

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	25 September 2020
<b>Title of Report:</b>	Planning and Commissioning Committee Chairs Annual Report
<b>Presented by:</b>	Dr Vince Rawcliffe, Chair of the Planning and Commissioning Committee
<b>Author:</b>	Dr Vince Rawcliffe, Chair of the Planning and Commissioning Committee K. Ellis, Deputy Director of Commissioning

**STATUS OF THE REPORT:**

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

This report presents the Planning and Commissioning Committee Chair's Annual Report on the activities undertaken by the Committee during 2019/20 in discharge of its agreed role as outlined within the Committee's Terms of Reference.

**RECOMMENDATIONS:**

The CCG Board is asked to consider and approve the Planning and Commissioning Committee Chair's Annual Report

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**      No       Yes

**CCG STRATEGIC OBJECTIVE**

4. Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.

The work of the Planning and Commissioning Committee supports the delivery of the majority of the CCG's objectives. However its primary function is to ensure that services are commissioned that meet the needs of the local population, utilising appropriate service providers to deliver the anticipated demands of the service. This includes both reviewing services that are commissioned on a wider footprint than the CCG meet local needs as well as more population specific service changes.

<b>IMPLICATIONS:</b>	
Finance	There are no specific financial impacts associated with this report, but the working remit of the Planning and Commissioning Committee does mean that some of the changes agreed will have a financial impact upon the CCG.
HR	There are no specific HR implications associated with this report.
Quality	There are no specific quality implications associated with this report, however by discharging its duties effectively the Planning and Commissioning Committee supports improvements in services which will improve the quality and breadth of the service offered and impact upon an individual's experience and outcomes.
Safety	There are no specific safety implications associated with this report.

**ENGAGEMENT:** This report was considered and supported at the Planning and Commissioning Committee held in June 2020.

**LEGAL ISSUES:** There are no specific legal issues associated with this report.

<b>EQUALITY AND DIVERSITY ISSUES:</b>	
	<i>Tick relevant box</i>
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:**

The safe, effective function of the CCG's Planning and Commissioning Committee supports the CCG to effectively plan, commission and procure services that best meet the identified needs of the local population.

## **PLANNING AND COMMISSIONING COMMITTEE CHAIRS ANNUAL REPORT**

### **1. INTRODUCTION**

This report presents the Planning and Commissioning Committee Chair's Annual Report on the activities undertaken by the Committee during 2019/20 in discharge of its agreed role as outlined within the Committee's Terms of Reference.

### **2. BACKGROUND**

Part of the CCG's annual assurance process is that all sub-committees of the CCG Board, and their formal sub groups, should produce an annual report setting out how the Committee is meeting and delivering its agreed role as outlined within the Committee's Terms of Reference.

### **3. INFORMATION**

The appended Chair's Annual Report sets out the activities that the Planning and Commissioning Committee undertook during 2019/20 in discharging its delegated duties.

### **4. RECOMMENDATIONS**

The CCG Board is asked to consider and approve the Planning and Commissioning Committee Chair's Annual Report



**Planning and Commissioning Committee  
Chair's Annual Report  
1 April 2019 to 31 March 2020**

**1. Introduction**

- 1.1 The report outlines the work undertaken by, and on behalf of, the NHS Hull CCG Planning and Commissioning Committee and provides details of how it has discharged its duty in relation to the delivery of planning, commissioning and procurement of commissioning-related business whilst working within the framework of its terms of reference and the Clinical Commissioning Group (CCG) organisational objectives.
- 1.2 This report covers the work of the NHS Hull CCG Planning and Commissioning Committee from April 2019 to March 2020.
- 1.3 The NHS Hull CCG Planning and Commissioning Committee is 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 continues in his position of Chair of the committee.
- 2.2 Mr. Jason Stamp took over the role of lay member and Vice-Chair on an interim basis between April 2019 and December 2019. Mr. Ian Goode formally took over the role of lay member and Vice-Chair from January 2020.
- 2.3 12 meetings were held and 2 of these meetings were not quorate. Processes have been put in place to ensure that when quoracy is not met that any required decisions are reviewed and ratified virtually following the meeting.
- 2.4 As part of the CCG's annual audit process the Terms of Reference were reviewed at the start of the 2019/20 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.
- 2.5 A core function of the Committee is to gain assurance that all strategic and service developments have the needs of our population at the center. This is demonstrated through review of:

- Equality Impact Assessments
- Evidence of involvement and engagement of relevant groups of the population in order to co-produce services

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.

