



Item: 10.1

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 5 APRIL 2019 CHAIR'S UPDATE REPORT

INTRODUCTION

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

STRATEGY

6.4b PROJECT EXCEPTIONS

Mental Health and Learning Disabilities

The Attention Deficit Hyperactivity Disorder (ADHD) caseload held by City Health Care Partnerships (CHCP) Community Paediatric Medic team had transferred to Humber Teaching NHS FT (HTFT) on 1 April 2019. It had become apparent from calls received from families to the NHS Hull CCG and HTFT PALs teams that some young people who had previously received their medication from CHCP required review / prescriptions during April 2019 which was earlier than previously identified by CHCP as part of the ADHD transfer work. In response to this HTFT Consultant CAMHS Psychiatrist would provide additional clinical sessions to review these cases and provide the relevant prescriptions. Urgent appointments would also be offered to those young people who require review prior to ongoing medication being prescribed. The issues which had been highlighted this week would be taken forward by the NHS Hull CCG as part of CHCP Contract and Quality performance monitoring.

A new Locum Consultant Psychiatrist had been recruited to work within CAMHS to support the ADHD team from 1 May 2019 this locum would remain in place until the new enhanced ADHD team had been recruited to. At this time waiting times for ADHD assessment and diagnosis have reached 52 weeks and consequently a new model of care delivery along with an increased staff team was required in Hull. A proposal for funding the locum and new team model would be taken through relevant approval process for new investment.

Children, Young People and Maternity

There are still issues relating to waiting times of Children's Speech and Language Therapy Service, the CCG had requested clinical information and assurance of the waiting list and management of the same.

The Community Paediatric Medical Service transferred on from CHCP to HUTH on 1st April 2019.

Cancer Network

Funding would be allocated on network population. It was acknowledged that a large amount of the funding goes on staffing.

The Cancer Alliance had advised that the 62 day target for 2019/20 would not be achieved.

The challenge with isotope provision for PET-CT continued to impact locally but was an improving position with the wait for scan now in the region of 3 weeks against a target of 2 weeks. Clinicians had been monitoring these patients.

6.5e OPERATIONAL NARRATIVE PLAN 2019/20

The operational plan had been circulated and presented to various committees with approval. The Operational Plan sets out how NHS Hull CCG intends to deliver the key priorities and outcomes as outlined within the NHS Long Term Plan, including improvements in quality and outcomes.

In conjunction with Hull City Council the CCG had developed a robust place based plan which addresses the wider determinants of health to support our population to Start Well, Live Well, Age Well. By empowering our population to self care and self manage we are setting the foundations of personalised care with a focus upon anticipatory care.

This would provide us with the patient/population level focus upon which to redesign health services across the Hull and East Riding Integrated Care Partnership to support the development and delivery of community focussed services which provide systematic support to individuals for both physical and mental health challenges.

6.5f CHILDREN AND YOUNG PEOPLE AUTISM

The Strategic Lead for Mental Health and Learning Disability shared a paper outlining the current positon with regard to Children Young People Autism Assessment and Diagnosis. It was highlighted that despite work undertaken in 2018 to develop the current service model and agree financial investment to address the identified waiting list challenges the model was based on an inaccurate waiting list position with a second waiting list being identified leading to an additional 223 cases being added. Consequently the initial waiting list trajectory agreed would not be achieved.

Due to the size of the revised list and the amount of money invested in the services it was agreed to escalate Children and Young People Autism to the May 2019 NHS Hull CCG Board. A paper would be shared highlighting the current positon and steps which are being undertaken by the CCG and Humber TFT to reduce the waiting times for assessment and diagnosis. It was agreed that CYP Autism would remain on the CCG risk register after a root cause analysis and performance would be closely monitored at regular specific CYP Autism meetings which are held every 6 weeks with Humber TFT.

It was acknowledged that the waiting list needs to be cleansed which could also assist with the reducing the number of patents requiring assessment.

V. A. Raucliffe

Vincent Rawcliffe Clinical Chair, Planning and Commissioning Committee April 2019