

PRIMARY CARE COMMISSIONING COMMITTEE

**19 JANUARY 2021
14:00 PM, VIRTUAL MEETING
Via Microsoft Team**

AGENDA

No.	Agenda Item	Lead officer
	Meeting Etiquette – to help this meeting run smoothly please could I ask that members: <ul style="list-style-type: none"> • Mute your microphone when you are not speaking • Turn your camera off when you are not speaking • To ask a question use the 'wave hand' emoji • Ensure any confidential documents are out of view • Use headphones when sensitive or confidential information is being discussed • You will be asked to select a second Microsoft Team meeting for the Private session 	
1.	Apologies for Absence: Dominic Blaydon	Richard Hindley
2.	Declarations of Interest	Richard Hindley
3.	i) Minutes of the meeting held on 29 September 2020 ii) Action sheet from the meeting held on 29 September 2020	Richard Hindley
4.	Matters arising	Richard Handley
5.	General Practice Strategy	
5i	General Practice Update - Presentation	Chris Skelton
6.	Co Commissioning Operational Issues	
6i	Castleford HC	Chris Skelton
7.	Governance	
7i	Committee Effectiveness Survey	Amrit Reyat
8.	Decisions made by Governing Body (For Information)	

- 8i Urgent Decisions paper **Amrit Reyat**
9. Reflections and Agenda Items for next meeting **Richard Hindley**
10. Matters to be referred to - **Richard Hindley**
(i) Governing Body – Details of any exception reporting
(ii) Other Committees - Items to be included on other committee agendas
11. Any Other Business
The Committee is recommended to make the following resolution:
“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)”.
12. Date and Time of Next Meeting:
14:00 – 16:00 Tuesday 27 April 2021 via Microsoft Teams

NHS Wakefield Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Meeting held on 29 September 2020

Present:	Mel Brown	Director of Commissioning Integrated Health and Care
	Dr Greg Connor	Executive Clinical Advisor
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Richard Hindley	Lay Member (Chair)
	Richard Watkinson	Lay Member (Audit)
In Attendance:	Samantha Cavanagh on behalf of Anna Ladd	NHS England Representative
	Amrit Reyat	Governance and Board Secretary
	Chris Skelton	Head of Primary Care Co- Commissioning
	Ruth Unwin	Director of Corporate Affairs
	Pam Vaines	Minute Taker
	Emily Waters	Graduate Trainee – Primary Care

20/57 Apologies

Apologies were received from Suzannah Cookson, Mr Hany Lotfallah, Jonathan Webb, Anna Hartley, Cllr Faith Heptinstall, Karen Parkin and Richard Sloan.

20/57 Declarations of Interest

There were no declarations of interest made.

20/58 (a) Minutes of the Primary Care Commissioning Committee meeting held on 30 June 2020

The minutes from the meeting held on 30 June 2020 were agreed as an accurate record.

(b) Action sheet from the Primary Care Commissioning Committee meeting held on 30 June 2020

The action sheet was noted.

20/59 Matters Arising

There were no matters arising discussed.

20/60 Interim Provider Policy

Chris Skelton explained that the Interim Provider Policy is enacted whenever NHS Wakefield CCG needs to secure an immediate alternative provider to take over a GP contract.

The policy proved to be fit for purpose when it was last used to support Eastmoor GP Practice. Therefore, no changes have been made to the policy and it is now recommended that the period of review for the policy is extended from two to a three year period.

Chris Skelton confirmed that the role of the Primary Care Networks (PCNs) did not need to be included in the terms of the policy, as this would not be a fair determining factor for a new provider.

Diane Hampshire was assured that the Primary Care Commissioning Committee would be informed of any future changes and if necessary that the policy would be updated sooner if there were any significant changes before the review period.

Samantha Cavanagh reminded members that NHS E/I had produced a new purchasing system for GPs, providing a platform of pre-approved providers, including caretaker providers. The system could be considered should the policy be enacted.

It was **RESOLVED** that:

- i. Primary Care Commissioning Committee approved the Interim Provider Policy for a period of three years

20/61 Additional Roles Reimbursement Scheme – PCN Workforce Plans

Emily Waters presented the NHS Wakefield CCG Additional Roles Reimbursement Scheme.