2.6 The Committee monitors the delivery of any required short and medium term plans and strategies through 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 was given 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 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 proceedings.

- Prioritisation Panel

This panel is convened bi-monthly to consider business proposals with regard to projected deliverability, anticipated impact on the medium term financial plan and alignment with the CCG's strategic plans. The Panel confirms for 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 Humber Coast and Vale Health and Care Partnership

3.2 The Committee considers recommendations from the Hull & East Riding Drugs and Therapeutics Committee with regard to the commissioning of medicines, with specific reference to NICE guidelines. In addition the Committee approves the Medicines Optimisation work plan.

In year the Committee adopted a new process to ensure that all NICE and other national guidelines, for drugs and service changes, are reviewed and implemented as required.

- 3.3 The Committee has a role in assuring 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 2019 and the self-evaluation of substantial compliance supported. The Committee also received updates on the lessons learnt from local and wider exercises to test the system response to incidents; for example – Operation Genevitus

#### **4. Committee Decisions**

- 4.1 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. These support the CCG to fulfill its duties under the Secretary of State Directions for Health and are published on the CCG website.

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

##### ***Adult Mental Health Services - Specification***

The specification was the result of a piece of work to rationalise the range of service specifications relating to Adult Mental Health into a single suite of documents which had a single overarching service specification and annexed sub-specifications for the more bespoke items of the services.

Members of the Planning and Commissioning Committee approved the following service specifications:

- Adult & Older Adult Overarching Service
- Memory Assessment & Treatment Service
- Positive Assets – Recovery College Employment Service

##### ***Cessation of Managed Repeats***

The Committee agreed with the principle that changes should be made to how repeat prescriptions are managed to promote increased individual ownership of ordering repeat prescriptions to support a reduction in over prescribing of routine medicines when a repeat prescription was not required at that time. A planned implementation date of April 2020 was confirmed.

##### ***Children's Speech and Language Therapy (SLT) Service Specification***

The service specification outlined the plans to transform the delivery of SLT service to support improved outcomes for children with Speech Language and Communication Needs (SLCN) across the city. The service would provide specialist assessment and intervention, advice and support and workforce development and across the universal and targeted SLCN tiers within children's services and education settings in Hull.

##### ***Frailty Parkinson's Service Specification***

The Committee considered a revised service specification designed to unite the existing, disparate service offer into a single, unified service with a focus on personalisation and pro-active care planning / management. It was noted that the proposals had been developed in partnership with Parkinson's UK, patients/relatives and specialist clinicians to ensure that the new service would offer optimal care and support.

### ***Joint Commissioning Statements/Policies***

A broad range of commissioning statements/policies were reviewed to support alignment across the four Humber CCGs. These were presented to the Committee in two phases for review and agreement. These Commissioning Statements / Policies were adopted across the four Humber CCGs.

### ***Medicines 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 recognised and evaluated where required.

The Committee approved the following Primary Care Rebate schemes following confirmation that the schemes had been independently reviewed and were not designed to change prescribing practice:

- Edoxaban (Lixiana)
- Beclometasone Dipropionate Inhaler (Clenil Modulite)

The workplan for 2020/21 was also approved.

### ***NHS Funded Care Service Specification***

A revised service specification for the NHS Funded Care Service (Continuing Health Care) to address gaps in service that had been identified as part of a general review of systems and processes was presented and supported.

The specification was implemented with the current service provider and was supported by the development of a Standard Operating Procedure to provide clarity for how the service worked and interfaced with social care.

### ***Non-Emergency Medical Transport Service – Specification and Procurement***

Non-Emergency Medical Transport Services (NEMTS) are those that transportation of service users with a medical need for transport to, from and between premises providing NHS Healthcare. The existing NEMTS provider had experienced a range of challenges to delivery including meeting the demand for same day and priority journeys. The CCG Board agreed that the specification would be revised and put back out to the market. A revised service specification was developed and it was approved by the Committee prior to procurement commencing.

