with the exception of 1 question for 1 of the practices where it was confirmed that an action plan was in place.
5	1 Practices	Responses to 4 of the 5 questions were amended to compliant with confirmation that an action plan was in place to meet the other question.

The following provides further details and assurance in relation to the content of the eDec and sections included.

Practice Staff Details

All practices have provided assurance that they are fully compliant with requirements including for example, needs analysis being in place for staffing levels, staff employment checks and equal opportunities, annual appraisal and safeguarding policies.

The only exception is in respect of practice staff being familiar with the Government's Prevent strategy and being appropriately trained. 3 practices have an action plan in place to meet this.

Premises and Equipment

All practices have provided assurance in relation to questions covering matters such as premises being in place to meet appropriate regulatory requirements, for example including infection control and accessibility.

The following question has been referred to NHS England and will be reviewed nationally as agreed that there should be a 'not applicable' response option:

Q3B. The premises used for the provision of services under the contract are subject to a plan that has been formally agreed with the NHS England under Regulation 18 (3) if rectification actions are required; or in order to comply with Minimum Standards as of the current Premises Costs Directions.

Practice Services

A review of opening hours is being completed with data being corroborated against national analysis provided in May 2019 by NHS England and information held by them in relation to the Extended Hours Enhanced Services provided by most practices. Assurance can be provided that all practices are engaging in the process.

Practice Procedures

All practices have provided assurance that they are fully compliant with requirements including for example, their practice leaflet, complaints procedure, patient removals, vaccines storage and administration, patient consent, whistle blowing and chaperones. There are 2 practices who are working towards compliance in respect of their Patient Participation Group, though it is noted that one of these has recently had a change of contract holder and will be picking up this action.

Additionally the 2 practices that are also dispensing practices have provided assurance that they are compliant with required procedures.

Governance

All practices have provided assurance that governance arrangements are in place in respect of patient access to records, data protection, electronic transmission of data, and validation of NHS number within clinical correspondence, vulnerable adults and information sharing agreements.

CQC

All practices have provided assurance that their CQC registration accurately reflects activities and have responded to advise if the CQC have been notified of changes as per requirements.

General Practice IT

Checks have been completed to ensure that IT is being utilised appropriately, for

	<p>example, NHS mail is the primary email system, electronic discharge letters, diagnostic tests, and summary care records.</p> <p>The committee is asked to note the work completed and assurance provided.</p>
	<p>2. In Year Contract Variations</p> <p>Lakeside Surgery APMS Contract Variation</p> <p>Barnsley CCG have received an application to remove Dr Guntamukkala and Dr Vermula from the Lakeside Surgery PMS contract. The committee will be aware that the Alliance Primary Care Limited company were added as a new partner onto the Lakeside Surgery APMS contract from 1 April 2019.</p> <p>The proposed addition of the Alliance Primary Care Limited Company was signed by:</p> <ol style="list-style-type: none"> 1. Dr N Ishaque 2. Dr M H Kadarsha 3. Dr M Kadarsha <p>The practice is an APMS contract with 2407 patients. The regulation detailed below is applied.</p> <p><i>“The Commissioner should consider the wording of the relevant APMS contract to determine whether there are any specific provisions relating to changes to the composition of the contractor. Where there are no such provisions, a similar process to PMS agreements could be followed.”</i></p> <p>As the APMS contract does not include any specific provisions relating to the composition of the contractor, other than the standard provisions, the process for PMS agreements can be followed, as below:</p> <p><i>“Where the contractor consists of two or more individuals practising in partnership and the composition of the partnership changes, either by a partner leaving (but without the partnership terminating) or a new partner joining, the contract will need to be amended to recognise the new partnership composition. For the variation to have effect, it must be in writing and signed by all parties to the contract. (Policy & Guidance Manual, 2017)</i></p> <p>As the PMS Contract Variations require an amendment to the PMS contracts, this requires PCCC member’s approval. It is recommended that this request be approved, and the Primary Care Team will amend the PMS contract accordingly.</p> <p>Barnsley Healthcare Federation – BEST Budget</p> <p>The CCG allocated a budget of £333,332 during 2018/19 which was provided to the Barnsley Healthcare Federation for provision of the Barnsley Education and Support Time (BEST) scheme. A variation was added to the First Port of Call Plus and Clinical Correspondence Contract to provide for this service.</p> <p>The CCG propose to extend the variation to the contract for 2019/20 with a</p>

