

**Planning and Commissioning Committee
Chair's Annual Report
1 April 2018 to 31 March 2019**

1. Introduction

- 1.1 The report sets out the work programme undertaken by, and on behalf of, the NHS Hull CCG Planning and Commissioning Committee and provides details of how it has, with due regard to its terms of reference, ensured that the delivery of planning, commissioning and procurement of commissioning-related business is in line with the Clinical Commissioning Group (CCG) organisational objectives supporting the promotion and delivery of high quality, via safe services that deliver the outcomes expected by the local population.
- 1.2 This report covers the work of the NHS Hull CCG Planning and Commissioning Committee from April 2018 to March 2019.
- 1.3 The NHS Hull CCG Planning and Commissioning Committee was established in April 2015 as a formal sub-committee of the CCG Board. For the purposes of this report the term Committee will be used when referring to the NHS Hull CCG Planning and Commissioning Committee.

2. Membership and Role of the Planning and Commissioning Committee

- 2.1 Dr. Vince Rawcliffe continued to act as Chair of the committee.
- 2.2 Mr. Paul Jackson continued serving as the Vice-chair. Unfortunately Mr. Jackson experienced episodes of ill health during the year. Arrangements were put in place to ensure that appropriate lay member input was provided to the committee in Mr. Jackson's absence and Mr Jason Stamp attended in person where possible.
- 2.3 Only 11 meetings were held with the June 2018 meeting being cancelled. 4 out of the 11 meetings were not quorate due to one known absence. As identified above process were put in place to manage the lack of quoracy to ensure that decisions were reviewed / ratified. In the main, core members have consistently attended. Members are required to attend 9 out of the 12 meetings (75%) scheduled on an annual basis. This is monitored at each meeting.
- 2.4 The remit of the Committee has remained largely unchanged throughout the whole of this period. As part of the CCG's annual audit process the Terms of Reference were reviewed at the start of the 2018/19 year. This resulted in minimal changes relating to role titles, in general the Terms of Reference were deemed fit for purpose. This assessment was supported at the Integrated Audit and Governance Committee.

Governance and quality are integrated within the strategic and service development that the Committee delivers reflecting the Committee's core value that quality and governance are central to everything the Committee undertakes.

2.5 The presence of a senior Quality and Governance team representative and the attendance of a senior Commissioning team representative help to start linking the two agenda's together. This work will be progressed during 2019/20. This has been appreciated by the wider Committee membership, as well as strengthening links with the Quality and Performance Committee.

2.6 A core part of the Committees role is to review, comment upon and note the final versions of the CCGs annual Operating Plan and Finance Plan prior to formal consideration at the CCG Board, as well as other strategies, service implementation plans and service specifications to ensure that these meet the requirements of the CCG and to confirm and demonstrate due process has been followed when the CCG exercises its functions. This is with a view to securing improvement in the quality of services and outcome for patients, together with a supporting financial plan.

As part of these reviews the Committee considers:

- The equality and diversity impact assessments
- The level of involvement and engagement of patients and the public in the development of proposals (co-production) which have a significant impact on service delivery or the range of health services offered, specifically the Hull Integrated Care Centre
- Quality improvements / impacts
- Financial prioritisation
- Deliverability

The Committee also ensured that there are effective key performance indicators (KPIs) in those plans / specifications so that agreed outcomes can be monitored and measured, especially those that relate to Quality, Innovation, Productivity and Prevention (QIPP) benefits.

The Committee monitors the delivery of any required short and medium term plans and strategies through review of the plans and ongoing updates on the transformational programmes being delivered across the CCG in order to ensure that they are enacted in a timely and effective way.

2.7 The Committee reviewed, and received assurance on the delivery of, the Communications and Engagement Delivery Plan during the year. Assurance was also received regarding how the plan supported the commissioning process ensuring that patients and the public informed and shaped our commissioning decisions.

2.8 The Committee has two agreed sub Panels, as follows:

- Procurement Panel

This panel convenes monthly and provides detailed assessment and monitoring of all the CCG's potential and actual procurements. In addition the Panel provides expert advice on potential procurement / commissioning methodology for service redesign proposals. Monthly updates are provided to the Committee to enable members to maintain a strategic oversight of the procurements

- Prioritisation Panel

This Panel is convened when there are business proposals to consider with regard to supporting the ongoing development / management of the medium term financial plan. The Panel reviews the proposals and recommends to the Committee whether the proposal is aligned with the CCG's strategic plans and the Committee makes the final decision whether the business proposal should continue to be progressed.

