

**Item: 7.6**

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	27 July 2018
<b>Subject:</b>	Investment Recommendations from the Planning and Commissioning Committee
<b>Presented by:</b>	Erica Daley, Director of Integrated Commissioning
<b>Author:</b>	Danny Storr, Deputy Chief Finance Officer / Erica Daley, Director of Integrated Commissioning

**STATUS OF THE REPORT:**

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

The purpose of this report is to present the recommendations of the Planning and Commissioning Committee for investments of more than £0.5m.

**RECOMMENDATION:**

The Board are asked to approve the investments as recommended by the Planning and Commissioning Committee for inclusion in the Medium Term Financial Plan.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE** No  Yes

If yes, grounds for exemption  
(FOIA or DPA section reference)

<p><b>CCG STRATEGIC OBJECTIVE</b> (See guidance notes below)</p>	<p><b>ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE</b> (See guidance notes below)</p>
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The applications for funding are assessed against the strategic direction of the CCG and cover a wide range of the CCGs objectives.	The proposals put forward will help to ensure that the CCG delivers against its financial targets.
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<b>IMPLICATIONS:</b> <i>(summary of key implications, including risks, associated with the paper)</i>	
Finance	This report is recommending that financial resource is used to invest in additional capacity / new methods of healthcare.
HR	No additional capacity required to deliver the recommended schemes.
Quality	Quality implications vary from scheme to scheme, however in all cases the aim of schemes is to improve quality.
Safety	Safety implications vary from scheme to scheme, however in all cases the safety of staff, patients and the public are considered.

<b>ENGAGEMENT:</b> <i>(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)</i>
No specific engagement activity has taken place regarding this paper, however were relevant this has taken place / will take place for the schemes recommended for approval.

<b>LEGAL ISSUES:</b> <i>(Summarise key legal issues / legislation relevant to the report)</i>
The legality in relation to signing off contracts and incurring expenditure is a clear part of the procurement process so there are no issues to report in relation to this area.

<b>EQUALITY AND DIVERSITY ISSUES:</b> <i>(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)</i>	
	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)

Individual investments must comply with the requirements of the NHS Constitution.

# INVESTMENT RECOMMENDATIONS FROM THE PLANNING AND COMMISSIONING COMMITTEE

## 1. INTRODUCTION

In line with the CCG's Commissioning Prioritisation Framework a number of investment proposals were presented to, and reviewed by, recent Prioritisation Panels with recommendations then presented to the Planning and Commissioning Committee. These recommendations were reviewed and where it is within the Committee's delegated authority were approved. Investments of more than £0.5m require additional approval from the CCG's Governing Body and therefore this paper outlines those investments and presents the recommendations of the Planning and Commissioning Committee.

## 2. BACKGROUND

The CCG's Commissioning Prioritisation Framework sets out the process by which investment decisions should be made. This has been in place from the establishment of the CCG. For investments with a value greater than £75k approval is required from the Planning and Commissioning Committee and where that investment is more than £0.5m further approval is required from the Board. In order to enable sufficient time to scrutinise investment proposals the Planning and Commissioning Committee establish a sub-group called a Prioritisation Panel. Following approval of investments a reserve is set aside in the Medium Term Financial Plan which is then released into a budget once the relevant procurement and contracting processes have been completed.

There are two investments being recommended for approval as part of this paper, one of which is broken down into three elements. The first relates to services provided by City Health Care Partnerships (CHCP) and covers Intermediate Care Therapy Beds, Integrated Urgent Care and Integrated Community Services Clinical Workforce. In total these come to £1,213k. The second investment relates to Children and Young People's Autism Service for which £673.8k is being sought. Both of these amounts are being requested recurrently.

## 3. INFORMATION

Intermediate Care Therapy Beds (£305k):

Integrated Urgent Care (£144k):

Integrated Community Services Workforce (764k):

C&YP – Autism (673.8k):

The Planning and Commissioning Committee are recommending that the expenditure on this service is increased from £320k to £993.8k. The demand on the existing service, provided by Humber Teaching NHS Foundation Trust, has increased significantly over the last few years. This has resulted in a large waiting list with patients waiting for an average of almost 40 weeks before being assessed. It is proposed that this investment would be used to redesign the current service

model to enable current levels of referrals to be managed within the 18 week standard and to reduce the existing backlog. Once the backlog has been cleared a proportion of the funding (approximately £220k) would be used to develop a post diagnostic support model. The Planning and Commissioning Committee are recommending that this is approved on the basis that funding should be linked to performance against agreed trajectories for the reduction of the waiting list and that the funding for clearing the backlog is only released recurrently following the agreement of an appropriate service specification for the post diagnostic support service.

#### **4. RECOMMENDATION**

It is recommended that the Board note the content of this report and approve the recommendations of the Planning and Commissioning Committee.