The scheme supports PCNs to recruit additional roles under the PCN DES (Direct Enhanced Service) to expand and diversify the workforce.

PCNs have submitted plans which are currently being discussed. Plans may be extended to include two new roles – Nursing Associates and Trainee Nursing Associates.

45 members of staff are already in place as part of the scheme with a second wave planned for the coming months. The Covid-19 pandemic has impacted delivery of the scheme during the first two quarters of the year and this has been reflected in £0.5 million underspend. It is expected that the full financial allocation will be required in 2021/22.

The clinical pharmacy and pharmacy technician roles are embedded in the PCN workforce with a current focus on recruiting to personalised care roles.

The terms of the scheme allow PCNs to bid for the un-allocated funding. PCNs have raised concerns that this would lead to inequalities and create further complexities. Emily Waters explained that PCNs would prefer to use short term contracts to employ staff until the end of the financial year rather than undertake a formal bidding process. The PCNs have requested support from NHS Wakefield CCG for the introductions of paramedics and mental health practitioners as reimbursed roles.

Emily Waters clarified the aims for the Additional Roles Reimbursement Scheme for the coming months as -

- Accelerate recruitment of the intended roles for the remainder of this financial year
- Workforce plans may be reviewed by PCNs in light of additional roles including Nurse Associates
- Early recruitment starting January to ensure 100% spending of 2021-22 budget

Diane Hampshire enquired whether national or local requirements were in place to evaluate the effectiveness of the new roles and was assured that local guidance was currently being developed. Mel Brown confirmed that the evaluation process would be undertaken and that this had already taken place with Social Prescribers.

Dr Connor commented that staff recruited to the additional roles will work within practices to develop both the practice and the PCN to meet the requirements of the enhanced service. The scheme is enabling PCNs to develop multi-disciplinary workforces (eg blends of staff to support Care Homes).

Mel Brown indicated that social prescribers will be able to support the mental health practitioners once the roles have been recruited. Emily Waters confirmed that practices have found the social prescribers to be a valuable and effective addition to the workforce.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee considered the position in regards to the Additional Roles Reimbursement Scheme PCN workforce plans.
- ii. The Primary Care Commissioning Committed supported the intentions to maximise the funding available as described in the presentation

20/62 For Information - Urgent Decisions by CO at Governing Body 28 August 2020

Amrit Reyat explained that the paper presented to Governing Body on 28 August 2020 had been shared for information only to ensure that Primary Care Commissioning Committee members were aware of the current situation regarding the temporary closure of GP branch surgeries.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the contents of the Urgent Decisions by CO at Governing Body on 28 August 2020

20/63 Matters to be referred to other committees or Governing Body

The following papers are to be referred to other Committees:

- i. The minutes of this meeting to be shared with the Governing Body.

20/64 Any Other Business

No other business was discussed.

20/65 Date and Time of Next Meeting

Tuesday, 19 January 2021, 2pm, The Boardroom, White Rose House/
Virtually via Microsoft Teams

NHS Wakefield Clinical Commissioning Group

**ACTION POINTS FROM PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON 29 SEPTEMBER 2020**

Minute No	Topic	Action required	Who	Date for completion	Progress
20/19	Probity Committee Effectiveness Survey	Consider options to improve outcomes	Amrit Reyat	January 2021	