	<p>budget allocation of £268,099 to continue the provision of service for the BEST scheme. The reduction in allowance is due to staff having resigned from the CCG</p> <p>The committee is asked to approve that this variation and budget allocation is completed.</p> <p>Extended Access Contract – Barnsley Healthcare Federation</p> <p>A variation has been completed of the Extended Access contract held by Barnsley Healthcare Federation for Winter Resilience to provide for an extension of the Home Visiting Pilot during the month of April 2019.</p> <p>The Home Visiting Service then became live from 1 May 2019.</p> <p>The committee is asked to note that this work has been completed.</p> <p>Barnsley Healthcare Federation – Novation of Contract</p> <p>In November 2018 PCCC were asked to note a request to novate all contracts from Barnsley Healthcare Federation CIC (Limited by Guarantee) to Barnsley Healthcare Federation CIC (Limited by Shares). Following a due diligence process and confirmation of CQC registration all federation contracts are requested to be varied from 1 June 2019. PCCC is asked to approve this request.</p>
	<p>3. GMS/PMS Equalisation</p> <p>In Summer 2013 NHS England commenced a review of the funding of PMS practices due to the significant variation in approach to these contracts both in terms of the financial resources invested and the additional objectives included in contracts.</p> <p>At the time the CCG began a process to equalise payments and a plan commenced to bring all GMS and PMS into alignment. This year a further review of our 15 PMS practices has been undertaken in relation to the price per patient.</p> <p>During this process it has been established that, due to staff turnover and loss of some organisational memory, these practices have now fallen out of line with the GMS rate for 2019/20 of £89.88.</p> <p>Appendix A shows the 6 practices that are over and the 9 practices that are under the GMS price per patient. The table highlights the price per patient each financial year from 2015/16 – 2018/19 showing the opening and closing rates with national uplifts included and the opening rate for 2019/20.</p> <p>To rectify the current position it is recommended that for those 9 practices that are under the GMS value receive an uplift in 2019/20 to bring them in line. The financial impact of this on the CCG would be £149,088.40. This value is inclusive</p>

	<p>of both the national uplift of 53p and also an additional uplift.</p> <p>With regards to the 6 practices that are currently over the GMS price per patient, it is proposed that these practices do not receive the uplift in 2019/20 of 53p as per the national guidance. This action could have an impact over a number of financial years until these practices are brought back in line. This is due to the uncertainty of the uplifts mandated in future national guidance applying in future years.</p> <p>A further review will then be undertaken at the beginning of 2020/21 to ensure the equalisation remains on track.</p>
	<p>4. Primary Medical Care Policy and Guidance Manual (PGM) Changes</p> <p>The Policy and Guidance manual provided by NHS England has been updated to reflect the changing landscape in primary care co-commissioning. This suite of policies followed by all commissioners of NHS Primary Medical Care ensures patients are treated equitably and that NHS England and CCG's meet their statutory duties. The main amendments and additions of this refresh are summarised below.</p> <p><u>Part A – Excellent Commissioning and Partnership Working</u></p> <p>Minor amendments have been made and include reflecting current commissioning landscape and emergence of Primary care Networks (PCNs), their formation and the PCN contract to be introduced from 1 July 2019 with supporting materials provided separately.</p> <p><u>Part B – General Contract Management</u></p> <ul style="list-style-type: none"> • Strengthened appeal guidance regarding the Special Allocation Scheme. • An additional chapter for the NHS England Procurement Support Contract which offers a service providing guidance and expertise • An additional chapter for Premises Running Costs and Service Charges. <p><u>Part C – When things go wrong</u></p> <p>The contract breaches, sanctions and terminations chapter has been updated to include an additional short section dealing with CQC issues which includes examples of considerations and actions which could be taken in respect of contract breaches as highlighted by the CQC or remedial notices.</p> <p>The PGM is used as a reference when processing and resolving contractual and commissioning queries with guidance and support in relation to interpretation available from NHS England.</p> <p>The committee is asked to note this work being completed.</p>
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ol style="list-style-type: none"> 1. Note the process completed in respect of the General Practice e-

	<p>Declaration for assurance</p> <p>2. In year Contract Variations</p> <ul style="list-style-type: none"> i) Approve the Lakeside Surgery APMS Contract Variation ii) Approve the allocation of the 2019/20 BEST budget to the Barnsley Healthcare Federation iii) Note the contract variation completed on the Barnsley Healthcare Federation Extended Access Contract regarding Winter Resilience extension of the home visiting pilot for April 2019 iv) Approve Novation of the Barnsley Healthcare Federation and Contract variations <p>3. GMS/PMS Equalisation</p> <ul style="list-style-type: none"> i) Approve the approach to equalisation for 2019/20 <p>4. Note the Primary Medical Care Policy and Guidance Manual Changes</p>
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • Appendix A – GMS/PMS Equalisation Finance Spreadsheet

Agenda time allocation for report:	<i>10 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	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

