

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 1 SEPTEMBER 2017
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the September 2017 Planning and Commissioning Committee.

6.1 Public Health Work Plan

It was stated that discussions had taken place at the Health and Wellbeing Board (HWBB) and Integrated Commissioning Officer's Board (ICOB) in relation to the £1.3m reduction in the Public Health grant from 2019/20 and the additional £1.25m allocated internally within Hull City Council (HCC). There would be a reduction in the value and range of services commissioned externally through the Public Health grant monies.

It was acknowledged that Public Health had been consulting on the impact of budget pressures and the increased proportion being internally allocated with colleagues within HCC and NHS Hull CCG.

The following points were also raised:

- The pharmaceutical needs assessment (PNA) was underway and would go out for consultation late 2017.
- A number of posts including 0-19 Programme Lead and Health Intelligence Manager are being advertised.
- The contract variation was in the process of being formalised to cease the FNP (The Family Nurse Partnerships) which would be replaced by a provision for vulnerable families.

6.7 Unplanned Care/Accident and Emergency Delivery Board

It was stated that the NHS England submission deadline for the Hull and East Riding 2017/18 Winter Plan was 8th September 2017.

Winter Planning process and calls had been arranged to commence September 2017.

Hull and East Yorkshire Hospital Trust (HEYHT) are in a good performance position nationally and are maintaining the NHS England (NHSE) agreed local trajectory of 92%.

The Integrated Urgent Care Centre (IUC) had formally been opened, work was being undertaken with the ambulance service and the Communication and Engagement Team to divert activity from HEYHT to the IUC.

The Integrated Urgent Care specification around 111 had been received and was in the process of being reviewed, the current target was to call back 30% for clinical advice which was being increased to 50%.

Work was being undertaken in the urgent and emergency care network with YAS to ascertain how the reviewed specification would affect NHS Hull CCG.

6.14 Lesson Learnt from Emergency Preparedness, Response which Resilience Incidents

It was noted that each Clinical Commissioning Group (CCG) had the responsibility around EPRR to evaluate the lessons learnt including not only incidents that directly impacted upon the CCG but also from incidents that impacted upon other members of the health and social care system to establish any actions that the CCG was required to undertake or incorporate into the EPRR work programme.

It was stated that the Accountable Officer for NHS Hull CCG (Director of Integrated Commissioning) had to sign to confirm that they had considered both Leeds Teaching Hospitals NHS Trust Pathology IT Incident document and Northern Lincolnshire & Goole NHS Foundation Trust Cyber Attack October 2016 document.

It was expressed that after reviewing the reports the main item identified was to ensure that IT support was robust which clear with the following areas being identified:

- The IT support being received at present was only between Monday – Friday 9.00am – 5.00pm
- There was only 1 senior IT manager as point of contact.
- The core IT systems which needed restoring first need to be identified which prioritised
- Emergency contact numbers required updating which to be shared with NHS England
- Business continuity plans need to be regularly refreshed
- Primary Care to be fully supported by NHS Hull in all emergencies

It was acknowledged that the backup system had not been fully verified and regular reviews would be implemented to ensure full safekeeping was received along with software patches being up to date.



Vincent Rawcliffe
Clinical Chair
Planning and Commissioning Committee

September 2017