3. System Development

3.1 The Committee has a central role in supporting the overall development of the health and care system across a variety of sectors including:

- Hull as a 'place' in conjunction with local system leaders across the city
- Hull and the East Riding of Yorkshire where joint outcomes, systems and processes often exist
- the geography of the 4 CCGs that surround the Humber
- the Health and Care Partnership (HCP) (formally known as the Sustainability and Transformation Partnership)

3.2 The Committee has continued to maintain an oversight of research and development activity, which is formally coordinated via the Research and Development (R&D) Steering group which ensures that the CCG promotes opportunities for high quality and relevant research.

3.3 Committee members were involved in wider commissioning work across the HCP with the CCG taking a lead around the alignment of value for money policies across the six involved CCGs. This work progressed in year to increase the focus on alignment across the 4 Humber CCGs as a sub-set of the HCP wide agreed policies.

The Committee supported the Local Maternity System Transformation Plan which set out improvement plans to deliver the Better Births national policy across the STP.

3.5 The Committee has a role in receiving assurance that the CCG meets its duties in relation to Emergency Preparedness, Resilience and Response as well as Business Continuity Management. Delivery of these duties ensures the CCG is prepared to respond to system resilience incidents. The CCG self-assesses every year against a national framework for Emergency Preparedness, Response and Resilience. This self-evaluation and action plan was considered by the Committee in October 2018 and the self-evaluation of substantial compliance supported.

Throughout the year the Committee receives lessons learnt documents from local and national incidents to review any local requirements for action. Lessons learnt documents considered included the document relating to the national 'WannaCry Ransomware' incident.

3.6 This year also saw the Committee oversee the system review required relating to the projected exit of the UK from the European Union. This resulted in the Committee, and consequentially the CCG Board, being receiving assurance by nature of the reviews that were undertaken.

4. Committee Decisions

4.1 Throughout the year the Committee considered a range of plans, pathways and specifications that have been developed as part of the delivery of the CCG's strategic direction or which impact upon the delivery of the CCG's strategic direction. The policies support the CCG to fulfill its duties under the Secretary of State Directions for Health and are published on the CCG website. A number of the considered policies required revisions or further clarification was sought.

4.2 Items where the Committee **gave approval** are as follows:

Adult Community Eating Disorders Service Specification

Approval from the Committee was being sought for the revised Adults Community Eating Disorders Service Specification. Consultation had taken place with the public, patients, GPs and the LMC on the revised model and comments had been incorporated into the service specification.

CCG Medicines Optimisation Workplan 2019/20

Community Pharmacy Blood Pressure Testing - Service Specification

A successful submission was made to the programme on behalf of NHS Hull and NHS East Riding CCGs to develop a programme of blood pressure testing within community pharmacy settings and resources had been secured to develop the service with an anticipated commencement in January 2019.

Homeless MDT Model / Service

The proposal was for a 2 year proof of concept pilot which sought to improve the experience and outcomes for homeless people admitted to Hull & East Yorkshire Hospitals NHS Trust (HEYHT) and attending A&E, whilst also expediting appropriate discharge and addressing important system issues such as reducing length of stay, excess bed days and re-attendances.

Individual Funding Request (IFR) Policy

The overarching policy which sets out the framework within which the Individual Funding Request Panel operates had been refreshed. The policy ensures that commissioning decisions in relation to IFRs were consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions were based on best evidence but made within the funding allocation of the CCGs.

Looked After Children (Lac) Attachment Therapy Service

The proposal to develop a service and the associated service specification were approved.

Medicines Management / Optimisation

The Committee reviewed the NICE Update for medicines and treatment on a monthly basis to ensure that any updates which impacted upon the CCG were recognized and evaluated where required.

The Committee reviewed and endorsed some Primary Care Rebate offers relating to prescribing. The Committee approved the following schemes following confirmation that the schemes for the following treatments had been independently reviewed and were not designed to change prescribing practice:

- GlucoRX medley
- Convatec
- Apidra
- Insuman
- Fluticasone/ Salmeterol
- Januvia (Sitagliptin)
- Biquelle XL quetiapine MR tablets

NHS Continuing Healthcare Discharge to Assess Model

The Committee reviewed and approved a proposal to trial of the discharge to assess model in relation to Continuing Healthcare. It was proposed to trial the use of 10 care

home beds to provide capacity to assess clinically appropriate beds within the community. The trial was supported and delivered in year. The outcomes were not sufficiently positive to convince the Committee to continue with commissioning the beds and the trial ceased at the end of the agreed time period.

NHS Funded Care Eligibility Panel

The committee reviewed and supported the proposal to develop an NHS Funded Care Eligibility Panel as the proposal demonstrated how the Panel would help ensure that eligibility for NHS funds had been met. The Terms of Reference for the Panel was also approved.