PRIMARY CARE COMMISSIONING COMMITTEE

Paper 5i – General Practice Update

Presentation



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	6i												
Date of Meeting:	19 January 2021	Public/Private Section:													
Paper Title:	Castleford Health Centre – Business Case – Project Board Terms of Reference	Public	✓												
		Private													
		N/A													
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion		Assurance		Information	✓				
Decision		Discussion		Assurance		Information	✓								
Report Author and Job Title:	Chris Skelton, Head of Primary Care														
Responsible Clinical Lead:	Not applicable														
Responsible Governing Board Executive Lead:	Jonathan Webb, Chief Finance Officer														
Recommendation (s):															
<p>It is recommended that Probity Committee</p> <ul style="list-style-type: none"> Note the establishment of the Castleford Health Centre Project board to oversee the development of the Castleford Health Centre premises development business case. 															
Executive Summary:															
<p>The redevelopment of Castleford Health Centre is anticipated to provide a new Health Centre. The establishment and implementation of a Project Board will provide multifaceted and robust support from a wide range of key stakeholders and members, specifically in the progression, governing and implementation of the scheme.</p> <p>The Project Board will be required to provide assurances, timely updates and outline any risks to the delivery of the scheme to NHS England and Improvement. The Project board will provide period updates to the Primary Care Commissioning Committee who will also be responsible for the final sign-off of the business case to NHS England.</p>															
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td></td> </tr> <tr> <td>New Accountable Care Systems to deliver new models of care</td> <td></td> </tr> <tr> <td>Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td></td> </tr> <tr> <td>Expanded Health and Wellbeing board membership to represent wider determinants</td> <td></td> </tr> <tr> <td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td></td> </tr> <tr> <td>A shift towards allocation of resources based upon primary and secondary prevention and social</td> <td></td> </tr> </table>			Reduction in hospital admissions where appropriate leading to reinvesting in prevention		New Accountable Care Systems to deliver new models of care		Collective prevention resource across the health and social care sector and wider social determinant partners		Expanded Health and Wellbeing board membership to represent wider determinants		A strong ambitious co-owned strategy for ensuring safe and healthy futures for children		A shift towards allocation of resources based upon primary and secondary prevention and social	
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determinants of ill health							
Transforming to become a sustainable financial economy							
Organising ourselves to deliver for our patients	✓						
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.						
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.						
Management of Conflicts of Interest:	Not applicable.						
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.						
Previously presented at committee / governing body:	Not applicable.						
Reference document(s) / enclosures:	Terms of Reference.						
Risk Assessment:	Not applicable.						
Finance/ resource implications:	Not applicable.						

PROJECT BOARD

Castleford Health Centre Building Redevelopment Scheme

Terms of Reference (TORs)

2020/21

Current Status:	FINAL
Authors:	Joanna Dunne, Head of PMO, NHS Wakefield CCG
Issue Date:	30.09.20
Approved by:	Castleford Health Centre Redevelopment Project Board
Review Date:	September 2021

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9.	Declarations of Interests	5
10.	Review of Terms of Reference (TORs)	6

1. Introduction

The Project Board is responsible to NHS England Improvement (NHSE) for providing oversight and assurance in the development of the Castleford Health Centre Redevelopment - Outline Business Case (OBC).

2. Purpose

The redevelopment of Castleford Health Centre is anticipated to provide a new Health Centre of circa 2,933 m² GIA (including Community Services and pharmacy elements). The proposed site could offer maximum flexibility, potential for future expansion of services and would form a key part of the regeneration of Castleford.

The establishment and implementation of a Project Board will provide multifaceted and robust support from a wide range of key stakeholders and members, specifically in the progression, governing and implementation of the scheme.

The Project Board will be required to provide assurances, timely updates and outline any risks to the delivery of the scheme to NHSE.

The Project Board will:

- Support the progression of the OBC
- Provide direction and ensure / agree the alignment with existing governance processes
- Act as a vehicle to facilitate input and representation by key stakeholders
- Establish the constraints within which an appointed project manager can operate

3. Partnership Working

The NHSEI Programme Management Office (PMO) is responsible for the progression of the OBC which will require the involvement from a wide range of key stakeholders. A standing agenda item for Communication and Engagement will be included within the Project Board Agenda to ensure stakeholder input and participation is embedded within the design and development of the OBC.

The OBC will be subject to a public and patient engagement plan and development of a final engagement report that outlines the identified common themes for review by the Project Board.

The appointed Project Manager will operate collaboratively and facilitate input and representation from a wide range of key stakeholders such as and not limited to:

- Wakefield CCG
- NHSEI
- GP Practices and Primary Care Networks (PCNs)
- Patients / Carers
- Other stakeholders; NHS Property Services, Wakefield Council, Local Community, Health Care Tenants
- Community groups, local councilors and MPs
- Primary Care Networks (PCNs)
- Dental Commissioning Manager

In particular, the engagement and involvement of the wider Primary Care Network leadership via the relevant Clinical Directors will be critical to ensure that full account is taken of the wider service development agenda (and reducing health inequalities) agenda.

4. Quality Improvement

The Project Board will provide assurances and alignment of the required governance processes

and ensure the OBC is informed by completed and approved impact assessments such as an; Equality and Quality Impact Assessment (EQIA).