Following a successful procurement the service was recommissioned with a start date of April 2020.

### ***Prescribing of Medicines Available to Purchase Over The Counter (OTC) for Self-Care***

The Committee reviewed the Policy Engagement Report findings related to the prescribing of Over the Counter medicines and the most effective way to implement the changes. The changes were a result of NHS England Guidance in what medicines should not be available on prescription except in exceptional circumstances. It was noted that exceptionality was at the GPs discretion. The proposal and associated supporting communication and implementation plan were supported by the Committee.

### ***Primary Care IT Support Service – Specification and Procurement***

The Committee approved the service specification for the Primary Care IT Support Service, along with the other three Humber CCGs. This was the final stage in the preparations to procure a revised Primary Care IT Support Service. The procurement went ahead and a new Primary Care IT Support Service was commissioned for commencement April 2020.

### ***Primary Care Streaming Service Specification***



The Committee reviewed and approved a service specification that set out commissioning expectations of the services that contribute to the care and management of patients presenting at Hull Teaching Hospitals NHS Trust's Emergency Department with minor illnesses and ailments which were not life threatening or a serious clinical presentation likely to require hospitalization.

The specification had a phased implementation through the year due to workforce development requirements and lack of available space.

#### ***Profound and Multiple Learning Disability Service Specification***

The Committee considered and approved a service specification for a new Profound and Multiple Learning Disability Service. The proposed approach was to work with the individual person and their family to establish a unique bespoke package of health care specific to their identified needs. Taking an overview on the collective management along with the wider Community Learning Disability Team providing ongoing holistic management of the individual's bespoke package of care. The service will enable the person to be cared for in their own home and reduce the need for an acute hospital admission. Where the individual was admitted into hospital it was proposed that the team will work with the ward staff to facilitate an early discharge home.

#### ***Targeted Lung Health Checks***

Work continued throughout the year to plan for and implement the planned targeted lung health checks, including approval of:

- Service Specification
- A non-recurrent financial plan to support the management of clinical conditions identified through the checks.

#### 4.3 Items where the Committee **did not give approval** are as follows:

##### ***Community Eating Disorder Service Specification – Children and Young People***

The service specification outlined how a high quality service for children and young people aged up to 18 years in the East Riding of Yorkshire and Hull CCG areas would be commissioned which would meet the needs of the individual child/young person and deliver the requirements of Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England / National Collaborating Centre for Mental Health, 2015) and NICE Clinical Guideline 69 (2017). The Committee did not approve the specification and asked for it to be brought back to Committee when the queries raised had been addressed.

##### ***Individual Funding Request Service Options***

North of England Commissioning Support prepared a report outlining potential options to redesign how Individual Funding Requests are reviewed, which included how individual CCG's Individual Request Panels are constituted. The Committee did not support the outlined options for revising Individual Funding Request Panels.

##### ***Very Low Calorie Diets and Diabetes***

A proposal was received to commission an intervention programme to use a Very Low Calorie Diet Programme to support type 2 diabetics to lose weight and to potentially reverse the impact of type 2 diabetes. The programme was to trial the approach with up to 150 patients and to formally evaluate the impact of the programme prior to considering whether to roll out further. Committee members had concerns that the service was a clinical trial as opposed to a service to be commissioned and, as such, declined to commission the programme.

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

### ***Children and Young People Programme***

Updates were given throughout the year on the progress to deliver the SEND improvement plan and the outcome of the follow-up visit to the initial SEND inspection. As identified through the year progress had been slow and at the revisit this was focused upon The revised SEND Improvement Plan (October 2019 – 2020), would focus on co-production with children, young people and families and frontline professionals; improvements to SEND data and performance through the development of Joint Needs Assessment and dashboard that would be used to improve joint commissioning of services. Ongoing progress in relation to short breaks, personal budgets, autism, speech and language and sensory processing services would continue with the aim to evidence improved outcomes for children and young people.

