

Item: 9.1

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 1 MAY 2020 CHAIR'S UPDATE REPORT

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the May 2020 Planning and Commissioning Committee.

COMMUNITY EATING DISORDER SERVICE, CYP

A wide and varied discussion occurred around the initial assessment of children. It was stated that a children would not generally wait in excess of 20 days for a routine referral into the service therefore the section of the Service Specification requiring GPs to monitor young people who are waiting initial assessment would be minimal and if required would predominantly be undertaken by nurses or HCAs in the GP surgery.

Concern was raised around the monitoring of BMI and BP, it was stated that this could be undertaken remotely utilising technology when appropriate ensuring that there was continuity for children.

It was stated that the Eating Disorder service was not a service which was best delivered remotely as the condition was extremely emotional hence children would be seen at GP 'cold' sites due to the current COVID 19 restrictions.

It was acknowledged that children are in receipt of supplementary support services should they had to wait for the eating disorder service initial assessment.

Additional engagement work would be undertaken as part of the wider Thrive Partnership communication and engagement work plan.

COVID 19 PATHWAY CHANGE PROCESS AND KNOWN CHANGES

Provider organisation Business Continuity Plans (BCPs), and the contracts agreed between commissioners and providers, outline those services which commissioners see as essential to continue at all times and those which could be stood down in times of an emergency.

A number of organisations suspended services in line with organisational BCPs, regrettably the communication of these changes was not always systematic and whilst individual managers were sometimes notified this was not always undertaken nor were the changes communicated wider.

In order to resolve this situation a process has been put in place jointly by Hull and East Riding CCGs which sets out how the CCGs expect service changes to be communicated to the CCGs and the process that would be followed to review the service changes and confirm that the CCGs would endorse the changes.

Wherever possible the aim was to be consistent regarding how guidance was implemented across the whole STP. This was starting to develop however local commissioning differences and organisational working practices means that a single STP wide document was not always feasible and, in these cases, a core interpretation of guidance was maintained and local differences are included.

A list of services changes were identified which was not exhausted, an exercise had commence on identifying all service changes

A second phase of NHS response to COVID 19 had been received from Simon Stevens identifying the areas of work which need to be addressed.



second-phase-of-nhs-
response-to-covid-19-

Within the letter it stated that there would be an increased demand for COVID 19 aftercare and support in community health services, primary care and mental health.

The following specifics areas were highlighted to be undertaken within the next 6 weeks:

- Safe switch to deliver services again.
- Systematic testing for patients.
- A national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service, a letter would be circulated to care homes shortly advising them of the expectations.

A handwritten signature in black ink that reads 'V. A. Rawcliffe'.

**Vincent Rawcliffe Clinical Chair, Planning and Commissioning Committee,
May 2020**