

Public Document Pack



MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 29 November 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Healthy Barnsley Workstream

Councillors Bowser, Ennis OBE, Green, Lowe-Flelo, Mitchell, Risebury, Shirt, Smith, Sumner, Wilson, Wray, Williams

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 - 8)*

To note the minutes of the previous meeting of the Growing Barnsley Workstream held on Tuesday 1 November 2022 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Development of Integrated Care in Barnsley & Access to Primary Care *(Pages 9 - 28)*

4a) Development of Integrated Care in Barnsley & Access to Primary Care Cover Report of the Executive Director Core Services

4b) Development of Integrated Care in Barnsley & Access to Primary Care Report of the Integrated Care Partnership

4c) Healthwatch Barnsley Position Statement on Access to GP Services

Enquiries to Jane Murphy, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

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

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Clarke, Denton, Eastwood, Felton, P. Fielding, W. Fielding, Green, Hand-Davis, Hayward, Lodge, Lowe-Fleelo, Markham, McCarthy, Mitchell, Moyes, Newing, Osborne, Peace, Pickering, Richardson, Risebury, Shirt, Smith, Sumner, Webster, Williams, Wilson, Wraith MBE and Wray together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement, HR and Communications

Sukdave Ghuman, Service Director, Law and Governance

Press

Witnesses

Item 4 (2pm)

Wendy Lowder, Executive Director of Place Health and Adult Social Care, NHS South Yorkshire Integrated Care Board and Barnsley Metropolitan Borough Council

Jeremy Budd, Director of Strategic Commissioning and Partnership, NHS South Yorkshire Integrated Care Board (Barnsley Place)

Jamie Wike, Chief Operating Officer, NHS South Yorkshire Integrated Care Board (Barnsley Place)

Jayne Sivakumar, Chief Nurse, NHS South Yorkshire Integrated Care Board (Barnsley Place)

Dave Ramsay, Deputy Director, South West Yorkshire Partnership NHS Foundation Trust

Bob Kirton, Chief Delivery Officer and Deputy Chief Executive Officer, Barnsley Hospital NHS Foundation Trust

James Barker, Chief Executive, Barnsley Healthcare Federation

Mehrban Ghani, Chair and Accountable Clinical Director, Barnsley Healthcare Federation and Barnsley Primary Care Network

Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council

Julie Chapman, Service Director, Barnsley Metropolitan Borough Council

Mark Smith, Vice Chair, Healthwatch Barnsley

Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 1 November 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Clarke, Denton, Eastwood, P. Fielding, W. Fielding, Hayward, Lodge, Lowe-Flelo, Markham, McCarthy, Mitchell, Peace, Smith, Webster and Wray

27 Apologies for Absence - Parent Governor Representatives

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

28 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Lodge declared a non-pecuniary interest as he is a Berneslai Homes tenant.

Councillor Webster declared a non-pecuniary interest as his partner works for Anchor Homes.

29 Minutes of the Previous Meeting

The minutes of the meeting held on Tuesday 11 October 2022 were received.

30 Affordable & Social Housing Provision in Barnsley

The following witnesses were welcomed to the meeting:

Matt O'Neill, Executive Director Growth & Sustainability, BMBC
 Kathy McArdle, Service Director Regeneration & Culture, BMBC
 Sarah Cartwright, Head of Strategic Housing, Sustainability & Climate Change, BMBC
 Alison Dalton, Group Leader Strategic Housing, BMBC
 Amanda Garrard, Chief Executive, Berneslai Homes
 Dave Fullen, Executive Director of Customer and Estate Services, Berneslai Homes
 Cllr Kevin Osborne, Cabinet Support Member Growth & Sustainability, BMBC

Members were invited to consider a report of the Report of the Executive Director Core Services and the Executive Director Growth and Sustainability (Item 4).

Councillor Osborne introduced the report and stressed that homes were an integral part of family life. Members were informed that an update on housing need and requirements would be covered in the presentation, along with a summary of the Council's work on affordable housing and how needs are addressed in the borough.

Sarah Cartwright further informed Members on the definition of affordable housing, which included different affordable tenures such as shared ownership and discounted market sale. The First Homes scheme was a new government initiative which would also provide affordable housing in the Borough, a report on the First Homes scheme would be taken to Cabinet imminently and a pilot with Keepmoat homes had commenced. In terms of affordable rent, the government definition stated that affordable rent should be up to 80% of market value. In regard to Council stock, the Authority had just over 18,000 units, along with 4500 Housing Association units. The waiting list fluctuates and currently stood at around 8000-9000. The Council loses around 150 homes due to Right to Buy every year and were currently delivering 50 homes through new-build and the small acquisitions programme. However, due to the lack of sufficient funding it was difficult for the Council to invest in large scale building projects in the current economic climate.

Alison Dalton took Members through a presentation. Members were informed of how the National Planning Policy Framework had informed both the adopted Masterplan Frameworks and Local Plan. This had fed into the strategic growth sites across the Borough, with around 6000 homes planned in addition to smaller Local Plan housing allocations. The Strategic Housing Market Assessment (SHMA) provided a breakdown of affordable dwelling types and the number of bedrooms required. The Council was currently reviewing the future of council housing in the borough via an independent consultant to review the evidence base, other wider considerations, and developing modelling to understand the impact of wider market factors.

Members were informed that in June 2022 key stakeholders met to discuss the Strategy for social housing stock and affordable housing provision in the Borough. The purpose of the session was for Barnsley Council and Berneslai Homes to jointly explore what the future of council housing looked like for Barnsley.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

In regard to comparisons with other Local Authorities, Councils such as Rotherham had a substantial building programme and also had a shared SHMA with Sheffield. Doncaster had a similar need profile to Barnsley but had a larger build programme, As an authority, Barnsley lacks land under its control when compared to neighbouring authorities which had inhibited larger building projects. Barnsley Council had worked closely with other South Yorkshire Local Authorities surrounding affordable housing policy, including the SYMCA housing framework of strategic priorities which included affordable housing. Some Housing Authorities worked across all four areas of South Yorkshire, and from a lettings perspective there were residents in crossover boundary areas on the waiting list.

