

# Public Document Pack



<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 7 June 2016
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## AGENDA

### Administrative and Governance Issues for the Committee

#### **1 Apologies for Absence - Parent Governor Representatives**

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

#### **2 Declarations of Pecuniary and Non-Pecuniary Interest**

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

#### **3 Minutes of the Previous Meeting** (*Pages 3 - 10*)

To approve the minutes of the previous meeting of the Committee held on 5<sup>th</sup> April 2016 (Item 3 attached).

### Overview and Scrutiny Issues for the Committee

#### **4 GP (General Practice) Services in Barnsley** (*Pages 11 - 20*)

To consider a report of the Director of Human Resources, Performance & Communications (Item 4a attached) regarding Barnsley Clinical Commissioning Group's (CCG) report on GP Services in Barnsley (Item 4b attached).

#### **5 Overview and Scrutiny Committee (OSC) Work Programme 2016-17** (*Pages 21 - 24*)

To consider a report of the Director of Human Resources, Performance & Communications (Item 5 attached) in relation to the OSC's Work Programme for 2016-17.

Enquiries to Anna Morley, Scrutiny Officer

Phone 01226 775794 or email [annamorley@barnsley.gov.uk](mailto:annamorley@barnsley.gov.uk)

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Franklin, Frost, Gollick, Griffin, Hampson, Hand-Davis, Hayward, Johnson, Lofts, Makinson, Mathers, Mitchell, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with Co-opted Members Ms P. Gould, Mr M. Hooton, Ms J Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

- Diana Terris, Chief Executive
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Press

Paper Copies Circulated for Information

- Julia Bell, Director of Human Resources, Performance and Communications
- Michael Potter, Service Director, Organisation and Workforce Improvement
- Ian Turner, Service Director, Council Governance
- Anna Morley, Scrutiny Officer
- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- Lesley Smith, Chief Officer, Barnsley CCG
- Vicky Peverelle, Chief of Corporate Affairs, Barnsley CCG
- Jim Logan, Chief Executive, Barnsley Healthcare Federation CIC (Community Interest Company)
- James Barker, Director of Business Development and Strategy, Barnsley Healthcare Federation CIC (Community Interest Company)
- Councillor Jeff Ennis, Lay Member Director for Public and Patients, Barnsley Healthcare Federation CIC (Community Interest Company)
- Carrienne Stones, Healthwatch Barnsley Manager

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 5 April 2016
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Clarke, Clements, Franklin, Frost, Hayward, Johnson, Makinson, Pourali, Sheard, Sixsmith MBE, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Mr J. Winter and

### 28 Apologies for Absence - Parent Governor Representatives

There were no apologies received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

### 29 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations of interest from Councillor Pourali who confirmed the Chair of BHNFT is her business partner; Councillor Unsworth as a Governor at BHNFT, Councillor Johnson as his daughter worked at BHNFT and she had won the Midwifery award referred to in the CQC report of the Trust. Co-opted member Mr J Winter confirmed his wife is employed as a nurse at BHNFT, also Councillor Phil Birkinshaw declared an interest as he knows one of the Consultants at Huddersfield Royal Infirmary.

### 30 Minutes of the Previous Meeting

The minutes of the meeting held on 9<sup>th</sup> February 2016 were approved as a true and accurate record.

### 31 Barnsley Hospital NHS Foundation Trust (BHNFT) Care Quality Commission (CQC) Inspection Report

The Chair welcomed the witnesses to the meeting which included:

- Heather McNaire, Director of Nursing and Quality, BHNFT
- Karen Kelly, Director of Operations, BHNFT
- Steve Wragg, Chair of BHNFT
- Carrienne Stones, Healthwatch Barnsley Manager
- Brigid Reid, Chief Nurse, Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety Barnsley CCG
- Clare Foster, Public Health Registrar, BMBC/Barnsley CCG
- Tracy Church, CQC Inspector
- Rachel Dickinson, Executive Director – People, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health
- Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)

Steve Wragg explained the hospital had been inspected by the CQC during July 2015, and their final report was received in February 2016; Heather McNaire added in the interim six months until the report was received, the Trust had undertaken a lot of remedial work.

Members proceeded to ask the following questions:

- i) Following commending the Trust on their outstanding practises, a member of the committee asked; further to the CQC report, what procedures are in place to ensure children attending the hospital are cared for by appropriately qualified nurses?

Members were advised in acute services, there always needs to be a Registered Sick Children's Nurse (RSCN). However the Emergency Department (ED) is separate and also has separate areas for adults/children. During the inspection we presented a rota which showed a period where we had a vacant RSCN post which meant that some shifts on the children's side were not covered by a fully qualified RSCN but there was always someone covering within the adults' side who was part-RSCN qualified. We struggle to maintain such cover as specialists go to Sheffield or Leeds Hospital. We felt the judgement in the report was harsh as proportionately it was only a few shifts which weren't covered by a fully-qualified RSCN. However we are now fully recruited and this was sorted by the time the full inspection report was received.

- ii) What is meant by the dermatology service being highlighted on page 22 of document pack, does this mean that the dermatology service is adequate for the hospital?

The group were advised the letter at the beginning is from the Chief Inspector of Hospitals as the work goes through a National Quality Assurance Panel who pick out areas of outstanding practice. In Barnsley, the dermatology service was picked out, as the services provided here are not offered by every trust.

- iii) How would you describe BHNFT's relationship with the Clinical Commissioning Group (CCG) and other stakeholders in Barnsley?

The committee were advised they have a good working relationship with the CCG; due to their differing priorities, at times this can inherently lead to it being challenging, however the CCG is fully supportive of their quality agenda. BHNFT has an open and honest culture and is the 5<sup>th</sup> highest reporter of incidents in the country which is evidence of the open dialogue it has with the CQC and CCG.