Practice Level Funding Information**Barnsley CCG**

Type	Practice Name	Weighted price per patient £ (note 1)	2015/16 Contract Change	Updated Weighted Price per patient	Equitable PMS	Seniority Recycling	2015/16 Price Per patient	16/17 Price Per Patient	16/17 Uplift	Seniority Reduction	Total 16/17	17/18 Price Per Patient	17/18 Uplift	Total 17/18	18/19 Price Per patient	18/19 Uplift	Total 18/19	19/20 Price Per patient	19/20 GMS Value	Variance	Financial Impact 19/20
PMS	Practice 1	77.92	0.00	77.92		0.74	78.66	80.36	3.95	-0.37	83.94	83.96	4.27	88.23	88.66	3.20	91.86	92.13	89.88	2.25	
	Practice 2	73.87	1.35	75.22	0.55	0.74	76.51	76.60	3.95	-0.37	80.18	80.68	4.27	84.95	84.95	3.20	88.15	88.15	89.88	-1.73	23,927.63
	Practice 3	74.04	1.18	75.22	0.55	0.74	76.51	76.61	3.95	-0.37	80.19	80.69	4.27	84.96	84.95	3.20	88.15	88.15	89.88	-1.73	10,508.11
	Practice 4	77.49	0.00	77.49		0.74	78.23	80.02	3.95	-0.37	83.60	83.51	4.27	87.78	87.71	3.20	90.91	90.90	89.88	1.02	
	Practice 5	71.15	4.07	75.22	0.55	0.74	76.51	76.60	3.95	-0.37	80.18	81.84	4.27	86.11	85.96	3.20	89.16	89.14	89.88	-0.74	14,332.49
	Practice 6	72.81	2.41	75.22	0.55	0.74	76.51	76.59	3.95	-0.37	80.17	80.69	4.27	84.96	84.96	3.20	88.16	88.16	89.88	-1.72	24,062.84
	Practice 7	88.84	0.00	88.84		0.74	89.58	85.76	3.95	-0.37	89.34	86.73	4.27	91.00	88.36	3.20	91.56	91.38	89.88	1.50	
	Practice 8	100.20	0.00	100.20		0.74	100.94	92.63	3.95	-0.37	96.21	90.60	4.27	94.87	89.26	3.20	92.46	92.51	89.88	2.63	
	Practice 9	73.94	1.28	75.22	0.55	0.74	76.51	76.60	3.95	-0.37	80.18	80.68	4.27	84.95	84.95	3.20	88.15	88.14	89.88	-1.74	4,207.18
	Practice 10	96.70		96.70		0.74	97.44	81.11	3.95	-0.37	84.69	84.56	4.27	88.83	88.69	3.20	91.89	91.84	89.88	1.96	
	Practice 11	80.48		80.48		0.74	81.22												Merged		
	Practice 12	71.55	3.67	75.22	0.55	0.74	76.51	76.60	3.95	-0.37	80.18	80.68	4.27	84.95	84.95	3.20	88.15	88.15	89.88	-1.73	12,988.89
	Practice 13	72.45	2.77	75.22	0.55	0.74	76.51	76.59	3.95	-0.37	80.17	80.68	4.27	84.95	84.95	3.20	88.15	88.15	89.88	-1.73	21,253.65
	Practice 14	89.75		89.75		0.74	90.49	86.72	3.95	-0.37	90.30	87.41	4.27	91.68	88.80	3.20	92.00	91.97	89.88	2.09	
	Practice 15	74.73	0.49	75.22	0.55	0.74	76.51	77.22	3.95	-0.37	80.80	80.79	4.27	85.06	85.06	3.20	88.26	88.26	89.88	-1.62	16,490.14
	Practice 16	71.84	3.38	75.22	0.55	0.74	76.51	76.60	3.95	-0.37	80.18	80.67	4.27	84.94	84.94	3.20	88.14	88.14	89.88	-1.74	21,317.45
	Practice 17	73.29	1.93	75.22	0.55	0.74	76.51												Now a GMS Practice		
	Totals																				149,088.40

6 Over GMS value and need reducing

9 Under GMS value and need a top up

PRIMARY CARE COMMISSIONING COMMITTEE

30 May 2019

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR			
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>
			<i>Assurance</i>	<input checked="" type="checkbox"/>
			<i>Information</i>	<input type="checkbox"/>
2.	REPORT OF			
		<i>Name</i>	<i>Designation</i>	
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance	
	<i>Author</i>	Paige Dawson	Governance, Risk and Assurance Facilitator	
3.	EXECUTIVE SUMMARY			
	<p>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.</p> <p>Assurance Framework 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.</p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Engagement with primary care workforce ○ Workforce and capacity shortage, recruitment and retention ○ Under development of opportunities of primary care at scale, including new models of care ○ Not having quality monitoring arrangements embedded in practice ○ Inadequate investment in primary care ○ Independent contractor status of General Practice. 			