Various discussions arose surrounding the Right to Buy scheme. The Council had a Right to Buy team, this year it was predicted that around 120-130 homes would be purchased under the Right to Buy scheme. Purchases had slowed down in

comparison to previous years due to the expectation that the housing market would cool. In regards to Right to Buy receipts, the calculations were complex in which the Council retained a small proportion which was invested into Council build programmes, however it could not be used alongside Homes England grants. The rest of the money was paid either to the government, towards administration fees or towards the payment of historical debts. Members would be provided with the Right to Buy financial breakdown. The Right to Buy scheme was an important tool for those wanting to access home ownership however there was not sufficient funding available to replace lost accommodation.

Along with Right to Buy receipts, the Council could use Housing Revenue Account (HRA) funding, Section 106 monies, and Section 106 commuted sums to support development. Section 106 and Section 106 commuted sums were negotiated between the Council and developers during the planning application process. The Council does use this funding for affordable homes, including building projects and acquisitions. The Council had historically not sold many large land and assets sites, however land and assets that had been sold for housing developments in the past had been general fund sites and therefore could not be used to build affordable housing.

Waiting lists are a key priority for the Council and Berneslai Homes, and the revised lettings policy would address some key concerns. It was noted that Berneslai Homes had around 150 people applying each week to the housing waiting list. Reviews are conducted frequently, and people were often removed from the register when a review is undertaken. This could be due to their housing needs being able to be met in an alternative way, and these reviews increased administration work for staff. It was noted that there was a need to undertake more conversations regarding managing expectations along with communication around realistic waiting times. There would be an enhanced customer experience with the updated lettings policy particularly in regards to managing expectations. People that already lived in Barnsley or had strong connections to the borough via family links or employment made up the vast majority of the waiting list and the choice-based system did take this into account when assessing priority. The lettings policy was also fully compliant with the armed forces covenant and granted reasonable preference to current and former members of HM forces and partners. Work on the new lettings policy and banding would be fully transparent and people would still have the right of appeal, local information from Members remained important in ensuring the right assessment of residents.

It was noted that Barnsley lacked brownfield sites in which to develop new building projects, especially in comparison to other South Yorkshire Local Authorities. Barnsley also had a tightly defined green belt and this therefore created a distinct disadvantage. SYMCA did provide funding for brownfield development, which historically Barnsley had not been able to take full advantage of. However, the Council had been able to secure brownfield funding for the Goldthorpe Market site and had also put in a bid for The Seam development. The Council worked with Homes England to maximise funding opportunities and live conversations were ongoing with SYMCA in regards to maximising brownfield funding opportunities.

The Council and Berneslai Homes engaged in a good working relationship with the Housing Associations operating across the borough. Housing Associations worked

particularly closely with Berneslai Homes letting service. Berneslai Homes monitored and reported on how many Housing Association properties were available in the borough and how many had been offered to Berneslai Homes, with Housing Associations consistently meeting targets. Housing Associations also worked with Berneslai Homes on finding solutions to specific and unique housing needs. The Council did not provide funding to Housing Associations but did have a framework of preferred Housing Associations if the Council wanted to dispose of sites such as garage sites.

Members had various questions regarding accessible housing provision in the Borough, including bungalows. It was noted that the Council currently had 4664 bungalows, and bids for bungalows had increased by 76% in the last year. Although bungalows were a popular accessible housing choice for elderly residents and those with medical needs, the Council and Berneslai homes had found via the SHMA that people wanted to stay in their own homes for longer rather than move due to their accessibility needs. Therefore, the Council and Berneslai homes were focused on making adaptations to residents' homes to ensure accessibility, along with reviewing sheltered accommodation in the borough. The Council would work closely with developers as the SHMA stated that 25% of new homes should be adaptable and 6% should be wheelchair accessible. This has recently been consulted on in the Design of New Housing Development Supplementary Planning Document. The Local Plan sets out aspirations on indicative yields which would be difficult to achieve if the Council built too many bungalows and this therefore was a balancing act. The Council historically had not sold many bungalows via Right to Buy, partly due to age restrictions. In regards to bungalows on private developments, there were particular issues with size and purchase prices, many new build bungalows were more expensive than family homes.

The target level of housing decency for the Council is 100%, this currently sat at 99.7%. The Council had engaged in work with the private sector to ensure that properties that don't meet health and safety requirements were thoroughly investigated by the housing enforcement team. Regarding empty or abandoned properties, the Council's empty homes officer had worked proactively with landlords and looked at acquiring empty properties in the Borough. A new Landlord Accreditation scheme was launched over the Summer to further ensure residents had access to homes that meet decency requirements.

The Council worked with developers in the Borough on providing affordable homes. Paragraph 65 of the NPPF confirmed that 10% of the total number of affordable homes should be available for affordable home ownership unless this would prejudice the ability to meet the identified affordable needs of specific groups. Most developments in Barnsley are policy compliant, if developers wish to contest the affordable housing provision, they would need to undertake a viability assessment which is assessed independently. First Homes is the governments new preferred scheme to provide discounted homes to first time buyers, discounts would be subsidised by the developer. The government set the eligibility criteria for the scheme, and earlier pilots with Keepmoat had proved successful. Barnsley Council has added a local eligibility criteria to offer First Homes to local people in the first instance.

Members raised queries surrounding garage sites. It was confirmed that the allocation and agreements for homes were separate from garage sites, all garages or plots were rented or under a license, and ownership remained with the Local Authority. A full audit of garage sites within the borough was ongoing, with an asset management strategy currently under review. It was noted there could be opportunity to use garage sites for infill development or electric vehicle charging points. Any funds from garage site sales that were conducted by the Council were used to fund new building projects or acquisitions. There was a need to look at sustainability when discussing the sale of garage sites as this could impact residents parking needs.

RESOLVED that:-

- (i) Witnesses be thanked for their attendance and contribution and the report be noted
- (ii) Members be provided with the financial breakdown of the Right to Buy scheme; and
- (iii) Members continue to provide local information to both the Council and Berneslai Homes

Chair

This page is intentionally left blank

Report of the Executive Director Core Services to the Overview and Scrutiny Committee on Tuesday 29 November 2022

Development of Integrated Care in Barnsley & Access to Primary Care – Cover Report

1.0 Introduction

- 1.1 The purpose of the attached report (Item 4b) is to update the Overview & Scrutiny Committee on the development of the South Yorkshire Integrated Care System (SY ICS) and Barnsley Place Partnership as part of the SY ICS.
- 1.2 The report also provides the committee with an update on the work done in Primary Care to recover from the COVID pandemic and improve access, experience and outcomes, whilst serving to promote understanding of the range of services residents can access in person or online, including new ways of working.
- 1.3 A position statement has been provided by Healthwatch Barnsley (Item 4c-attached) to inform the committee of the findings of a survey on Access to GP Appointments, conducted during November/December 2021, and the work done since that time to improve access.