The CQC invited stakeholders in Barnsley to meet and discuss the inspection feedback and issues raised, however the support was limited as there were only 3 representatives; one from the CCG, one from NHS England (NHSE) and one from Barnsley Council.

- iv) What plans are in place for patient involvement and does this include their input into the design and delivery of services?

The group were advised there is active patient involvement in relation to long term conditions; however acknowledged that they need to do more and are working with the CCG to do this.

- v) If the CQC returned to undertake a further inspection, what would you expect the result to be?

Members were advised BHNFT are confident the recommendations in the report have now been implemented. The Trust anticipates inviting the CQC to do a follow up inspection from September 2016; however, there's no obligation for them to come. The CQC inspection regime is due to change soon; therefore would rather be inspected sooner rather than later so that comparisons can be made and so that they can change their current result.

- vi) How can Members support the excellent work already being done by BHNFT to further improve outcomes for our local residents?

The committee were advised BHNFT won't discharge patients unless there is a Care Plan. This can rely on involvement from the voluntary workforce as some people just need visiting, therefore money from Ward Alliances could help with this. Befriending is currently a big topic in health, particularly amongst Dementia patients who need extra support. We know in some cases patients are brought to hospital but they're just lonely. Members were advised Barnsley Council's Adult Social Care service works closely with the Trust and there are only a few examples of delayed transfers of care, with data showing Barnsley performs well compared with statistical neighbours and South Yorkshire. BHNFT advised they are hoping to focus their effort on early help and loneliness as this needs to be taken forwards over the coming months.

- vii) Central Area Council commissioned the Royal Voluntary Service (RVS) to assist in addressing the issue of social isolation amongst older people; we've had difficulties getting agencies such as local GP practices to be involved in this work as they don't feel it's their responsibility, is there dialogue between BHNFT and the RVS?

The committee were advised work is ongoing to make stronger links in relation to social prescribing. There is a joint alliance between BHNFT and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) which is 'Right Care Barnsley'. This was established in relation to preventing admissions to hospital and is now looking at the discharge process. The CCG advised they would make Right Care Barnsley aware of the services being offered by the RVS.

- viii) The Trusts' Maternity Services were commended by a member of the committee, however raised concerns over reductions in funding and asked for information on such reductions and how this was impacting on delivery of elements such as smoking cessation?

Members were advised BHNFT are a provider therefore can only deliver the services they are commissioned to. In relation to smoking cessation, there has been a reduction in the Public Health Grant; therefore the services are currently considering what can be delivered within the funding envelope. The importance of partners working together to resolve issues was highlighted, including examples of where the smoking cessation service had worked with the fire service and had then liaised with Berneslai Homes to report where a home was not safe for a child.

BHNFT expressed their disappointment at not being awarded 'outstanding' for their maternity services and reminded the committee of their 'Tiny Hearts' Charity Appeal to support the development of a new state of the art neonatal unit for babies who need special care.

Healthwatch Barnsley advised that in 2014 they undertook research on patients' experience of the midwifery service. As a result of this, most issues related to the environment; however Healthwatch were given a tour of the department and it was evident that recommendations for change had been implemented.

- ix) Following recent surgery at the hospital, a member of the committee commended the Trust, before asking, one of the areas of improvement identified in the report is to 'ensure compliance with the five steps for safer surgery'; is this cause for concern and commented that the report is not very easy to read as a member of the public?

The group were advised if there had been a serious issue, an improvement notice would have been issued. Oxygen was being prescribed, but the inspectors had identified its use was not being recorded. The inspection also identified that following surgery, a de-brief

regarding the procedure was not being held and documented. Additionally, the inspection highlighted issues with the administration of complex medications at weekends, however BHNFT advised this has now been resolved and a Pharmacist is employed 7 days per week.

The CQC advised they have learnt a lot about the completion of reports and advised that different audiences require different information from them; therefore further work is being done to consider how reports can be useful to both Trusts and the public.

- x) The number of staff receiving safeguarding training is not clear in the report; it mentions that 85% of staff had undertaken basic awareness training, are you concerned about the low figures?

Members were advised the data is a reflection of a point in time and the targets for completion are set locally, which for BHNFT are high. The Trust is confident the majority of their staff have been trained, but acknowledge some will miss out due to sick/maternity leave for example. The committee were advised on every shift there will always be someone who has been trained.

- xi) One of the findings of the report was a lack of a triage system for patients who did not arrive by ambulance; has this now been addressed?

The committee were advised the hospital has 2 portals and an issue was identified with people self-presenting in the ED and part of the minor stream were not consistently receiving a triage. We have now ensured that all those presenting are triaged and the CCG advised they had undertaken a quality assurance visit and confirmed these processes were in place.

- xii) What are the key future challenges for BHNFT?

Members were advised the main challenge is patient flow; this is the biggest problem in primary care and not just hospitals. Hospitals only see about 10% of patients; however the volume continues to increase in an environment of reduced funding and increasing costs. People are living longer which brings about long-term conditions. The latest initiatives in the Health Service mean we need to have a system transformation plan which will take £850m out of South Yorkshire and Bassetlaw.

- xiii) What does the Trust see are the main health issues of residents within the borough?

The committee were advised the most prevalent problems are respiratory issues, diabetes and cardiology. The Trust is working with partners to try to help improve the long term health of Barnsley residents as well as considering what can be delivered out of the acute setting. The difficulty is managing expectations of a 7 day a week service and that it's not just about length of life but quality of life.

- xiv) How effective is the leadership and management within the organisation and when the Trust is inspected again are you confident of getting better results?

The group were advised the 2 areas of concern were leadership in the ED and in surgery, not overall leadership of the Trust. Changes have been made in those 2 areas and issues have been addressed. We see the CQC report as a learning experience which we are using to learn from and develop our services.