As a minimum the redevelopment will be underpinned by the following quality and clinical outcome principles:

- The redevelopment is informed by quality and clinical outcomes with the greatest impact on population health
- The improvements in quality, access and experience of care are embedded
- Escalation of any major risks to service provision and continuity with associated quality impacts, including temporary closures, suspension of services, or reconfiguration/realignment
- Identification of opportunities for supporting continuous improvements in the quality of the redevelopment
- The Project Board will jointly decide the most appropriate way to engage with patients groups, councils and MPs.

5. Chairing

The Project Board will be chaired by Jonathan Webb, Chief Finance Officer (CFO), NHS Wakefield CCG. The assigned Deputy Chair is Patrick Wynn, Health Care First.

6. Membership

The core membership shall consist of;

Project Board Representative	Role on the Board	Membership
Jonathan Webb	Chair	NHS Wakefield CCG
Patrick Wynn	Deputy Chair	Health Care First
Chris Skelton	Head of Primary Care Co-Commissioning	NHS Wakefield CCG
Mel Brown	Director of Commissioning	NHS Wakefield CCG
Ruth Unwin	Director of Corporate Affairs	NHS Wakefield CCG
Michelle Whitehead	Head of Finance	NHS Wakefield CCG
Ann Southern	Practice Representative	Henry Moore Clinic
Matthew Blackmore	GP Partner	Henry Moore Clinic
Tim Johns	Practice Representative	Health Care First
Phil Earnshaw	GP Partner	Health Care First
Hayley Hesketh	Practice Representative	Castleford Medical Practice
Harsha Vinta	GP Partner	Castleford Medical Practice
Toby Ball	NHSEI PMO Representative	Currie & Brown
Debbie Newton	Director of Community Services	Mid Yorkshire Hospitals NHS Trust
Sharon Hardcastle	Director of Finance	Spectrum Community Health
Mohammed Akudi	Stakeholder Representative	Castleford JV Ltd
Thomas Britcliffe	Stakeholder Representative	NHS Property Services Ltd
Ernest Ip	NHS E/I lead	NHS E/I Strategic Estates Lead
Tom Stannard	Corporate Director Regeneration and Economic Growth	Wakefield Metropolitan District Council
Nichola Esmond	Service Director – Adults	Wakefield Metropolitan District Council
Laura Westerman-Knight	Corporate Space Transformation Manager	Wakefield Metropolitan District Council
Dean Spencer	Commercial Director	Community Ventures
Ian Hallett	Senior Project Manager	Community Ventures
Phil Bentley	Architect	P&HS Architects, Community Ventures
Joanna Dunne	Head of PMO	NHS Wakefield CCG / NHS North Kirklees

7. Meetings and quorum

The Chair will preside at all meetings. In circumstances where the Chair cannot attend the Deputy Chair shall preside.

Meetings will be held monthly.

A minimum quorum shall be the attendance of at least 3 GP Practices and the NHS Wakefield CCG, including the Chair or the Deputy Chair.

The Project Board will ensure the views of the Project Board Members are represented within the recommendations submitted to the Primary Care Commissioning Committee (PCCC).

Members are expected to attend all meetings. In the absence of any member, a Deputy is to be appointed to attend on behalf of that member.

The Chair of the Project Board in consultation with the Deputy Chair may also act on urgent matters arising between meetings. Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.

The Terms of Reference (TORs) shall be reviewed annually for the duration of the development of the business case and are to be approved by the Project Board.

8. Reporting

This project board is established as a Task and Finish Group reporting to NHS Wakefield CCGs Primary Care Co Commissioning Committee (PCCC). The Project Board will make recommendations through the PCCC on the development of the Castleford Health Centre redevelopment business case; furthermore through the minutes of the Project Board meetings submitted to PCCC on a monthly basis.

A Project Board Agenda Pack will be provided ahead of each Project Board meeting. The agenda pack will include;

- Project Board Action Log
- Project Board Minutes from the Last Meeting
- Project Highlight Report from the Project Manager

There may be items which due to their confidential nature will not be included in such a report, matters which are commercially sensitive. In such cases it will be noted that an item has been discussed but details will not be provided.

The Project Board will act as an escalation and support conduit to assist in unblocking any barriers or risks that may occur.