2.0 Background

- 2.1 Since 2016, NHS organisations and local councils have been working together as part of Integrated Care Systems (ICSs) to plan and deliver joined up services to improve the health of people who live and work in the area. They exist to achieve four aims:-
- Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience, and access
 - Enhance productivity and value for money
 - Help the NHS to support broader social and economic development.
- 2.2 In February 2021, the Government set out proposals in the “Integration & Innovation: Working Together to Improve Health & Social Care for All” White Paper to further integrate and improve health and social care at neighbourhood, place and system level. These are defined as:-

Level	Size	Example
System	More than 1 million people	South Yorkshire
Place	Approximately 250,000 to 500,000 people	Barnsley
Neighbourhood	Approximately 30,000 to 50,000 people	Central, Dearne, North, North East, Penistone and South

- 2.3 In April 2022 the Overview & Scrutiny Committee were presented with a report by the Barnsley Place-Based Partnership in relation to the development of integrated care in Barnsley and the impact of Covid 19 on arrangements. At that time, the Health & Care Bill was completing its journey through

Parliament and the NHS was working with sector partners to put in place new arrangements, as described by the Bill, from 1 July 2022.

- 2.4 The Barnsley Place-based Partnership is made up of the council, NHS, and voluntary, community and social enterprises. Healthwatch Barnsley, an organisation that helps make sure the public's views are heard, is an independent member of the partnership.

3.0 Current Position

Integrated Care

- 3.1 The attached report (Item 4b) outlines the structure of the integrated care system, both regionally (South Yorkshire Integrated Care Partnership and the NHS South Yorkshire Integrated Care Board), and locally (Barnsley Place Partnership), as well as their key roles, purpose, priorities, aims and future plans.

- 3.2 The Barnsley Place Partnership has developed new Terms of Reference and partners continue to work towards a shared vision that:-

The people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy, and longer lives, in safer and stronger communities, regardless of who they are and wherever they live.

- 3.3 The initial focus of the Board, in its new guise, has been continued support to deliver the Barnsley Health & Care Plan 2022/23; oversight of quality, equality, engagement, and system performance through the Integrated Care Dashboard, that is linked to the Barnsley Health Outcomes Framework; and to develop the Barnsley Place Target Operating Model to demonstrate how organisations and services will deliver joined up, person-centred and community-oriented care and support and improve population health.

Access to GP Primary Care

- 3.4 There were more than 1.4 million GP practice appointments for Barnsley registered patients in the 12 months to September, equating to more than five appointments per registered patient. Approximately 80% were face-to-face and nearly 50% of all appointments happened on the same or next day.
- 3.5 Work has previously been done within primary care to supplement the 'traditional' general practice workforce and to increase the offer of care and support available closer to home. There are further plans to expand the workforce, including Social Prescribing Link Workers, Health & Wellbeing Coaches and Care Co-ordinators.
- 3.6 From October 2022, the GP extended hours and out-of-hours service (i-Heart Barnsley) is changing with the service delivery model being provided through a combination of GP practice and i-Heart Hub locations across Barnsley. These enhanced appointments will be delivered by a range of professionals, including GPs, and will provide urgent same day appointments and appointments up to two weeks ahead.
- 3.7 In May 2022, Barnsley Clinical Commissioning Group (CCG) (now ICB Barnsley Place Team) received the Healthwatch Barnsley report on Access to GP services in Barnsley. The Healthwatch report, along with other feedback and insights (including GP patient survey) has informed plans and the ICB is continuing to work with Healthwatch to raise awareness of developments and improvements aimed to improve access and patient experience as outlined in Item 4c.

4.0 Invited Witnesses

4.1 The following witnesses who are responsible for the development of integrated care in Barnsley and access to GP appointments have been invited to today's meeting to answer questions from the OSC:

- Wendy Lowder, Executive Director of Place Health and Adult Social Care, NHS South Yorkshire Integrated Care Board and Barnsley Metropolitan Borough Council
- Jeremy Budd, Director of Strategic Commissioning and Partnership, NHS South Yorkshire Integrated Care Board (Barnsley Place)
- Jamie Wike, Chief Operating Officer, NHS South Yorkshire Integrated Care Board (Barnsley Place)
- Jayne Sivakumar, Chief Nurse, NHS South Yorkshire Integrated Care Board (Barnsley Place)
- Dave Ramsay, Deputy Director, South West Yorkshire Partnership NHS Foundation Trust
- Bob Kirton, Chief Delivery Officer and Deputy Chief Executive Officer, Barnsley Hospital NHS Foundation Trust
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Mehrban Ghani, Chair and Accountable Clinical Director, Barnsley Healthcare Federation and Barnsley Primary Care Network
- Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council
- Julie Chapman, Service Director, Barnsley Metropolitan Borough Council
- Mark Smith, Vice Chair, Healthwatch Barnsley
- Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council

5.0 Possible Areas for Investigation

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

Integrated Care

- What are the Partnership's current key risks and opportunities?
- How is work progressing against the 2022/23 Health & Care Plan, what achievements have been made so far and what more is left to do?
- How will you know if you have achieved your ambitions? What evidence will you use?
- What lessons have been learned over the last 12 months?
- What does quality look like and how do you ensure that it sits within everything that you do, particularly in areas which are target driven?
- Where do you think the health and care system can add the greatest value?
- Are the right people in the partnership? Is everyone aware of, and contributing to expectations?
- How will you know if existing arrangements are effective and providing value for money?
- How much influence does Barnsley have at a regional level to ensure there is fairness and equality in relation to decision making and access to funding across the region?
- How will you ensure that services are fit for purpose and able to respond to the changing needs of the community? How can you predict future need?

- How are you aligning the differences in systems; language; priorities; spending power; metrics; culture and leadership style?
- Is there a clear separation of duties and responsibilities between boards, partnerships etc or are there conflicts of interest?
- What critical success factors will you be measuring to ensure that the Targeted Operating Model is effective in delivering collaborative care for residents?
- What is the strategy for reducing health inequalities across the borough?
- How are communities involved in shaping the work within integrated care?
- How will people be enabled to take control of their health and wellbeing?