- xv) Following the funding received from the Prime Minister's Challenge Fund has the introduction of the 'iHeart' Barnsley project resulted in fewer people attending the ED?

Members were advised following the recent introduction of iHeart Barnsley, there had not been any significant reduction in the number of people attending the ED. The Trust is now

working with them to consider how patients can be better supported at a primary care level as well as how the service can be improved. The 'iHeart' name was considered not to define what the service offered which may have deterred patients from using it.

- xvi) Regarding the recording of oxygen do individual patients have Care Plans and are these referred to GPs/Nursing Homes at discharge?

The committee were advised as well as all patients having a Care Plan, the discharge process involves a letter being sent to the patient's GP, to ensure continuity of their healthcare. In the example referred to, Oxygen was being prescribed, but it was not being written down as a medical prescription. Lots of hospitals struggle with this but we are working hard to ensure it is done. The CCG added that this was a difficult issue but they had carried out a follow-up visit to the hospital and oxygen had been appropriately prescribed and recorded.

- xvii) A Member gave an example of a patient who had been discharged on a Friday but without appropriate support services till Monday and raised concern that they would have been better remaining in hospital and also asked if 'bed blocking' takes place due to the lack of adequate provision for ongoing healthcare following patients being discharged from the Trust?

The group were advised this is a difficult issue, but that patients don't block beds, they are just in the inappropriate place on their care journey. BHNFT advised they pride themselves on patients going to other services/back home and difficulty is caused by people remaining in hospital and they are at risk of catching diseases/infections. It is evident that in this case, the patient was not appropriately discharged; therefore this information will be fed back to the discharge team.

- xviii) Regarding the duty of candour, can we have figures in relation to the number of whistle blowers in the last 12 months?

Members were advised BHNFT have not had any in the last 12 months. We had one 2 years ago and found out about issues relating to finances. The duty of candour is not about whistleblowing but is about making sure services are safe and we need to be honest and truthful about errors. Duty of candour was previously a new requirement but is now embedded. Healthwatch Barnsley advised they have a 'Feedback Centre' on their website, enabling people to provide feedback on their healthcare experience within the borough. These comments are then sent to the relevant healthcare providers.

- xix) Is the Trust's financial overspend under control, particularly considering increasing demand and an ageing population?

The committee were advised the finances of 95% of hospitals are operating with a deficit. This year there is an anticipated deficit of £16m from an overall budget of £185m; although this shortfall is considerably less than the previous year of £22m. The Trust is hoping to get an additional £6.6m from the government.

- xx) We already hear of problems with not enough staff in EDs, does the hospital expect the proposed closure of Huddersfield ED as well as the closure of Dewsbury ED will result in an increase in the number of people visiting Barnsley's ED?

Members were advised BHNFT are not sure what will be the outcome of the consultations and planned closures, however there are plans to build an urgent care centre and BHNFT already receives patients from both these areas. BHNFT advised they struggle with the cover of junior doctors, not consultants therefore we are considering a doctor bank across South Yorkshire. The biggest challenge is the physical space in Barnsley's ED as it was built to receive 80 patients per day but currently receives around 250. The CCG advised they are

responding to the consultation noting that the pressure won't just be on ED attendance but if patients are admitted there will be greater complexity regarding discharge arrangements out of the borough. The witnesses advised that Members could help by communicating to the public that the ED is not the place to go for assistance and help should be sought from other services such as out of hours GPs and pharmacists. The ED should only be used in an Emergency.

- xxi) Following the 'Friends and Family Test' conducted by the hospital, 94% of patients would recommend the Trust and caring was rated as good in all areas and outstanding in end of life care; do the CQC take into account all the different elements before they come to an overall judgement?

The witnesses thanked the committee for highlighting different elements of the good work done and also commented that the staff survey is also much better this year. BHNFT advised they are proud of their staff; they work really hard and are very caring. Healthwatch Barnsley echoed these comments and advised that feedback on BHNFT always mentions good quality care; complaints tend to be around access times and care pathways.

- xxii) In relation to the duty of candour, the Mid-Staffordshire enquiry highlighted patient safety and quality being compromised as a result of reduced funding; has this had an impact in Barnsley?

Members were advised BHNFT's main priorities are quality of care and patient safety. After the Francis Report, hospitals went too far with safety and away from finances which has caused great problems. The Chief Executive of NHS England and the regulator NHS Improvement (formerly known as Monitor) now require a focus on finances rather than quality. At BHNFT, we will not compromise care in our hospital and will sort the finances as secondary.

- xxiii) Would further promotion of 'iHeart' Barnsley help in raising its awareness within the borough; also, do we have a problem with overseas tourists using services in the Borough?

The committee were advised we don't have a problem with overseas visitors and there are already systems in place to recover medical costs. The 'iHeart' name does not readily identify the service that is being provided, which is to improve patients' access to GPs and healthcare professionals. The service has been publicised but we have fed in our concerns regarding the name. We also found that when the ED was under pressure we asked patients if they wanted to use an alternative provider but they all said they preferred to stay and wait in the ED.

- xxiv) With Barnsley having an estimated population of 236,000 the CCG are allocated certain funding, if we receive additional patients from Huddersfield and Dewsbury would the Trust be able to claim additional money?

Members were advised the costs for patients from outside the borough are already recovered through invoicing the CCG responsible for their healthcare.

- xxv) In view of the current junior doctors' dispute, potential changes to their contracts and requirement for 7 day services; how will you manage rotas and budgets?

The group were advised BHNFT already operates 24 hours a day, 7 days a week, but it's impossible in that for example Radiology services are not needed at 3am. There are junior doctor strikes taking place this week and there has been a lot of concern and discussion over a document that isn't even in the public domain yet. We are in deficit and are funded by the Department of Health therefore we are unable to get out of imposing the contract. There is a lot of cost in administering the changes but it's supposed to be cost neutral.



xxvi) The report identifies 'end of life care' as being outstanding for the caring attitude of the staff which is very positive; is palliative care provided 24 hours a day, 7 days a week?