Research and Development Excess Treatment Costs

The committee approved the funding of excess treatment costs in relation to:

- CRYOSTAT-2
- CLASP-5
- ASPECT
- National Institute for Health Research (NIHR) Health Technology Assessment Programme Multiple Interventions for Diabetic Foot Ulcer Treatment (MIDFUT)

The Committee also noted a report outlining the outcomes of a consultation on “Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract”. A request to delegate agreement of excess treatment costs was received and agreed. From November 2018 requests were handled by Bradford Districts CCG on behalf of all Yorkshire and the Humber CCGs.

Section 117 Local Framework

The purpose of the Hull local framework was to provide clarity regarding the provision of aftercare services to people who were entitled to those services under section 117 of the Mental Health Act 1983.

Sensory Processing Disorder – Specialist Assessment & Support Service (Pilot)

A specification was presented to the Committee for approval for a pilot paediatric sensory processing service. A potential gap in services around sensory processing services was identified as part of the Special Educational Needs and Disability (SEND) review.

4.3 Areas where the Committee **received and considered** reports / briefings include:

Community Paediatrics Medical Service

The Committee received briefings outlining the rationale behind the proposed service transfer and the work that was progressing to deliver the service transfer.

Delivery of the CCG’s Communications and Engagement Plan

Diabetes Transformation Programme

The Committee received regular updates on the progress of the Humber Coast and Vale Diabetes Prevention Programme, with specific focus on the Hull aspects of the programme. The committee noted the progress made was consistent with plans.

Faecal Immunochemical Testing (Fit)

Following an initial feasibility study in 2017/18 it was agreed that the test would be rolled out to the whole CCG. The Committee were provided updates on the scheme rollout.

Financial Planning

Hull and East Riding: Children's Integrated Care Partnership: A Case For Change

Members reviewed the content of the report and the case for change and had received assurance to take this programme of work forward.

Humber Acute Services Review

The Committee was updated on the ongoing work of the Humber Acute Services Review, which was being carried out by local NHS partners across the Humber area. The report sets out the interim conclusions in relation to the specialties in Wave 1 of the review and sets out the proposed approach to reviewing the services within Wave 2 of the Review's programme plan.

IFR Policy and Referral Management

The Committee reviewed a report outlining the progress made in further aligning IFR policies across the four Humber CCGs. The report also presented the plans to introduce an online system which would enable clinicians, both within primary care and secondary care, to identify where an individual patient's clinical presentation met the appropriate clinical policy.

IMT Strategy and Approach

The Committee received regular presentation which briefed it on the progress being made against the Local Digital Roadmap and the universal capabilities identified to support the transition to paperless working.

Jean Bishop Integrated Care Centre

The Committee received updates on the planning timelines, proposed / actual service model, the opening of the facility and initial outcomes of the services offered.

Key Work Programmes

The Committee received regular updates on the work programmes associated with:

- Planned Care
- Unplanned Care
- Cancer
- Children, Young People and Maternity
- Mental Health and Learning Disabilities Services
- Primary Care

These updates enabled Committee Members to be kept abreast of the delivery of actions they had agreed.

National Evidence Based Interventions Policy: Response to Public Consultation and Next Steps

The Committee considered the 17 national evidence based interventions and supported the proposed next steps for implementation.

Primary Care Extended Access

The Committee received briefings associated with the planning and delivery of the nationally mandated additional primary care extended access hours.

Public Health Work Plan

Regular updates against the Public Health work plan were received throughout the year.

The Committee were also kept abreast of work to develop an Outcome Framework to be used to view the direction of travel across the breadth of the high level outcomes and to provide a detailed look at what was being done in relation to specific outcomes.

The Committee was also kept apprised of progress to recommission drug and alcohol services across the City. The new contract would run for 6 years to provide stability for the provider. Briefings were also given regarding the re-specification and procurement of sexual and reproductive health services.

Special Educational Needs & Disabilities (SEND) written statement of action

The committee received updates on the progress of developing the response to the SEND written statement of action. Once the response was agreed the Committee received regular updates on the plans to address the capacity:demand deficit within paediatric speech and language therapy service.

6. Summary

The Planning and Commissioning Committee can confirm and evidence, in terms of Committee minutes, delivered service / system change and through this annual report to the CCG Board assurance that the planning, procurement and commissioning of commissioning related business is in line with the CCG organisational objectives, the CCG Commissioning Strategy and 2017-19 operating plan.

The Committee continues to be central to the CCG governance structure, with an agreed and regularly updated work-plan that ensures continuous improvements in the quality of services for patients and related outcomes especially with regard to clinical effectiveness, safety and patient experience.

Dr. Vince Rawcliffe

Chair

Planning and Commissioning Committee

August 2019