Primary Care

- How do you plan to manage the expectations of the public?
- What key messages need to be communicated and how will this be done?
- How confident are you that all practices are using the NHS app to its full potential? How do you know?
- Have all new posts created within the Primary Care Network been filled? What are you doing to attract high-quality employees and to retain existing ones?
- What is being done to improve patient choice in primary care?
- How will the new initiatives impact upon the lives of residents and how will they impact upon secondary and urgent & emergency care?
- How did you decide upon the new operating model for GP extended hours and out-of-hours service? What evidence did you use?
- What can elected members do to support the work of the Partnership and improve access to primary care?

6.0 Background Papers and Links

- Item 4b (attached) Development of Integrated Care in Barnsley & Access to Primary Care Report by the Integrated Care Partnership
- Item 4c (attached) Access to GP Services Position Statement by Healthwatch Barnsley
- Report to the Overview & Scrutiny Committee on Integrated Care 26 April 2022
<https://barnsleymbcintranet.moderngov.co.uk/documents/s95271/Item%204a%20Development%20of%20Integrated%20Care%20Cover%20Report.pdf>
- Minutes from the Overview & Scrutiny Committee session on Integrated Care 26 April 2022
<https://barnsleymbcintranet.moderngov.co.uk/documents/g7053/Printed%20minutes%20Tuesday%2026-Apr-2022%2014.00%20Overview%20and%20Scrutiny%20Committee.pdf?T=1>

- HM Government: Health and Care Bill
<https://bills.parliament.uk/bills/3022>
- Integration & Innovation: Working Together to Improve Health & Social Care for All
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>
- Barnsley Integrated Care Outcomes Framework November 2021
<https://www.barnsley.gov.uk/media/20406/icof-nov-2021-update.pdf>
- South Yorkshire Integrated Care Board
<https://southyorkshire.icb.nhs.uk/>

7.0 Glossary

CCG Clinical Commissioning Group
ICS Integrated Care System
SY South Yorkshire

8.0 Officer Contact

Jane Murphy, Scrutiny Officer, Scrutiny@barnsley.gov.uk
21 November 2022

This page is intentionally left blank

**Report of the Executive Director Core Services
and the Integrated Care Partnership,
to the Overview and Scrutiny Committee (OSC)
on 29 November 2022**

**Development of Integrated Care in Barnsley
& Access to Primary Care**

1.0 Introduction

- 1.1 At the last time of attending the Overview and Scrutiny Panel in April 2022 the Health and Care Bill was completing its journey through Parliament and the NHS was working with sector partners to put in place the new arrangements described by the Bill from 1 July 2022. The South Yorkshire Integrated Care Partnership (ICP) and NHS South Yorkshire Integrated Care Board (ICB) are now established. The latter taking on duties and functions from the four CCGs in South Yorkshire, along with delegated arrangements with NHS England and a selection of new duties that together, represent the shift to collaborative working and providing an opportunity for us to improve the experience of local people and communities. This report provides an update on the development of the South Yorkshire Integrated Care System (SY ICS) and Barnsley Place Partnership as part of the SY ICS.
- 1.2 Health and care services continue to experience very significant challenges and operational pressures in Barnsley and across the country. Factors include persistent high levels of demand for urgent and emergency care, the elective care backlog that was a result of the COVID pandemic and increased levels of sickness absence and staff vacancies. The State of Care report recently published by the Care Quality Commission notes that “health and care staff are doing their utmost for patients and there are many examples of good care across the country. However, they are working under increasingly intolerable conditions.”
- 1.3 Performance of the health and care system locally compares favourably to many other parts of the country to the benefit of residents and service users. The recently published Barnsley Adult Social Care Local Account describes how the system has continued to develop and improve despite the challenging circumstances. There are several others, including the discharge to assess pathways, elective recovery, urgent community response, personalised care teams in primary care, mental health, learning disabilities and autism partnership and children and young people’s emotional health and wellbeing single point of access.
- 1.4 During the pandemic, public attitudes towards the NHS were very positive, with evidence patients adjusted their expectations about care at a time when the NHS was under pressure. However, in the latest survey results, satisfaction with primary care has fallen significantly. Improving access to primary care is a priority area of focus both nationally and locally. This report provides an overview of how primary care is changing in Barnsley and the steps being taken to ensure that residents have timely access to health education, advice, and treatment when they need it.
- 1.5 Members of the Overview and Scrutiny Panel are asked to –
- Recognise the challenges facing health and care locally but also the progress being made to recover from the COVID pandemic and improve access, experience, and outcomes
 - Encourage engagement and involvement from residents/communities in the development of the longer-term strategy and plans for Barnsley Place Partnership and South Yorkshire Integrated Care System
 - Promote understanding amongst residents of the range of services they can access in person or online, 24 hours a day, 7 days a week and new ways of working in primary care including new roles in general practice, including first contact practitioners