The committee were advised this service is not available 24/7. It is a shared service within the health economy in Barnsley and is part of a good care pathway including SWYPFT, BHNFT and the Hospice.

xxvii) Does the Trust still use the Liverpool Care Pathway (LCP)?

The group were advised this is no longer used and that the day where statistically the highest number of deaths occur is on Wednesdays, not at weekends.

xxviii) A member gave a specific example in relation to feeding systems and asked would an increased standardisation of practises within the NHS help in reducing operational costs?

Members were advised there are different ways of doing things and a number of different systems used across the NHS. The Working Together Programme which will be undertaken over the next 3 years is meant to resolve some of the issues and standardise practice where possible. The CCG asked for further information in relation to the specific query outside the meeting and agreed to follow this up.

The Chair thanked the witnesses and all the attendees for their contribution and declared this item closed.

## **32 Scrutiny Task & Finish Group (TFG) Reports from 2015-16**

The Chair provided members of the committee with an update on the work of the 3 TFG's: Fly Tipping, led by Cllr Carr; Work Readiness (Adults), led by Cllr Hand-Davis and the Council's Customer Services Strategy 2015-18 led by Cllr Sixsmith. The Chair explained these reports represented the good work of Members, scrutiny co-optees, officers, service users and partnership agencies. This has resulted in all three groups being able to make recommendations to improve services within the borough.

Within the Fly Tipping action plan, there are proposed actions for Elected Members; the Work Readiness report contains a recommendation for a further TFG for 2016/17; also for Scrutiny to consider the Council's Annual Adult Skills and Community Learning Service Self-Assessment review. The Customer Services Strategy report has a recommendation for Scrutiny to receive an update in 6 months on the work that has been done.

The 3 Scrutiny reports have been presented at Cabinet and the committee looks forward to its responses which are likely to be in May 2016; as well as evidence of the recommendations being implemented over the next 12 months.

The Chair thanked all attendees for their contribution and declared the meeting closed.

### Action Points:

- 1) BHNFT to improve their activity in relation to patient involvement and ensure this is consistent across all areas.
- 2) CCG to make 'Right Care Barnsley' aware of the commissioned services being offered by the Royal Voluntary Services as a result of the Central Area Council.
- 3) Members to promote BHNFT's 'Tiny Hearts' Charity Appeal to support the development of a new state of the art neonatal unit for babies who need special care.

- 4) BHNFT/CCG to make Discharge Team aware of the example given of a patient so that learning from this can be actioned.
- 5) Elected Members to promote that attendance to the Accident and Emergency Department should only be used in emergencies and help should be sought at other services such as pharmacists and out of hours GP services.
- 6) CCG to follow up specific query regarding standardisation of systems across services.

# Item 4a

**Report of the Director of Human Resources,  
Performance & Communications,  
to the Overview and Scrutiny Committee (OSC)  
on Tuesday 7<sup>th</sup> June 2016**

**Barnsley General Practice (GP) Services – Cover Report**

## **1.0 Introduction and Background**

1.1 General practice is for most people the first and most commonly used point of access to the NHS. It serves to help manage and improve health in our communities and also act as a gatekeeper to other NHS services. Over the past decade there has been considerable change in general practice, this includes in government policy, the range of services offered and contracting and financing arrangements.

1.2 From April 2013, Primary Care Trusts (PCTs) were replaced with Clinical Commissioning Groups (CCGs) which are clinically led statutory NHS bodies which became responsible for the planning and commissioning (buying) of healthcare services for their local area. CCG members include GPs and other clinicians, such as nurses and consultants. They are responsible for commissioning most secondary care services such as hospital care and community care, and also play a part in the commissioning of GP services (see section 4.0 link to 'The structure of the NHS in England explained).

1.3 The attached report by Barnsley CCG (Clinical Commissioning Group) 'Item 4b' outlines GP Services in Barnsley, including:

- Background information on general practice;
- Governance arrangements and local plans to further improve access to GP services;
- Barnsley GPs working together, including the development of Barnsley Healthcare Federation;
- How the CCG ensure access to services and good quality, including work with Healthwatch Barnsley; and
- Current and future challenges we face in Barnsley in relation to GP services

1.4 On behalf of NHS England, Ipsos MORI administers the England-wide GP Patient Survey (GPPS) which provides practice-level data about patients' experiences of their GP practices. A summary of the results published in January 2016 are shown in the table below, comparing Barnsley with national results:

<b>INDICATOR</b>	<b>BARNSELEY CCG % OF PATIENT RESPONSES</b>	<b>NATIONAL RESULTS</b>
<b>Access to GP surgery on the phone</b>	62% of patients found it easy to get through on the phone. 35% of patients found it	70% Easy to access 26% difficult to access

	difficult to access the surgery	
<b>Receptionist helpful at the GP surgery</b>	86% of patients found the receptionist helpful. 11% of patients found the receptionist unhelpful	87% helpful 11 % not helpful
<b>Getting an appointment to see or speak to a nurse or GP</b>	83% of patients were able to get an appointment however 15% had to call back closer to or on the day. 13% were unable to make an appointment	85% yes able to make appointment 11% not able to make appointment
<b>Convenient appointment</b>	92% were able to get a convenient appointment 8% were not able to get a convenient appointment	92% able to get a convenient appointment 8% Not able to get a convenient appointment
<b>Waiting times to be seen at the GP Surgery</b>	58% of patients stated that they did not have to wait too long 33% of patients stated that they had to wait too long	58% of patients don't have to wait too long. 34% stated that they had to wait too long
<b>Satisfaction with opening hours of the practice</b>	76% of patients were satisfied with the opening hours of the practice 10% were dissatisfied	75% of patients satisfied 10% of patients dissatisfied
<b>Overall experience of out of hours service</b>	64% of patients had a good experience 16% of patients had a poor experience	Good experience 67% Poor experience 15%

