

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 1 FEBRUARY 2019
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the February 2019 Planning and Commissioning Committee.

STRATEGY

6.7 HUMBER POLICY ALIGNMENT

The Deputy Director of Commissioning provided a report to the Committee on the outcome of a piece of work looking at the alignment of IFR/Evidence Based Interventions statements (policies) across the Humber area. The report permits the Committee to see the range of statements (policies) which were already aligned across the area.

There had been a significant success aligning policies across Humber area.

Several pieces of work had already occurred to align statements (policies) over recent years across the whole of the Humber Coast and Vale HCP as well as across Hull and the East Riding. There had historically been close alignment between Hull and East Riding and any differences had been maintained where required. Recent experience had indicated that there was also close alignment in commissioning positions across the 4 CCGs that fall within Humber area, but less alignment with the York / Scarborough community.

The piece of work had been undertaken to pull into a single place / document all those policies where there was clear alignment across the 4 CCGs (or 3 in some cases) including the nationally mandated Evidence Based Interventions. In addition North Lincolnshire CCG had just been through a process of adopting Hull and East Riding commissioning statements (policies) where they did not already had a position statement to ensure alignment.

The Excel spreadsheet circulated outlines the outcome of the review. A draft joint policy pulling all the statements into a single document was currently being developed but was not available yet for review.

It was stated that Interventions where there wasn't alignment across all 3 or 4 CCGs were to be looked at to ascertain if they should be taken forward.

Concern was raised around ensuring that alignment of key policies did not lead to an inconsistency of approach which may lead to legal challenge.

6.5 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

Update information had been provided with regard to:

- Acute Care
- New Models of Care
- Medicines Management
- Children Young People and Maternity (CYPM)
- Vulnerable People & L&D

6.6 INTEGRATED COMMISSIONING UPDATE

Update information was provided.

6.7 UNPLANNED CARE – A & E DELIVERY BOARD

Update information was provided.

6.8 HOMELESS DISCHARGE SERVICE SPECIFICATION

The Head of Integrated Commissioning provided a report advising the committee of the service specification for the Homeless Discharge Service following approval of the funding for a 2 year proof of concept at the Planning and Commissioning Committee in November 2018. It was noted that Healthwatch had recently undertaken a review of the experiences of the homeless population and recommended further engagement with this group of patients.

It was stated that the service specification covers what was required when homeless patients left hospital.

Hull CCG undertook engagement to support the development of the specification. This was via two Voluntary and Community Groups; Hull Homeless Community Project and Emmaus. A full report could be found in Appendix B. The key conclusions from the engagement were as follows;

- Additional engagement was recommended as the model develops; working in partnership with agencies that had an established and trusted relationship with those who were homeless or on the edge of homelessness had worked well.
- The model would have close links with depression and anxiety services, as well as public health input for those who wish to make positive health changes, for example quit smoking and drinking.
- Respondents feel that being homeless or sleeping rough had a direct negative effect on their health.
- Although experiences, on the whole, were positive, there were some that feel their negative experience was due to the way they were treated by staff, it was not clear if this was solely down to their housing status or related to drug use as well.
- Some additional work should be undertaken relating to the RESPECT programme for this cohort of patients. Respondents state that their next of kin would be a parent; identifying the next of kin in a situation where the individual was unable to communicate or make decisions, may be particularly difficult for this group of people, more so than for those with an address.

It was noted that the service was a 5 day week service, but the service specification stated that patients would be reviewed within 48hrs of admission. With a 5 day a week service this was not always going to be possible and the specification should be amended accordingly.

The KPI's had been revised with the outcomes of the services being defined locally and incorporating data from various providers.

The service being received from homeless patients was being review as the length of time waiting and the quality of the appointment should not be any different.

William Booth House were looking at having Dental and Podiatry services provided there but this was proving challenging,

A handwritten signature in cursive script that reads "V. A. Rawcliffe".

Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
February 2019