2.0 Background

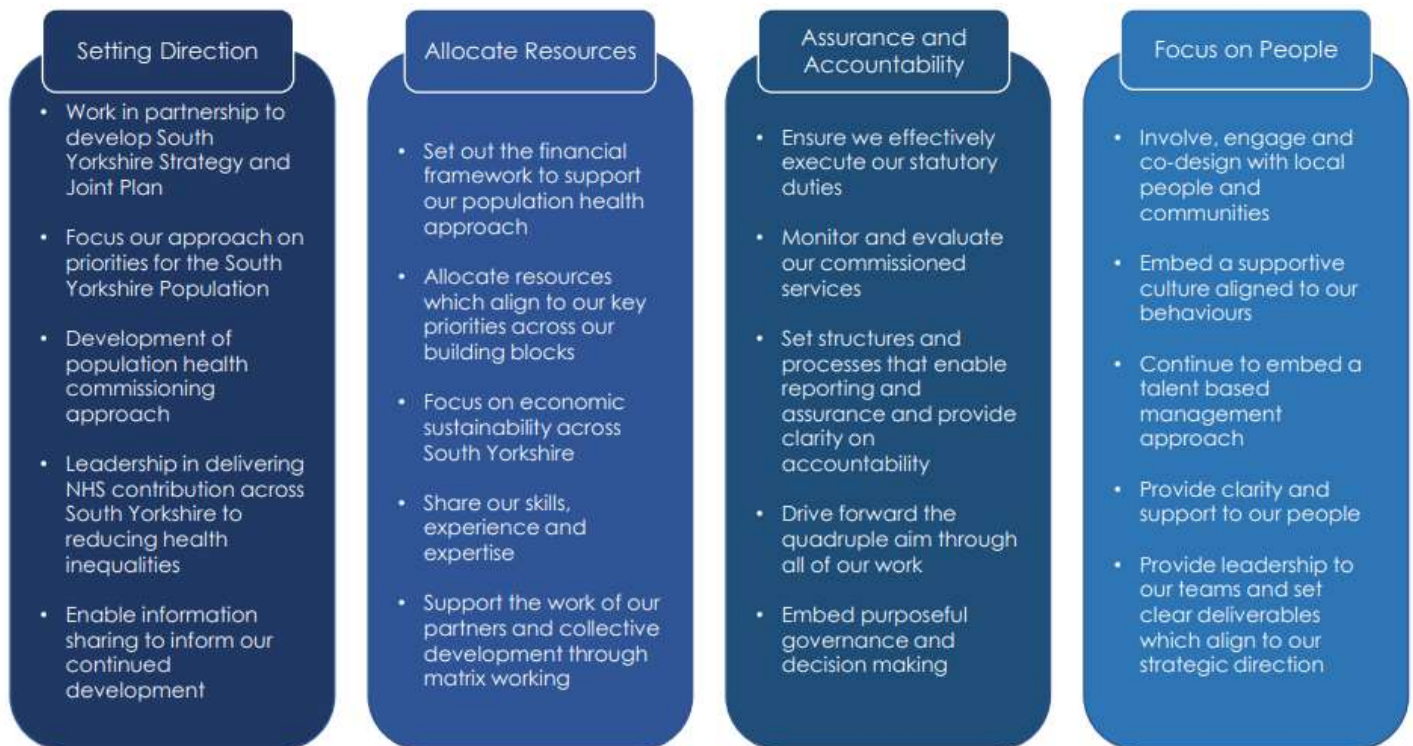
- 2.1 **Integrated care** - the NHS Long Term Plan (2018) set out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
- 2.2 Central to the delivery of the Long-Term Plan was to create Integrated Care Systems (ICSs) that bring together local organisations in a pragmatic and practical way to make shared decisions on population health and service redesign and GP practices working together through Primary Care Networks (PCNs) to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.
- 2.3 Integrated Care Systems (ICSs) have existed in one form or another since 2016, but for most of this time have operated as informal partnerships using soft power and influence to achieve their objectives. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities.
- 2.4 Statutory ICSs comprise two key components: **integrated care boards (ICBs)**: statutory bodies that are responsible for planning and funding most NHS services in the area and **integrated care partnerships (ICPs)**: statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.
- 2.5 Working through their ICB and ICP, ICSs have four key aims:
- improving outcomes in population health and health care
 - tackling inequalities in outcomes, experience, and access
 - enhancing productivity and value for money
 - helping the NHS to support broader social and economic development.
- 2.6 ICB are directly accountable for NHS spend across their areas, commissioning of health services and arranging healthcare for the population with a key focus on quality and performance within the ICB area.
- 2.7 ICBs brings together partner organisations in a new collaborative way with a common purpose, having a duty to integrate services and work with wider partners across the system to drive forwards collective priorities to improve population health, reduce health inequalities, deliver sustainable services, and improve the quality of care for our population.
- 2.8 ICPs are being designed to provide a forum for NHS leaders and local authorities to come together as equal partners with other key stakeholders including the voluntary sector. ICPs are a forum and not an organisation. Guidance is clear that ICPs should support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. Bringing together both statutory and non-statutory interests of places together. It is expected that by complementing place-based working and partnerships, ICPs will play a critical role in facilitating joint action to improve health and care outcomes and experiences across their populations, influencing the wider determinants of health, including creating healthier environments, inclusive and sustainable economies.
- 2.9 **The role of Places within Integrated Care Systems** - While strategic planning is carried out at ICS level, places will be the engine for delivery and reform. Place-level governance and accountability is through Place Partnerships. Place governance provide clarity of decision-making, agreeing shared outcomes, managing risk, and resolving disagreements between partners. All places need to develop ambitious plans for the scope of services and spend to be overseen and section 75 will be reviewed to encourage greater pooling of budgets. Place Boards will require shared insight and a holistic understanding of the needs of their local population, listening to the voices of service users.

- 2.10 **Primary Care Networks** have been brought about through the five-year framework for GP contract reform: “Investment and Evolution”. These reforms include –
- More funding for health services in local communities
 - More healthcare staff working in and with GP practices including more GPs, nurses, pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers
 - These bigger teams of staff will work with other local services to make sure people get better access to a wider range of support for their needs
 - New community health teams will provide support to people in their own homes to keep them well and out of hospital
 - An expansion in the number of services available in local GP practices
- 2.11 Changes to primary care mean that patients can now access a range of vital local services in person or online, 24 hours a day, 7 days a week. Patients can call NHS 111 or visit either NHS 111 online or the award-winning NHS website to access a full range of health and wellbeing information. The NHS app is now also widely available to download for people who want to register for advice or to review their records, make online GP appointments and book repeat prescriptions.
- 2.12 For issues that people cannot deal with themselves, they can drop into a local pharmacy, doctors’ surgery, dentists, or opticians, for convenient healthcare from a number of specially trained and experienced professionals.
- 2.13 Primary Care Networks provide enhanced services to patients including –
- Structured medication reviews
 - Enhanced health in care homes
 - Early cancer diagnosis
 - CVD prevention and diagnosis
 - Tackling neighbourhood inequalities
 - Personalised care

3.0 Current Position

- 3.1 Engagement early in 2022 with Health and Wellbeing Boards, their elected members and lead officers in Barnsley, Doncaster, Rotherham, and Sheffield led to the development of a proposal to establish the **South Yorkshire Integrated Care Partnership (ICP)**.
- 3.2 The initial membership of the South Yorkshire ICP was proposed from each place with five nominations sought from each Health and Wellbeing Board and a further ten nominations from an ICB and wider South Yorkshire system. The South Yorkshire ICP is Chaired by Oliver Coppard, South Yorkshire Mayor, and met for the first time in September 2022.
- 3.3 A working group has been formed to develop a South Yorkshire Integrated Care Strategy by the end of December 2022.
- 3.4 The **NHS South Yorkshire Integrated Care Board (SY ICB)** was established on the 1 July 2022.
- 3.5 As part of establishing arrangements for the new statutory body, teams across South Yorkshire collaborated to develop outline operating arrangements and associated governance processes along with outlining an approach to deliver statutory requirements.
- 3.6 SY ICB’s purpose is to improve health and wellbeing, the quality and experience of care, eliminate health inequalities, and ensure South Yorkshire’s people have access to the services they need to live well throughout their lifetime. Its vision is to be a system leader and a trusted partner who has South Yorkshire’s people at the heart of what it does. SY ICB intends to think differently and work creatively to transform the health and wellbeing of our communities.