## 2.0 Invited witnesses

2.1 At today's meeting, a number of representatives have been invited to answer questions from the OSC regarding GP Services in Barnsley:

- Lesley Smith, Chief Officer, Barnsley CCG
- Vicky Peverelle, Chief of Corporate Affairs, Barnsley CCG
- Jim Logan, Chief Executive, Barnsley Healthcare Federation CIC (Community Interest Company)
- James Barker, Director of Business Development and Strategy, Barnsley Healthcare Federation CIC (Community Interest Company)
- Councillor Jeff Ennis, Lay Member Director for Public and Patients, Barnsley Healthcare Federation CIC (Community Interest Company)
- Carrienne Stones, Healthwatch Barnsley Manager

### **3.0 Possible areas for discussion**

3.1 Members may wish to ask questions around the following areas:

- What is being done to make improvements to Barnsley services with consideration for results from the England-wide GP Patient Survey?
- What is in place to ensure effective partnership working with GPs and other key stakeholders such as the Council to maximise patient outcomes?
- What is done to learn from best practice in other areas and how is this implemented within Barnsley services?
- What plans are in place to ensure patient involvement in services and how will you ensure this influences service design and delivery?
- How effective are governance arrangements in relation to managing conflicts of interest in the commissioning and delivery of services?
- How do you ensure services are accessible to all patients including those with disabilities and impairments?
- What are the key future challenges in relation to the provision of GP services and what plans are in place to manage these?
- How will Barnsley Healthcare Federation contribute to managing challenges faced by general practice over the next few years?
- How can Members support the work of local NHS services to improve outcomes for our local residents?

### **4.0 Background Papers and Links**

- Item 4b (attached) – Barnsley CCG Report on GP Service in Barnsley
- The structure of the NHS in England explained:  
<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>
- England-wide GP Patient Survey Headline Findings Published January 2016: <http://gp-survey-production.s3.amazonaws.com/archive/2016/January/15-032172-01+-+Y10W1+-+National+infographic+-+v4+-+IM+-+060116.pdf>

### **5.0 Glossary**

CCG – Clinical Commissioning Group:  
GP – General Practice  
GPPS - GP Patient Survey  
NHS – National Health Service

### **6.0 Officer Contact**

Anna Morley, Scrutiny Officer (Tel: 01226 775794)  
Email: [annamorley@barnsley.gov.uk](mailto:annamorley@barnsley.gov.uk) Date: 27<sup>th</sup> May 2016

This page is intentionally left blank

### GP services in Barnsley – Briefing for Overview and Scrutiny Committee June 2016

#### 1. Background information

##### 1.1. The national picture of general practice

GPs and practice teams provide vital services for patients. They are at the heart of our communities, the foundation of the NHS and internationally renowned. Over 90% of all patient contacts take place in GP Surgeries. But demand for GP services is increasing at an unprecedented rate and services are now under significant pressure with many GPs caught on a treadmill of trying to meet current demand, whilst lacking time to reflect on how to provide and organise care for the future. The future of general practice in England is in the political and policy spotlight, with existing general practice services seen as both the problem and the solution to addressing current NHS challenges.

Part of the solution is seen to lie in 'scaling up' GP practices into larger organisations or networks capable of delivering a wider range of better coordinated services in the community.

The picture nationally is that collaboration between practices is commonplace with over a third of GPs saying their practice has joined a network or federation. Although many federations and networks remain in the early stages of development – the formation of some having been triggered by the [Five Year Forward View](#) – several have been evolving over the preceding years.

In April 2016 the NHS published [General Practice Forward View](#) which sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice. It focuses on workforce, workload, infrastructure and care redesign and is aligned to the work which had been set out in local plans.

#### 2. Governance arrangements and local plans to further improve access to GP services

##### 2.1. Commissioning of general practice services

Attracting more GPs to Barnsley is certainly part of the Clinical Commissioning Group's (CCG) plan but it is clear that the solution goes beyond relying on that alone.

In 2014 NHS England invited CCGs to take on an increased role in the commissioning of GP services through the choice of three co-commissioning models, which were:

- a) Greater involvement – an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services to ensure that healthcare services are strategically aligned across the local area.
- b) Joint commissioning – enables one or more CCG to jointly commission general practice services with NHS England through a joint committee.
- c) Delegated commissioning – offers an opportunity for CCGs to assume full responsibility for the commissioning of general practice services.

In April 2015, Barnsley CCG was authorised to take on delegated commissioning of general practice services, taking on the full commissioning responsibilities from NHS England.

Barnsley CCG was one of the first CCGs to choose this option and be authorised and it has provided the CCG the opportunity to have more local clinical leadership in designing services which best meet the needs of Barnsley people.

As part of the handover from NHS England to the CCG, three GP contracts were due for renewal and so the CCG picked up the procurement of those in 2015.

## 2.2 How primary care commissioning is governed

The ability for CCGs to be involved in the commissioning of general practice has the potential to bring many benefits to patient care, but it also brings with it the potential for perceived and actual conflicts of interest when CCGs are procuring services from their member practices.

Each CCG with joint or delegated primary care co-commissioning arrangements must establish a primary care commissioning committee (PCCC) for the discharge of their primary medical services functions. This committee should be separate from the CCG governing body. The interests of all PCCC members must be recorded on the CCG's register(s) of interests.

This committee meets in public and is chaired by a lay member and must be constituted to have a lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision making process due to conflicts of interest.