9. Declarations of Interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he or she will declare that interest as early as possible. The Chair will have the power to request that member to withdraw until the Project Board consideration has been completed. All potential conflicts of interest will be declared and dealt with in line with the CCG's Conflict of Interest Policy. All declarations of interest will be recorded within the minutes.

10. Review of Terms of Reference (TORs)

Ref	Changes Applied	By	Date
1	Draft v0.1 and circulated to Jonathan Webb for initial review	Joanna Dunne	18.09.20
2	Draft v0.1 circulated to Chris Skelton and Dean for review	Joanna Dunne	21.09.20
3	Review completed, request to include communication management and update attendance list	Chris Skelton	23.09.20
4	Review completed, attendance list updated	Dean Spencer	23.09.20
5	Review completed, changes and queries updated	Ruth Unwin	23.09.20
6	Review complete, some slight changes in wording throughout the document requested. Attendance list updated. Document saved as v0.2.	Joanathan Webb	23.09.20
7	Draft v0.1 updated with all requested changes and saved as draft v0.2. v0.2 circulated to attendees within the Agenda Pack for review and discussion at the first Project Board meeting on 30.09.20	Joanna Dunne	23.09.20
8	<p>Reviewed at the Project Board Meeting on 30.09.20. Following amendments made;</p> <ul style="list-style-type: none"> • To add Dental Commissioning Manager, NHS England • To add reference to delivering additional and separate stakeholder engagement, e.g. practice participation groups • To add Communication and Engagement as a standing agenda item. • To add PW as Deputy Chair to the Terms of Reference <p>Project Board approves and finalises the Terms of Reference.</p>	Project Board	30.09.20



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	7i								
Date of Meeting:	19 January 2021	Public/Private Section:									
Paper Title:	Primary Care Commissioning Committee Self-assessment	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td></td> </tr> </table>			Decision		Discussion	✓	Assurance	✓	Information	
Decision		Discussion	✓	Assurance	✓	Information					
Report Author and Job Title:	Amrit Reyat, Governance and Board Secretary										
Responsible Clinical Lead:	Not applicable										
Responsible Governing Board Executive Lead:	Ruth Unwin, Associate Director for Corporate Affairs										
Recommendation:											
<p>Primary Care Commissioning Committee (PCCC) members are asked to note the process for the completion of the 2020/2021 PCCC Self-Assessment questionnaire to consider the effectiveness of the PCCC Committee.</p> <p>This is an annual process undertaken by all CCG committees to ensure that they are operating effectively. This is reported in the annual report.</p>											
Executive Summary:											
<p>It is good practice for the Governing Body and all Committees to undertake regular reviews of their own effectiveness in order to support committee development and as evidence to support the Annual Governance Statement with respect to the robustness of the CCG's governance framework. The survey will be adapted and sent to other committees based on their Terms of Reference.</p> <p>The self-assessment questionnaire is used for reviewing committee effectiveness. The self-assessment is going to be in the form of a survey for 2020/21.</p> <p>Timeline: The link will be emailed to PCCC members during the week commencing 1 February 2021 for completion. The survey will close on 2 April 2021 with a reminder sent in March ensuring that we are able to report to the committee at the meeting in April.</p> <p>All other committees of the Governing Body will also follow a similar timeline allowing for a timely report within the Annual Governance Statement.</p>											

The approach this year will be similar to that of previous years in order to ensure that,
a) the committee obtains the most valuable feedback from the self-assessment and;
b) that the committee is able to use the feedback for its development.

The self-assessment is split in to two sections:

Checklist one: Committee Processes

Checklist one will be completed for all committees between the Chair of the committee and the Governance and Board Secretary. This checklist is designed to elicit a simple yes or no answer to each question. Where there are any ‘no’ answers these will be discussed with the committee.

Two: Committee Effectiveness

The questions from checklist two will be share with the committee members and regular attendees for completion. Checklist two is designed to gauge the committee’s effectiveness by taking the views of the committee members across a number of themes.

A report summarising the results of the survey from the PCCC self-assessment including points for discussion / potential action will be produced for PCCC meeting on 27 April 2021.