- 3.7 In its three key roles as a Statutory Health Commissioner, Partner, and Employer, the ICB will add value through setting direction, allocating resources, assurance and accountability and focus on people.



- 3.8 SY ICB adopted South Yorkshire's current strategy, the South Yorkshire ICS Five Year Strategic Plan and all underpinning plans, recognising that significant work on shared priorities and integration had already started. A process has now begun to refresh the strategy and plans.
- 3.9 In September the ICB confirmed its priorities for improving population health and tackling health inequalities in 2022/23 as follows –
- Decrease inequalities in maternity care and the early years of life
 - Enhance the prevention, early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – CVD, Respiratory Disease and early diagnosis of Cancer
 - Prevention and early intervention for children, young people and adults with deteriorating mental well-being
 - Taking a holistic and personalised approach to people's health and wellbeing, focusing on 'what matters most' to individuals, and connecting to the full range of system provision including Voluntary, Community and Social Enterprise (VCSE) and local authorities.
 - Build on existing and Covid related Place based partnership working to build resilient, healthy communities, focusing on the geographic communities with the highest levels of deprivation and health need and the identified 'PLUS' communities of interest.
- 3.10 Wendy Lowder has been appointed as Executive Place Director for Barnsley. Wendy is continuing to be responsible for Adult Social Care in Barnsley, with her title as Executive Director of Place Health and Adult Social Care. The Executive Place Directors each have accountability for Place delivery plans, and associated commissioning responsibilities aligned to the needs of local populations.
- 3.11 The ICB will continue to work alongside local communities in Barnsley, Doncaster, Rotherham, and Sheffield aligned to the principle of subsidiarity. Therefore, all ICB people resources remain in these communities. The ICB Barnsley and BMBC Adult Social Care Senior Management Teams will be operating together as a forum for the exchange of ideas and for identifying opportunities for collaboration to enable the ICB Executive Place Health and Adult Social Care to effectively discharge her responsibilities.

- 3.12 **Barnsley Place Partnership Board**, which sits as the Barnsley Place Committee of the SY ICB, and the Barnsley Place Partnership Group, has developed new Terms of Reference and refreshed the Place Agreement. Partners continue to work towards a shared vision that the *People of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, regardless of who they are and wherever they live.*
- 3.13 The purpose of the Place Partnership Board is to provide visible leadership, direction and commitment to the vision and objectives for developing integrated care in Barnsley (as set out in the Place Agreement) and ensuring effective governance, communication, and delivery of the objectives.
- 3.14 The Place Partnership Board is forming working groups to lead system development –
- Place Partnership Equality and Engagement Group
 - Place Partnership Quality and Safety Group
 - Place Partnership Finance, Performance and Efficiency Group
 - Place Partnership Delivery Group
 - Barnsley Clinical and Care Professional Senate
- 3.15 The initial focus of the Place Partnership Board, in its new guise, has been continued support to deliver the Barnsley Health and Care Plan 2022/23, oversight of quality, equality and engagement and system performance through the Integrated Care Dashboard, that is linked to the Barnsley Health Outcomes Framework, and to develop the Barnsley Place Target Operating Model.
- 3.16 At a Place Partnership Board development session in October, members discussed how organisations and services can deliver joined up, person-centred and community-oriented care and support and improve population health. The extract below describes how health and care will be different in the future to improve the health and wellbeing of residents.

Roman Nowak 34yo with learning disabilities, he currently lives at home with his family. He has little social interaction outside the home and would like to play sports.		
	Roman's experience now	Roman's experience in the future
Accessing support when I need help	Roman is unsure where to get help and he and his family are struggling. He used to attend a day centre which is no longer open. He would like to spend his time mixing with people more and hopefully getting a job.	Roman accesses information in the local library about Creative Minds and a Good Mood Football League he would like to join. The library worker gives him a leaflet about the job centre where special help is available for people to get into work for the first time.
Providing information about me	Roman sees his GP when he needs to but isn't in touch with health or social care professionals on a regular basis.	Roman attends his GP practice for his annual health check due to him being known as a person with a learning disability and has been put in touch with stop-smoking services and healthy living groups as part of a health action plan to meet Roman's health needs. If Roman needs help to understand his health then the local community learning disability team can support with developing easy read information so Roman can manage his own health needs as well as possible.
Planning my care and support	Roman doesn't have a care and support plan	Roman sees a worker at a coffee morning at his local community centre has an assessment under the Care Act 2014 and his parents have a Carers assessment. He is eligible for an individual budget for him and his family to build a support plan around his individual needs.
Building on my strengths	Roman has little contact with other young people and often feels bored and restless	Roman uses his individual budget to employ a personal assistant (PA) to accompany him to football sessions and weekly trips to town. He is gaining more confidence in getting out and about and becoming less dependent on his mum and dad. His PA also accompanies him to the job centre where DWP run weekly groups on getting into a job, he enjoys this and is considering volunteer dog walking supported by the local learning disability services employment scheme.
Meeting my needs	Roman and his family try their best to find things for him to do but he is making little progress with his life and the family are stressed. His mum is struggling with anxiety about his future.	Roman's care and support plan is put in place, designed by him and his family, with the help of a social worker at the community centre. In the neighbourhood there is a welcome café run by IAPT where his mum can drop in for advice. From this she accesses IAPT services for her own mental health and starts to cope with things better.
Coordinating my care and support	The family don't know anyone other than their GP so tend to go to the surgery when there are problems	Roman and his family lead their own support with input and advice from a community worker around self-directed support. There are cafes and support groups on a drop-in basis at the centre close to their home where they know they can go for a friendly face and practical input when needed. When Roman goes to his GP his health record is joined up with his support plan so everyone is on the same page, and a hospital passport can be developed with Roman and his family in case he has to go into hospital, so that his needs can be met and the hospital staff know what is important to Roman.