The CCG's internal auditor, 360 Assurance, has recently completed a review of the CCG's management of conflicts of interest with respect to its delegated responsibility for commissioning primary medical services. The review found no high or medium risk issues for the CCG to consider and identified a number of points of good practice.

NHS England has recently published 'Managing conflicts of interest: revised statutory guidance for CCGs' draft discussion paper, which support CCGs further in this area.

## 2.3 What is the CCG doing to address access to and quality of care in general practice?

We have an ageing population, living longer with more complex health and care needs. We need to ensure that the most vulnerable patients get continuity of care and are seen by GPs.

Those who do not require such a high level of care and support may often be better supported by a multi-disciplinary workforce within the practice team such as advanced nurse practitioners, practice nurses, health care assistants, or by services like IHEART Barnsley, local pharmacies or even a well-stocked medicine cupboard.

Some of the initiatives aimed at improving the sustainability and quality of general practice include:

- The Practice Delivery Agreement (PDA) aimed at strengthening primary care services and facilitating working at scale and delivering improved outcomes to patients
- The Barnsley Quality Framework – a local quality framework to enable practices to deliver quality services.
- Health Inequalities Targeted Scheme (HITS) – linked to the Practice Delivery Agreement/ Barnsley Quality Framework. A set of indicators agreed with practices to address key health inequalities (alcohol, dementia diagnosis, cardiovascular disease)
- Motivational interviewing and behaviour change training for practice nurses and health care assistants
- Borough-wide social prescribing service (signposting & supporting people to link in with local communities and Barnsley Voluntary, Community and Social Enterprise Sector)



- Supporting practices to increase healthcare assistant capacity through large scale apprenticeship programme
- Introducing medication specialists into the general practice teams
- Using the Year of Care Model to put people with long term conditions firmly in the driving seat of their care, and support them to self-manage
- Increased use of telehealth and care navigation services based upon improved use of risk stratification to identify patients at risk and help to facilitate appropriate care and support

### 3 Barnsley GPs coming working together

The CCG recognises that in the future, general practice will need to operate at greater scale and in greater collaboration with other providers and professionals and with patients, carers and local communities. At the same time, general practice will need to preserve and build on its traditional strengths of providing personal continuity of care and its strong links with local communities.

To support this vision, the CCG strategy includes support for the development of a GP Federation in Barnsley. There has been growing acceptance that GP practices in Barnsley needed to develop alternative approaches for organising themselves better as providers of non-core services in the local area:

- a) The increased workload, rising costs of staff, fall in income and difficulties with recruitment and retention are all problems facing general practice locally.
- b) Federations or GPs working together would help to try and manage the difficulties faced by general practice in the next few years.
- c) Federating will help practices to compete with external providers to ensure patients get the GP services they deserve.
- d) To protect Barnsley GPs it is essential that they work together as a Federation to ensure their survival as GP practices and that their patients have locally sustainable primary care services.

#### 3.2 How Barnsley Healthcare Federation has developed

In June 2015, the CCG hosted an event attended by representatives from practices across Barnsley and received a presentation from Professor Chris Ham of the King's Fund. Professor Ham emphasised the important role federated models could play in helping the CCG to deliver its strategic objective of primary care at scale. The clear view of the meeting was that there was agreement in principle for general practices in Barnsley to move rapidly towards a federated model. A working group of GPs and practice managers was established to explore the options.

The outcome of this development work was that a number of practices chose to go down the route of setting up a Community Interest Company – Barnsley Healthcare Federation (BHF).

The majority of GP practices have joined the Federation and it is a provider in its own right, similar to any other single GP practice, meaning it can bid for contracts from the CCG, as can any other local, regional or national provider of GP services. One important distinction is that BHF as a Community Interest Company is a not for profit provider, meaning that any profits it generates do not go to shareholders but are ploughed back in to services in Barnsley.

#### 3.3 Background and information on the I HEART Barnsley Programme

Barnsley Healthcare Federation, supported by the CCG, successfully bid for £2.5 million funding to develop an extended access GP service for all Barnsley patients.

The requirement for the funding was to “extend access to primary care” with changes that could be put into place quickly, that would make a measurable difference to patient care, and that could potentially be rolled out across the country.

The bid from the Barnsley GP practices builds on the idea of a local doctor’s surgery being at the heart of each patient’s care and was called I HEART Barnsley, which stands for Improving Health, Equality, Access, Responsiveness and Treatment Barnsley.

The service differs from existing GP services, opening up access in a number of ways:

- Complementary to your existing GP – open to all Barnsley residents registered with any of our practices
- Different opening hours – telephone advice during the day and face-to-face appointments in the evening, Saturday opening and trialling Sunday
- Variety of consultations will be trialled: telephone, face-to face, email and online video appointments similar to Skype or Facetime.
- Available at two locations across the borough currently.

The service, launched in November 2015, has, at the end of April, undertaken 5269 appointments.

Patient experience scores are very high for this service, with 96% rating the overall service as excellent/very good (March '16) and 95% of people would recommend IHEART to others.

The next steps are to extend the types of appointments available. A recent survey of patients using the service in April '16 highlighted that 89% of them had access to video conference facilities and 66% would use them for a consultation.

### 3.4 Future of I HEART Barnsley

The original funding for this pilot was for a year. It has recently been announced that this programme will continue to be funded through the national GP Access Fund, securing the development of these services for Barnsley through to 2019.

## 4 How we ensure access to services and good quality

In addition to the wide range of activities listed in section 2, there are a number of independent checks in place which are central to how the CCG monitors quality.

### 4.1 Care Quality Commission Inspections

The Care Quality Commission’s (CQC) inspection programme includes GP services and plays an important role in the way we assess the consistency and quality of care and access local GP practices are offering.

Following an inspection the CQC gives an individual and overall rating in five areas according to whether practices are safe, effective, caring, responsive and well led.