This meeting will also receive a summary report on the results of all of the Governing Body committees’ effectiveness reviews.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
Transforming to become a sustainable financial economy	
Organising ourselves to deliver for our patients	✓

Outcome of Integrated Impact Assessment completed (IIA)

Not applicable

Outline public engagement – clinical, stakeholder and public/patient:

Not applicable

Management of Conflicts of Interest:

Not applicable

Assurance departments/ organisations who will

Internal Audit

be affected have been consulted:	
Previously presented at committee / governing body:	Not applicable
Reference document(s) / enclosures:	Link to the survey will be shared with PCCC members.
Risk Assessment:	Not applicable
Finance/ resource implications:	Not applicable



Title of meeting:	Governing Body	Agenda Item:	8b								
Date of Meeting:	8 December 2020	Public/Private Section:									
Paper Title:	Record of urgent decisions - Update.	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion		Assurance		Information	✓
Decision		Discussion		Assurance		Information	✓				
Report Author and Job Title:	Amrit Reyat, Governance and Board Secretary										
Responsible Clinical Lead:	Dr Adam Sheppard, Chair and Clinical Leader										
Responsible Governing Board Executive Lead:	Jo Webster, Chief Officer										
Recommendation:											
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> Note the update on Urgent decisions taken by the Chief Officer 											
Executive Summary:											
<p>The attached log provides an update on the urgent decisions approved by the Chief Officer. In the main these decisions relate to the temporary closure of GP practice sites in line with the site closure approval process.</p> <p>In line with the Standing Orders exercise of such powers are being reported to this meeting of the Governing Body for noting.</p> <p>As at the 30 November 2020 all of the six practices which requested closure have all now re-opened.</p> <p>The attached log also provides details of an urgent decision in relation to the Mental Health Investment Standards (MHIS) Statement of Compliance.</p> <p>In line with the Standing Orders, the following urgent decisions are brought to this meeting for noting:</p> <p>a WY&H ICS plan submission b Wakefield CCG organisational plan</p> <p>Please see Agenda item 13b for further detail.</p>											

Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td data-bbox="635 266 1302 331">Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td data-bbox="1302 266 1377 331">✓</td> </tr> <tr> <td data-bbox="635 331 1302 396">New Accountable Care Systems to deliver new models of care</td> <td data-bbox="1302 331 1377 396"></td> </tr> <tr> <td data-bbox="635 396 1302 488">Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td data-bbox="1302 396 1377 488"></td> </tr> <tr> <td data-bbox="635 488 1302 553">Expanded Health and Wellbeing board membership to represent wider determinants</td> <td data-bbox="1302 488 1377 553"></td> </tr> <tr> <td data-bbox="635 553 1302 618">A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td data-bbox="1302 553 1377 618"></td> </tr> <tr> <td data-bbox="635 618 1302 710">A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td> <td data-bbox="1302 618 1377 710"></td> </tr> <tr> <td data-bbox="635 710 1302 775">Transforming to become a sustainable financial economy</td> <td data-bbox="1302 710 1377 775"></td> </tr> <tr> <td data-bbox="635 775 1302 801">Organising ourselves to deliver for our patients</td> <td data-bbox="1302 775 1377 801"></td> </tr> </table>	Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓	New Accountable Care Systems to deliver new models of care		Collective prevention resource across the health and social care sector and wider social determinant partners		Expanded Health and Wellbeing board membership to represent wider determinants		A strong ambitious co-owned strategy for ensuring safe and healthy futures for children		A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health		Transforming to become a sustainable financial economy		Organising ourselves to deliver for our patients	
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Organising ourselves to deliver for our patients																	
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable																
Not applicable	Not applicable																
Management of Conflicts of Interest:	The approval of decisions is based on the daily Situation Report received from practices in line with Opel escalation levels																
Assurance departments/ organisations who will be affected have been consulted:	Senior Leadership Team Chief Finance Officer/Deputy Chief Officer Director of Corporate Affairs Director of Integrated health and Care Head of Primary Care																
Previously presented at committee / governing body:	NHS Wakefield CCG Board Paper 8 September 2020																
Reference document(s) / enclosures:	Table of urgent decisions – approval of temporary site closures																
Risk Assessment:	Not applicable																
Finance/ resource implications:	None																