- 3.17 Barnsley health and care partners continue to deliver some of **best integrated hospital discharge arrangements** in the country, ensuring the patients are supported to get home from hospital as soon as they are able, to continue their recovery in the best environment for them. Colleagues shared this good practice, along with the **successful launch of the Community Diagnostics Centre in the Glassworks** at the South Yorkshire Systems Leadership Executive in October. Both exemplary initiatives have attracted interest from health and care organisations in the wider region and nationally.
- 3.18 GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and knock-on effects for patients.

Additional roles in primary care, digital and new ways of working with community services are critical to meeting the changing demands on general practice in the coming years.

- 3.19 **Primary Care** in Barnsley has been at the leading edge of developing new roles, even before the NHS Long Term Plan was published, with the expansion of clinical pharmacist roles, reception care navigators and healthcare assistants. These roles supplement the “traditional” general practice workforce as well increase the offer of care and support available closer to home.
- 3.20 Barnsley PCN employ 122 staff working in additional clinical and non-clinical roles through the national Additional Roles Reimbursement Scheme (ARRS), with plans for further expansion. This includes 17.2 Social Prescribing Link Workers, and 16.8 Health and Wellbeing Coaches who work as part of an integrated Personalised Care Team (PCSPs) whole time equivalents. There are also 31.2 Care Coordinators embedded within GP practices supporting the development of PCSP's working with individuals as part of our proactive care approach. Barnsley PCN utilises 12 of the available roles. These staff deliver more than 1,600 appointments per week.
- 3.21 There were more than 1.4million GP practice appointments for Barnsley registered patients in the 12 months to September 2022. This equates to more than five appointments per registered patient in Barnsley and is an increase from the previous years. Approximately 80% of these appointments are face-to-face. Nearly 50% of all appointments happen on same or next day. The total does not include extended access services and many of the additional roles.
- 3.22 There are 31 GP Practices in Barnsley. Practices are independent from each other and have different ways of meeting contractual requirements. The approach, as much as is possible, is shaped around patient demand and requirements.

4.0 Future Plans & Challenges

- 4.1 **System Strategy Development** - ICPs are expected to publish an interim Integrated Care Strategy by the end of December 2022. There is an acknowledgement nationally that this timeline is challenging and as such the initial strategies are expected to be a starting point and will evolve over time.
- 4.2 The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership's area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE (when commissioning in that area).
- 4.3 The South Yorkshire Integrated Care Strategy will build on existing strategies and plans and be aligned closely to Health and Wellbeing Strategies. It will focus on a small number of key strategic priorities where whole health and care system working together can add the greatest value. A refresh of South Yorkshire Population Health Needs and Outcomes has been shared and discussed at the first meeting of the SY ICP to shape and inform the emerging strategy and its areas of focus.
- 4.4 ICBs and partner NHS Trusts/NHS Foundation Trusts are required to publish Five-Year Joint Forward Plans before the start of the next financial year 2023/24. The Joint Forward Plans should set out how the ICB and partners will work together to deliver the Integrated Care Strategy agreed by the ICP. The five-year forward plan must be reviewed annually.
- 4.5 **Barnsley Place Partnership Plan** – The Barnsley Place Partnership has been developing a Target Operating Model that describes how organisations and services will deliver joined up, person-centred and community-oriented care and support and improve population health.
- 4.6 Over the coming months the Barnsley Place Partnership Board will be refreshing the Health and Care Plan for 2022/23. This will happen concurrently with work across South Yorkshire to agree the Integrated Care Strategy and ICB Joint Forward Plan. The Barnsley Place Plan will be bold and ambitious with the aim of exploiting the new opportunities presented by the Health and Care Act 2022 to achieve the Target Operating Model.
- 4.7 **Improving access to primary care** - In May 2022, the CCG (now ICB Barnsley Place Team) received the Healthwatch Barnsley report on Access to GP services in Barnsley. This report along with other

feedback and insights (including GP patient survey) has informed our plans and the ICB is continuing to work with Healthwatch to raise awareness of developments and improvements aimed to improve access and patient experience.

- 4.8 From October 2022, the GP extended hours and out-of-hours service “i-Heart Barnsley” is changing. The Service Delivery model will be provided through a combination of GP practice and i-Heart Hub locations across Barnsley. Appointments will be delivered from three hubs, supported by 24 practices, with one central booking system. In the first month of operation the service delivered over 400 hours of additional hours per week which was well above the 273 hours required.
- 4.9 These enhance access appointments are delivered by a range of professionals including GP's, advanced nurse practitioners, nurses, nurse associates, physicians' associates, first contact physiotherapists, health and wellbeing coaches and social prescribers, and are offered face to face, online or via telephone. The enhanced service provides urgent same day appointments and appointments up to two weeks ahead. This includes routine appointments, screening, and vaccinations.
- 4.10 The SY ICB Barnsley Place Team and Barnsley Healthcare Federation are working with GP practices to grow their individual and collective engagement channels with registered patients and local communities through –
- Practice patient groups
 - Barnsley Patient Council
 - New opportunities through the population health management
- 4.11 Two new communications campaigns are launching in November 2022 to support residents to choose well. These are –
- Help Us to Help You (including extended hours)
 - NHS 111 online (target 18- to 30-year-olds)
- 4.12 Other initiatives to improve access and experience of primary care include –
- Further training in care navigation
 - Expansion of cloud-based telephony is in place for over 50% of practices.
 - Developing a primary care estates strategy
 - Community events happening (including large workplaces) to identify people with elevated Blood Pressure
 - All practices have access to additional home Blood Pressure monitors to support patients to manage their condition
 - Understanding and sharing best practice to prevent did not attend appointments (DNAs)
 - Primary and Community Alliance in Barnsley between BHF and SWYPFT to work more collaboratively to meet the needs of patients in the community
 - Establishment of the South Yorkshire Primary Care Alliance
- 4.13 **Challenges** – health and wellbeing has been impacted negatively by the COVID pandemic and the cost-of-living crisis. The links between poverty, insecurity and wellbeing are undeniable. The health and care system has seen persistent high demand for urgent and emergency care as well as unpredictable and unprecedented spikes in operational pressures over recent months. These are expected to continue over the coming months. Higher rates of influenza are expected which will add to this pressure, alongside challenges of recruitment and retaining staff.
- 4.14 The difficult circumstances that residents will be experiencing now and over the coming months is also likely to be a factor in the increased levels of Did Not Attends (DNAs) appointments that further exacerbate capacity challenges.