	<p>Risk Register</p> <p>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.</p> <p>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 all the risks associated with the Primary Care Commissioning Committee.</p> <p>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.</p> <p>Additions / Removals</p> <p>There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.</p> <p>Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible • Review the Risk Register attached and: <ul style="list-style-type: none"> ○ 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
	<ul style="list-style-type: none"> • Appendix 1 – GBAF Extract risk 2.1 • Appendix 2 – Risk Register (full extract)

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:	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

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		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.		
				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								
Committee Providing Assurance			PCCC	Executive Lead	JH	Clinical Lead	NB	
Risk rating	Likelihood	Consequence	Total			Date reviewed		Feb-19
Initial	3	4	12			Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.		
Current	3	4	12					
Appetite	3	4	12					
Approach	TOLERATE							
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 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 – May 2019

Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 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	05/19	May 2019 2019-20 PDA agreed and is now with GP practices. Recruitment of Clinical Pharmacists completed. No change to risk April 2019 – Recruitment is in progress for the clinical pharmacists. PDA review of attainment for 2018-19 is underway. No change to risk	06/19

			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.				<p>as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</p> <p>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of 7 clinical pharmacists & 2 technicians in March 2019.</p> <p>The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p> <p>GP Forward View includes a section on workforce, with additional funding being made</p>							<p>score.</p> <p>March 2019 – GB approved recruitment of a second cohort of clinical pharmacists at its meeting on 14.3.19. No change to risk score.</p> <p>February 2019 – No changes to report</p> <p>December 2018 No updates to report</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						available to support Primary Care sustainability.								
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 will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Senior Primary Care Commissioning Manager</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	05/19	<p>May 2019 The CCG continues to effectively manage its delegated responsibility.</p> <p>February 2019 – Recruited staff now in post will support the CCG to meet its delegated responsibilities.</p> <p>November 2018 Successful recruitment to the CCG's Primary care team to support the delegated responsibilities</p> <p>September 2018 The CCG continues to effectively managing its</p>	08/19

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													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	
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	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.	Head of Delivery (Integrated Primary and Out of Hospital Care) (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	02/19	February 2019: The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities. September 2018 The Primary Care Team have appointed to 2 new posts which	08/19

			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
						The CCG is undertaking a review of management capacity including delegated responsibilities.							<p>will support the CCG in managing its delegated responsibilities for Primary Care. The posts will lead on contract management and transformation.</p> <p>March 2018 Primary Care team in place and working effectively</p> <p>January 2018 Primary Care team in place and working effectively</p> <p>June 2017 The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													Contracting and Quality. May 2017 The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	Standards of Business Conduct Policy and Procurement Policy updated. Registers of Interests extended to incorporate relevant GP practice staff. Declarations of interest tabled at start of every meeting to enable updating. Minutes clearly record how any declared conflicts have been managed. PCCC has Lay Chair and Lay	Head of Governance & Assurance (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	03/19	March 2019 No change. IA review Jan 19 provided significant assurance opinion. Annual refresh of declarations currently underway. September 2018 Issues raised by Internal Audit have been addressed. No	09/19

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						& Exec majority, and GP members are non-voting. Register of Procurement decisions established to record how any conflicts have been managed. Guidance provided to minute takers on recording decisions re managing conflicts of interest.							further update at this stage. March 2018 Annual internal audit review of conflicts of interest provided significant assurance and raised just 3 low risk actions which are currently being addressed. January 2018 Unchanged since the last update December 2017 CCG continues to comply. So FBC Policy has been updated again to reflect minor changes to the statutory guidance. Arrangements for managing conflicts in procurement clarified and	

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													strengthened through GB agreeing a 'decision tree' in November 2017. PCCC ToR now specify that the Committee will be the decision making body where GB cannot take decisions due to conflicts. June 2017 Third lay member now in post and attending meetings of PCCC. March 2017 Third Lay now recruited and will commence on 1.4.17. Internal Audit has found CCG fully or partially compliant across all areas.	
CCG 16/02		If GP Practices opt to cease provision under	2	4	8	Impact could be mitigated by local provision e.g. BHF	Head of Delivery		1	4	4	04/19	March 2019 Reprocurement of	10/19

			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
		their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.				APMS Contracts allow increased diversity of provision.	(Integrated Primary and Out of Hospital Care) (Primary Care Commissioning Committee)						the emergency framework has secured 2 new providers enables wider access to utilise. Existing providers were also successful in the procurement. February 2019: The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities. September 2018 Barnsley CCG approved the emergency provider framework in May 2018 which would support the CCG in appointing a provider should any practice opt to stop provision under the PMS contract.	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other 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.	2	3	6	<p>The CCG has a well-established and effective PPE function, as well as robust governance supporting the function.</p> <p>The CCG considered its strategic capacity & 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>	Head of Communications & Engagement (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/19	<p>February 2019 No changes to report</p> <p>March 2018 No changes to report</p> <p>February 2018 NHS England has assessed the CCG as Good against the new patient and community engagement indicator</p>	02/20