### ***Delivery of the CCG's Communications and Engagement Plan***

#### ***Financial Planning***

#### ***Humber Coast and Vale Cancer Alliance***

The Committee received updates through the year in the progress that the Cancer Alliance was making in refreshing its form and function to make it fit for purpose in response to evolving demands on the Alliance and on the generation and delivery of the Alliance work programme.

#### ***Mental Health and Learning Disabilities Programme***

The Committee received updates on a four monthly basis relating to the Mental Health and Learning Disabilities programme. These updates provided a general overview into how the programme was progressing in relation to project plans but, in addition it provided wider detail on areas where progress was not at the level expected. These more in depth updates included:

- ***Children and Young People's Autism***  
An update on position with regard to Children Young People Autism Assessment and Diagnosis was presented to Committee. 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 additional cases being added. Consequently the initial waiting list trajectory agreed would not be achieved. The Committee escalated the matter to the CCG Board for their consideration due to the serious challenges identified.
- ***Steps to reduce acute out of area bed usage***  
The Committee was kept abreast of developments; including increased local bed provision and an enhanced crisis pad facility; that were supporting Hull patients to be cared for within their home setting/location as opposed to having to leave the area for their immediate care needs.

#### ***Planned Care***

The Committee was kept abreast of the wider work being undertaken on planned care service development at a Health and Care Partnership, Humber and Hull and East Riding of Yorkshire locality footprint and oversaw their implementation / development for our local population. Partnership work included the development of:

- ***Diabetes Foot Care Teams*** – aimed at reducing poor foot health and amputations in diabetics

- Diabetes Prevention Programme – looking at how pre-type 2 diabetics / newly diagnosed type 2 diabetics could be supported to develop healthier lifestyles and reduce the severity or eliminate their type 2 diabetes
- CVD prevention and detection work plan
- Outpatient Transformation at Hull Teaching Hospitals NHS Trust – a national programme of supported service redesign to develop outpatient models which empowered patients to manage their own health and to ensure that when an individual attends the Hospital or Primary Care that the visit adds value and impact to the care pathway being experienced, thereby eliminating appointments to confirm that nothing had changed.

### ***Primary Care Networks***

The Committee reviewed the national changes relating to Primary Care that were designed to support Practices to work a Primary Care Networks supporting each other and developing into a hub to coordinate the services delivered to their local populations. The changes ensured that a single funding flow would be in place for the new networks which covered exiting funding for enhanced services as well as new services that would be put in place. Expanded neighbourhood teams would comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.

Each PCN were required to provide extended hours appointments (outside of 8am – 6.30pm Monday to Friday) to all of their patients. Each PCN was required to provide a total number of hours, which could be provided by a range of staff, equivalent to 30 minutes per 1,000 patients.

With regard to Enhancing the Additional Roles Reimbursement Scheme, more roles were added in year to the scheme from April 2020, with reimbursement for all additional role increases from the current 70% to 100% for roles. For the average PCN in 2020/2021, this equated to around 7 Full Time Equivalent (FTE) staff, increasing to 20 FTE staff in 2023/24.

### ***Unplanned Care***

Through the year regular updates were provided on the work underway to improve the consistency and responsiveness of the unplanned care system.

The main areas were:

- Care Homes – work continued to support care homes with input from the Community Frailty Team and Primary Care including therapists
- Ambulance Diversionary Pathways – a number of pathways; for example for paramedics to access Urgent Treatment Centres; were put in place to help support patients to access the right service for their care needs
- Mental Health – the mental health service within the Emergency Department was enhanced in staffing and hours of coverage (24 hours a day)
- In Hospital Improvement Programme – pathways out of the Emergency Department into other wards and departments across Hull University Teaching Hospitals NHS Trust were reviewed and redesigned where needed
- Reducing Delayed Transfers of Care – The whole system worked together to try to reduce unnecessary delays in patient pathways into the community
- Ambulance Handover – how to reduce the length of time an ambulance is on the hospital site when taking a patient to the Emergency Department
- System Seasonal Resilience – planning for variations in patient attendance due to weather and other climate impacts.

## **5. 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 that the planning, procurement and commissioning of commissioning related business is in line with the CCG organisational objectives, the CCG Commissioning Strategy and national plans.

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

June 2020