5.0 Background Papers and Useful Links

- 5.1 The following links have been used in the preparation of the report and may be useful for further information:

Barnsley Metropolitan Borough Council: Adult social care local account
<https://www.barnsley.gov.uk/media/23812/local-account-cabinet-final.pdf>

Care Quality Commission: The state of health care and adult social care in England 2021/22
<https://www.cqc.org.uk/publication/state-care-202122>

HM Government: Health and Care Bill
<https://bills.parliament.uk/bills/3022>

HM Government: Policy paper Health and social care integration: joining up care for people, places and populations
<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

Local Government Agency (LGA) response to "Health and social care integration: joining up care for people, places and populations"
<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care>

NHS Confederation: The integration white paper: what you need to know
<https://www.nhsconfed.org/sites/default/files/2022-02/Integration-white-paper-what-you-need-to-know.pdf>

NHS England and the British Medical Association: Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan
<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

NHS England and Improvement: 2022/23 priorities and operational planning guidance
<https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

NHS Long-Term Plan
<https://www.longtermplan.nhs.uk/>

South Yorkshire Integrated Care Board
<https://southyorkshire.icb.nhs.uk/>

6.0 Glossary

ARRS	Additional Roles Reimbursement Scheme (Primary Care)
BHF	Barnsley Healthcare Federation
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
CCG	Clinical Commissioning Group
ERF	Elective Recovery Fund
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
JFP	Joint Forward Plan
LTP	NHS Long Term Plan
NHS	National Health Service
PCN	Primary Care Network
STP	Sustainability and Transformation Partnership
SWYPFT	South West Yorkshire Partnerships NHS Foundation Trust
VCSE	Voluntary, Community and Social Enterprise Sector

Our position on GP access

3rd November 2022

GPs are often the first port of call for onward support. Unfortunately, people tell us it's difficult to get a GP appointment. During November 2021 we spoke to residents about their experiences of GP Access in Barnsley and published our report in May 2022.

To read our insight and the recommendations we made to decision-makers on how people's experiences can be improved you can find a copy of the report here.

<https://www.healthwatchbarnsley.org.uk/report/2022-06-10/access-general-practice-gp-services-barnsley>



Summary

Access to GPs is a longstanding public concern. GPs are usually the first port of call and the gateway to being referred for specialist support. Unfortunately, people report barriers to accessing appointments, poor communication from the practice, delays in getting an appointment and a lack of choice.

Our evidence

For a long time, GP access has been the most common issue people talk to us about.

The pandemic had a major impact, and continues to have an effect on access to services. In some cases, these changes have led to improvements, but in other ways exacerbated issues. For example, access to GP services has become easier and more convenient for those who prefer remote appointments, using digital technology. However, when people need a face-to-face appointment, they often report access becoming harder.



Key themes included:

- Difficulties making a GP appointment. People struggle to get through on the phone, and those who work or have caring responsibilities can find it especially difficult if they are expected to ring at 8am. When people eventually do get through, there are no appointments left.
- Due to the lack of available GP appointments, some people visit A&E, which leads to additional pressures on other services.
- People's preferences for face-to-face appointments are not always met.
- Older people, people with limited English, those who are digitally excluded, those without access to the internet, and disabled people also face additional barriers to access, leading to increased inequalities.
- Although some people prefer digital appointments, there are still challenges. For example, poor connectivity or not being allowed to use personal technology at work. There can also be privacy issues when other people are in the same room during a virtual appointment or telephone consultation.
- When people can't access the type of appointment they want (e.g. in person or digital), or experience delays, it can have a huge impact on their mental and physical health.

Actions taken by Barnsley Health Federation and NHS South Yorkshire – Barnsley Place since June 2022

1. Appointments

- From October 2022 there has been an increase in the number of appointments available across 3 hubs including evenings and weekends. Residents are able to

book up to 2 weeks in advance and includes routine appointments, screening and vaccinations.

- One surgery is undergoing a pilot “open appointment clinic” for urgent cases which is working really well and learning will be shared with other practices.
- Some Practices have shortened the “window” of time for a call back to help residents who have other commitments to manage their time.
- Text messages are being used to remind patients of appointments
- Some Practices are using a dedicated telephone line for patients to cancel appointments.

2. Patient Choice

- Barnsley Health Federation have recruited into a number of health care roles and are now able to provide appointments for a range of services to ensure that the patient sees the most appropriate person the first time this includes Care Coordinators, Physician Associates and Nurse Associates.
- GP Practices in Barnsley continue to offer a variety of appointment types including face to face, video and telephone consultations to meet patient’s needs. Currently approximately 80% of appointments are face to face.

3. Delays

- Approximately 50% of patients making an appointment are seen the same day. With 18% gaining an appointment within 2 – 7 days.

4. Communication and continuous improvement

- New campaign to be launched in November explaining to residents how seeing a different health care professional instead of a Doctor is beneficial to them.
- Promoting the “Help us to help you” campaign helping residents to choose the right service.

- Barnsley Health Federation to work with individual GP Practices to help them engage with their patients using Patient Groups, Patient Council and exploring links within their local communities.

Next steps

We welcomed the review addressing several of the opportunities for improvement and hearing updates from Barnsley Health Federation and NHS South Yorkshire – Barnsley Place. It is clear that there is lots of work going on to address the issues. We would like to explore how this can be best communicated back to the patients so they are involved in the journey and can see that work is being done to address the issues. Healthwatch Barnsley have offered to support Barnsley Health Federation with engaging patients and working with Patient Groups at individual Practices.

We will continue to highlight problems that residents have when trying to call a GP Practice for example long queues waiting for calls to be answered, constant engaged tone and calls being terminated when residents reach the front of the queue. We are happy to provide NHS South Yorkshire – Barnsley Place with feedback on individual practices and work in partnership to find solutions.

Healthwatch Barnsley will keep our ear to the ground and report any difficulties that residents may have accessing the extra appointments provided by 3 hubs due to issues with public transport. Any findings will be reported back to Barnsley Health Federation and NHS South Yorkshire – Barnsley Place.

We will continue to feed insights into NHS South Yorkshire – Barnsley Place on work regarding GP access issues. We will also work with Healthwatch England to feed into the national work being done on GP Access.