Issue	Site	New arrangements	Contact with practice	Decision by Chief Officer	Date	Update
Staff issues request to close branch to decrease transmission	Southmoor and Church View	Staff moved to South Kirby (Park Green)	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	15/04/20 Park Green/Southmoor The staff have been split into two teams and alternate one week working in the practice and one week working from home. The practice manager thinks this is working really well to maintain capacity and resilience through the avoidance of cross site working. 13/05/20 Still closed. Considering options to re-open, no specific date agreed. Will want to re-open as a 'super green' site. 28/05/20 Still closed. Planning to re-open as a 'green' site on 15 June 2020 but the car-park is closed due to construction of new housing development. Will review safety prior to re-opening, may need input from CCG. Update - Surgery Open
Staff issues request to close branch	South Hiendley	Staff moved to Rycroft	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	11/06/20 Spoken with Rycroft, and they plan to re-open South Hiendley on Monday, 15 June as a Green site. They will offer morning appointments only for a while but move to full days asap. Update - South Hiendley open
Received a request from Charlston branch part of Crofton surgery to close during the pandemic. <input type="checkbox"/>	Charlston	All services provided at the branch are also provided at Crofton main site. Branch surgery is 2 miles away from Crofton. Branch closed its doors to patients on Monday and are seeing walk-ins at main site. Communications updated on website and social media.	Amrit discussed with Practice Manager and established they are requesting closure so they can manage staffing capacity at Crofton Surgery, part of the Trinity Assessment Hub.	Arrangement approved	02/04/2020	15/04/20 The branch closure is maintaining resilience. There is a member of staff on reception at Charlston each day and patients can be seen there if necessary on a case by case basis. Phones have gone to the main site for years. They have created a facebook page for patients and have received nothing but praise for the way they are managing the practice including from Charlston patients. They are intending to re-open when usual work practice resumes so we agreed to review in three weeks time. 12/05/20 Plans to re-open as a 'green' site from 18 May 2020. 21/05/20 Patients who need to see a nurse can go to Charlston but patients wanting to see a doctor will need to go to Crofton 28/05/20 Reopened as a 'green' site on 18 May 2020.
Closure of practice Good Friday and Bank Holiday Monday	Castleford Health Centre	Resources to be diverted to their other sites including: Pinfold Surgery, Ferrybridge, Elizabeth Court Surgery Queen Street & Park View Surgery The closure is to stabilise the other practices (above) during this time.	Amrit emails with Sarah Ramsden and CO to seek approval	Arrangement approved	07/04/2020	13/05/20 Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. 28/05/20 Castleford Health Centre is open to see patients. Update - Surgery Open
We would like to request permission for the closure of our Branch Surgery at Sandal Castel Medical Centre on 8 May. We are confident that all our patients urgent needs can be dealt with by opening TMC only. Our phone lines will be open as required, we have access to our clinical assessment unit and we have facilities to see patients face to face if required. Our patients are aware that should they need to be seen for urgent care they may have to attend TMC site, this is made clear to them at the point of registration. We would ensure patients were made aware of this prior to 8 May. We believe closing Sandal will (whilst still providing urgent care to our patients) enable us to give more of our clinicians and staff the opportunity to take much needed rest.	Sandal Castle Branch Surgery	Patients will be made aware that should they need to be seen for urgent care they may have to attend Trinity Medical Centre on 8 May 2020 Bank Holiday Friday (one day only)	Chris Skelton, Head of Primary Care Co-Commissioning	Approved	30/04/2020	13/05/20 Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. 28/05/20 Closed Bank Holiday, 8 May. Now re-opened. No negative comments received from patients.