To date 27 local practices have been inspected. Of those, 22 were rated as 'Good', six of those with elements of 'Outstanding' practice. Three practices have an overall rating of 'Requires Improvement' and one practice in 'Special Measures'. The remaining practices are either awaiting their inspection or their results.

These inspections are also important as they are an opportunity for patients and carers to feedback their experience of care. Healthwatch Barnsley also contributes any feedback they may have received.

## 4.2 Healthwatch Barnsley

Healthwatch Barnsley has been leading on a national project to develop the Friends and Family Test (FFT) in GP surgeries. The 'test' asks, "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and gives patients a voice and allows them to rate their experience of care each time. It adds to the overall picture of quality of practice but importantly, provides feedback from a patient's point of view.

We have been fortunate that they have been working here in Barnsley to develop this project, bringing the learning and expertise to our area first.

Healthwatch Barnsley has also been key in understanding and sharing areas of concern as well as positive experiences when it comes to accessing a GP. They have been working with health services across Barnsley highlighting some of the access issues faced by Deaf people for example, as well as undertaking some concentrated work in the Dearne area to understand access concerns there.

The CCG welcomes the opportunity to continue to work with Healthwatch over the coming year as they focus on GP services.

## 5 Current and future challenges we face in Barnsley in relation to GP services

### 5.1 Workforce

As well as the challenges Barnsley shares with other areas, we are mindful that there is a cohort of GPs locally nearing possible retirement.

This snapshot of the primary care workforce in GP practices across Barnsley from September 2015 shows the mix of roles, shown in full time equivalents:

- 137 GPs
- 67 Nurses
- 48 direct patient care roles (includes health care assistants)
- 281 admin and non-clinical staff

If you compare the ratio of clinical to non-clinical posts, Barnsley is only second to Sheffield in the South Yorkshire and Bassetlaw area in the number of clinical posts it has.

### 5.2 Population

We have an ageing population who are living longer but often with multiple long term and complex conditions. Health life-expectancy for men and women in Barnsley is now 56 years. This is a challenge for both health and social care and means that solutions need to be developed by all sectors.

### 5.3 Estates

Overall the quality of primary care buildings across Barnsley is good. There are some excellent facilities and there are many examples of where GP services sit alongside other community services in modern buildings. There is an opportunity in developing services to make more of these facilities and to recognise the value of the environments both where people work and where they receive care.

### 5.4 Funding

As a health and care system across the South Yorkshire and Bassetlaw area, we face a financial challenge of £500million over the next five years. Barnsley partners are working as one system to review and address these challenges. More and better integration, designing services to suit patients not processes will continue to be the way we move forward.

# Item 5

**Report of the Director of Human Resources,  
Performance and Communications  
to the Overview & Scrutiny Committee  
on Tuesday 7th June 2016**

**Overview & Scrutiny Committee (OSC) Work Programme 2016/17**

## **1.0 Introduction & Background**

- 1.1 The purpose of this report is to outline Barnsley Council's Overview and Scrutiny arrangements and to provide information for discussion to develop the Overview and Scrutiny Committee's (OSC) work programme for 2016/17.
- 1.2 In the current climate, the need for sound effective decision making has never been more important. Elected Members who sit on Barnsley's scrutiny committees have a vital role to play as 'scrutineers', providing a valid mechanism of challenge to monitor decision making, tackle poor performance and to ensure value for money is delivered by the Council and its partners.

## **2.0 Barnsley's Scrutiny Arrangements**

- 2.1 Due to a pending review, the Council's Safeguarding Scrutiny Committee has not been appointed to for the 2016/17 Municipal Year; however the work of that committee will be subsumed into the work of the OSC. Dates scheduled for the Safeguarding Scrutiny Committee in the Council diary will be used for additional OSC meetings; however these will have a safeguarding topic focus.
- 2.2 The OSC will continue to have three Member-led Task & Finish Groups (TFGs) which will carry out in-depth investigations. These groups will comprise of 6-8 Members from the OSC who opt to participate in these groups.
- 2.3 Area Councils have also had an increasing performance monitoring role. This has been done through performance monitoring the services and contracts that are commissioned by the Area Councils and also to, where appropriate, performance monitor area-based and borough-wide services provided locally.

## **3.0 Work Programme Development Considerations**

- 3.1 It is important that the Scrutiny work programme is forward planned to identify key issues requiring scrutiny, as well as being reactive and allowing for the work programme to evolve should issues require scrutiny at short-notice. Over the next municipal year, 12 OSC meetings will be held, 6 of which will have a safeguarding topic focus. The scrutiny work programme will be updated on an ongoing basis to allow for the timely discussion of topics. Each agenda usually contains 1 or 2 topics for consideration, the scope of which will be discussed in more detail as appropriate.
- 3.2 It has previously been agreed that the OSC would receive a copy of the Council's Quarterly Corporate Plan Performance Report, which contributes to the reactive work programme of the OSC by the timely identification of areas requiring scrutiny. Both internal and external providers can be invited to discuss performance issues around any areas identified by the OSC.

