

**PLANNING & COMMISSIONING COMMITTEE  
MEETING HELD ON 4 JANUARY 2019  
CHAIR'S UPDATE REPORT**

**INTRODUCTION**

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

**STRATEGY**

**6.1 PUBLIC HEALTH WORK PLAN**

The Assistant City Manager, Integrated Public Health Commissioning advised that Hull City Council were working on the service plan for 2019/2020 which would be brought to the February 2019 committee.

The roles of NHS Hull CCG and Hull City Council within this plan were being reviewed which would provide clarity when undertaken work programmes.

Funding allocations for 2019/2020 had not yet been received.

Work was ongoing on a new model for the JSNA along with the next health and lifestyle survey. The smoking service procurement was still on plan.

The Sexual Health procurement was underway with six organisations showing an interest for the upcoming bidders day. Points of clarification have been split in terms of understanding the different elements of the service, and who was responsible for these.

**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.

## **6.10 UPDATE ON THE CCG FUNDED NURSING BEDS COMMISSIONED AT ROSE VILLA**

The Deputy Director of Quality and Clinical Governance / Lead Nurse provided a report informing the committee of the various options that were available for the future use of the 10 Continuing Health Care beds at Rose Villa.

The National Framework for NHS-Continuing Health Care and Funded Nursing Care (Revised 2018) had recently come under scrutiny both regionally and locally. In Hull which circumstance had led to more innovative models being used in order to help prevent delayed transfers of care (DETOC) and to provide the opportunity for more accurate assessment of health care needs when the patient had had a period of 'convalescence' and there were better opportunities to optimise their care.

To enable which innovative approach to completing Continuing Health Care assessments within a legally compliant framework, 10 nursing beds were commissioned at Rose Villa, Beverley Road, Hull. The intention behind the commissioning of these beds was to enable safe but expedient discharges from the acute ward, whilst offering a period of 'convalescence' and the opportunity for fuller assessment of the individual's primary health care needs at a more appropriate interval. The name given to which model was Transfer to Assess.

A wide and varied discussion occurred around the following 3 options which were proposed for the recommissioning of beds:

- Option 1. Letting the pilot run its course and not recommissioning any beds.
- Option 2. Continue to commission the 10 Rose Villa beds and add bespoke rehabilitation services.
- Option 3. Reduce the number of beds at Rose Villa by 50% and in addition commission 5 beds at Highfield.

Attention was drawn to the below:

- Changes to criteria to allow access to the Continuing Health Care beds at Rose Villa to support management of system pressures. As Rose Villa do not have the level of support the ICT beds have the bed capacity has been offered for Social Care patients.
- The patient cohort within the beds at Rose Villa are not necessarily clinically appropriate for the service offered – this is being reviewed on a case by case basis
- That if beds were not block purchased Rose Villa may reduce nursing services.
- If beds were not continued there would be a negative impact on winter pressures management.
- Potentially Highfield/Rossmore could provide the services provided at Rose Villa.
- The pathway for CHCP patients could potentially be undertaken at Rossmore

It was agreed that the beds would not be recommissioned and a further assessment would be undertaken by the Deputy Director of Commissioning and the Deputy Director of Quality and Clinical Governance / Lead Nurse for the 10 beds and capacity.

*V. A. Rawcliffe*

**Vincent Rawcliffe**  
**Clinical Chair, Planning and Commissioning Committee**  
**January 2019**