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Consider the proposal from WHA PCN to reduce opening hours at both Elizabeth Court and Queen Street surgeries- it looks like a very pragmatic solution- both sites with rota support from all practices are splitting the morning and afternoon sessions. Queen Street will be available every morning and Elizabeth Court will be open every afternoon.	Queen Street and Elizabeth Court	Queen Street will be available every morning and Elizabeth Court will be open every afternoon	Mel Brown received email request from Christine Sanderson and emailed the request to Jo Webster	Approved	06/05/2020	The current arrangements for registered patients with Healthcare First practice call a central call centre. They are then triaged by clinicians at any site including video/telephone appointments. If they require an appointment they will be offered any site with a free appointment slot. Healthcare First will try to accommodate any requests for a particular location if this is possible.
For 2018/19 CCGs were required to appoint an independent reporting accountant to carry out a reasonable assurance engagement on their Mental Health Investment Standard (MHIS) Statement of Compliance. NHSE/I withdrew the original publishing date and auditors were required to await confirmation from NHSE/I prior to issuing their opinions.		On 25 June 2020, NHSE/I requested that all CCG's publish their MHIS results on 9 July 2020. KPMG required a MHIS Management Representation Letter to be signed on behalf of the Governing Body prior to providing their opinion.	Not applicable	Approved	08/07/2020	In line with the Standing Orders, the powers reserved for an urgent decision were exercised on the 8 July 2020 to recommend the signing of the MHIS Management Representation Letter (appendix 1) on behalf of the Governing Body and it is brought to this meeting for noting the action taken. Please refer to Agenda item 11a for full details.
Request received for Southmoor surgery to close in the short term as the practice has one member of staff who has tested positive for COVID, following this Test and Trace have contacted 4 members of the reception staff who are now in self-isolation. The Practice Manager is also waiting for another staff member's results today which if positive will have an impact on staffing levels.	Southmoor Practice	The Practice Manager has suggested that in order to manage this the practice would like to revert back to dividing the team again, which will allow the main branch, Park Green, to be manned. This will be for a minimum of two weeks. The website provides information for patients including contact details for Park Green to arrange an appointment. The surgeries are approximately 2.5 miles from each other which makes access to the main branch manageable.	Chris Skelton, Head of Primary Care Co-Commissioning has been liaised with the PM and is supportive of the measures.	Approved	17/09/2020	Arrangements to be reviewed in two weeks - contact will be made on 1 October 2020 14/10/20 Southmoor surgery re-opened and staffed with locums
Due to Staffing issues a further request has been received from Park Green to close Southmoor branch surgery until 23 November. This is due to reduced GP capacity (1 GP off following a heart attack and 1 GP currently with a broken ankle) due to this the practice are currently having to staff Southmoor with locums but are not seeing large number of patients face to face.	Southmoor Practice	Patients will be informed about the arrangements via the practice website. During previous closure the practice confirmed that there were no concerns raised by patient as the alternative arrangements where patients contacting the practice by telephone were directed to the main Park Green surgery and those requiring a face to face consultation were also seen there which is situated 2.5 miles away. The same arrangements will apply for this closure. Based on the detail provided and in line with the Emergency and Urgent Decisions (SO9) provision would you please review the request.	Natalie Knowles, Primary Care Development Manager	Approved	12/11/2020	Southmoor re-opened 23/11/20

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<p>WY&H ICS plan submission. The deadline for submission of the WY&H ICS plan submission to NHSE/I was 5th October 2020. As the ICS plan is a consolidation of organisational plans, Wakefield CCG submitted its plan to the ICS on the 1st October 2020 with a deficit of £3m. A meeting was held on the 1st October 2020 to inform lay members of the plan arrangements. Following this meeting, under the powers reserved for urgent decisions of the Governing Body, the plan was approved virtually prior to submission. It was expected that the ICS financial position would not be accepted at this time and in view of this, Wakefield's plan would also change.</p>	N/A	Meeting held to inform lay membrs of the plan arrangements. Under the powers reserved for urgent decisions of the Governing Body the plan was approved virtually prior to submission.	N/A	Meeting held on 1 October 2020 with lay members to approve plan prior to submisison	01/10/2020	Decision reported to 8 December Governing Body (Agenda item 13b)
<p>Wakefield CCG organisational plan On 20th October 2020, a further meeting was held as an urgent decision of the Governing Body was required to approve the organisational plan prior to submission to NHSE/I on 22nd October 2020. It was resolved that Wakefield CCG would submit a breakeven plan for the second half of 2020/21 albeit that some future income/allocation streams were specifically excluded from the NHSE/I's planning submission template.</p>	N/A	Meeting held 20 October 2020 to approve the organisational plan prior to submission to NHSE/I on 22 October 2020.	N/A	Meeting held on 20 October 2020 to approve the organisational plan prior to submission on 22 October 2020. It was resolved that Wakefield CCG would submit a breakeven plan for the second half of 2020/21.	20/10/2020	Decision reported to 8 December Governing Body (Agenda item 13b)