- 3.3 As Corporate Parenting is the responsibility of all Members, it was agreed at the meeting held on Tuesday 10<sup>th</sup> February 2015 that the Corporate Parenting Panel Annual report would be considered by the OSC on an annual basis. In addition, it is recommended that educational attainment across the Borough is discussed on an annual basis which would include specific information on Looked After Children. Also, in relation to Safeguarding, it is recommended that annually, both the Barnsley Safeguarding Adults Board (BSAB) annual report and Barnsley Safeguarding Children Board (BSCB) annual report are considered. Therefore, all these issues have been scheduled into the work programme below.
- 3.4 The table below shows the proposed OSC meetings for the 2016/17 Municipal Year:

<b>Overview and Scrutiny Committee (OSC)</b>	
<b>Meeting Date</b>	<b>Topics</b>
2016/17 Municipal Year	
Tues 7 <sup>th</sup> June 2016	1. Barnsley GP Services 2. Scrutiny Work Programme 2016-17
Tues 12 <sup>th</sup> July 2016 (safeguarding topic focus)	1. Adult Social Care Target Operating Model (TOM)
Tues 19 <sup>th</sup> July 2016	1. Q4 Corporate Plan Performance Report 2015/16 2. Corporate Parenting Panel Annual Report
Tues 13 <sup>th</sup> September 2016 (safeguarding topic focus)	1. Barnsley Safeguarding Adults Board Annual Report 2015-16
Tues 4 <sup>th</sup> October 2016	1. Q1 Corporate Plan Performance Report 2016/17 2. ?
Tues 8 <sup>th</sup> November 2016 (safeguarding topic focus)	1. Barnsley Safeguarding Children Board Annual Report 2015-16
Tues 6 <sup>th</sup> December 2016	1. Educational achievement across the Borough as well as a specific report on Looked After Children 2. Q2 Corporate Plan Performance Report 2016/17
Tues 17 <sup>th</sup> January 2017 (safeguarding topic focus)	1. Support to families in Barnsley including the Troubled Families Programme and changes from Children's to Family Centres. 2. Update on the 0-19 Service
Tues 7 <sup>th</sup> February 2017	1. Update on the Devolution Deal 2. ?
Tues 14 <sup>th</sup> March 2017 (safeguarding topic focus)	1. Update regarding licensing training and safeguarding 2.
Tues 4 <sup>th</sup> April 2017	1. Q3 Corporate Plan Performance Report 2016/17 2. ?
Tues 5 <sup>th</sup> May 2017 (safeguarding topic focus)	1. CAMHS (Child and Adolescent Mental Health Services) (12 months on)
2017/18 Municipal Year	
Tues 6 <sup>th</sup> June 2017	1. Q4 Corporate Plan Performance Report 2016/17 2. Scrutiny Work Programme 2017-18

- 3.5 As highlighted previously, in addition to the Scrutiny Committees, there are 3 Task and Finish Groups (TFGs) which can undertake in-depth investigations into topics. During 2015/16, the Work Readiness TFG specifically looked at what services and initiatives are available with regards to preparing adults to be 'work ready' and how successful they are. Following this investigation, Members recommended a TFG during the 2016/17 municipal year considers how Barnsley can increase the availability of higher level skills and jobs. The Work Readiness TFG also recommended that the OSC facilitates consideration of BMBC's Annual Adult Skills and Community Learning Service Self Assessment Review (SAR) which could be considered by this newly proposed TFG for this year.
- 3.6 As a result of the work of the Fly-Tipping TFG during 2015/16 an officer action group has been formed to implement and further develop the action plan recommendations. Therefore it is suggested that the Fly-Tipping TFG continues during 2016/17 to monitor the implementation of the action plan, facilitates the Elected Member actions identified, as well as undertake further investigation of services being delivered.
- 3.7 The OSC has statutory powers to investigate the Council's activities around flood risk management, however this has not been considered for some time. Therefore, as a result of this and recent problems experienced around the country, it is recommended that a TFG undertakes a detailed investigation into the Council's Flooding Resilience.
- 3.8 The recommended topics for the Scrutiny TFGs for 2016/17 would therefore be as follows:

<b>Scrutiny Task and Finish Groups (TFGs)</b>
1. Higher Level Skills and Jobs
2. Fly Tipping
3. Flooding Resilience

- 3.9 In addition to the topics identified above, other issues / services which Members may wish to consider are listed below. These are a combination of topics which have either been suggested by Members, are highlighted in the Council's Forward Plan of key decisions or are issues / services which have not been covered for some time:
- Health and Social Care Integration: The Local Sustainability and Transformation Plan (STP) – newly being developed across the South Yorkshire and Bassetlaw area alongside other footprints identified across England to ensure that health and care services are built around the needs of the local population and are sustainable over the next 5 years.
  - Community Safety Partnership / Neighbourhood Policing / Police non-emergency 101 Number
  - CQC Inspection of South West Yorkshire Partnership NHS Foundation Trust which delivers local health services (took place March 2016 - report due during 2016-17)
  - Alcohol Strategy / Substance Misuse / Legal Highs
  - Public Health Strategy 2015-18
  - Men's Health

#### **4.0 Today's Meeting**

- 4.1 Today's meeting provides an opportunity for OSC Members to identify areas of concern which impact upon the whole Borough and input into the development of the draft work programme for 2016/17 including topics for the TFGs. This report identifies topics which Members may wish to consider; however during the meeting Members may wish to share other ideas and make recommendations as to what key topics should be covered and why during 2016/17.
- 4.2 Following discussion at the meeting, work will be undertaken to finalise and seek agreement for the work programme.

#### **5.0 Background Papers and Useful Links:**

- Proposed Changes to the Children's Services Scrutiny Committee to establish a Safeguarding Scrutiny Committee (Cab.20.5.2015/10):  
<http://edemocracy.barnsley.gov.uk/0xac16000b%20x00585d17>
- Barnsley Council Forward Plan of Key Decisions – published 27<sup>th</sup> May 2016:  
<http://barnsleymbc.moderngov.co.uk/mgListPlanItems.aspx?PlanId=130&LLL=0>
- More information about Scrutiny in Barnsley:  
<https://www.barnsley.gov.uk/about-us/how-we-work/decision-making-process/overview-and-scrutiny-committee>
- Centre for Public Scrutiny website: <http://www.cfps.org.uk>

#### **6.0 Officer Contact:**

Anna Morley, Scrutiny Officer

Tel: 01226 775794

27<sup>th</sup> May 2016