

**Planning and Commissioning Committee
Chair's Annual Report
1 April 2020 to 31 March 2021**

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 2020 to March 2021.
- 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 has continued in his position of Chair of the Committee.
- 2.2 Mr. Ian Goode, lay member of the CCG, continued as Vice-Chair of the Committee, having stepped into the role from January 2020.
- 2.3 8 meetings were held, with 3 being cancelled prior to the event. Of these 8 meetings 2 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 2020/21 year. This resulted in minimal changes relating to titles and quoracy; in general, the Terms of Reference were deemed fit for purpose.
- 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 has two agreed sub Panels, as follows:

- Procurement Panel

This panel 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 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. Impact of Pandemic and National State of Emergency

3.1 In March 2020 a Pandemic was declared by the World Health Organisation with regard to COVID 19. This was followed in April 2020 with a national public health emergency being declared across the UK.

3.2 The national emergency was in response to a rising tide of individuals infected with COVID 19, of which a significant number required hospitalisation and intensive care respiratory support. In order to meet this rising demand the NHS stepped down routine work and focused upon individuals who required care arising from COVID 19 and those who were clinically urgent or were awaiting treatment for cancer.

3.3 This state of emergency was in place for the remainder of the 2020/21 year and impacted upon the workings of the committee as the national emergency resulted in a wide range of national policies and processes that were implemented at speed to ensure that services could respond to the unique circumstances of the pandemic.

3.4 As the year progressed flexible plans were developed to start re-introducing routine work, whilst accommodating the fluctuating demand for COVID 19 support.

3.5 Planning and Commissioning Committee oversaw the virtual process which replaced the Pathway Review Group for rapid approval of pathway changes in line with national guidance.

4. System Development

4.1 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 Integrated Care Partnership
- During the year it also supported work to ensure that the response to COVID 19 was maintained across all these sectors

4.2 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.

4.3 The Committee also has a key 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. Due to the national state of emergency the CCG operated in an emergency response mode for the whole of the year. There was a national decision to defer annual self-assessments against the national framework for Emergency Preparedness, Response and Resilience. Instead, a review of systems and processes was instigated along with a review of delivery of the 2019/20 identified actions. The CCG reported substantial compliance and delivery against its EPRR objectives. This self-evaluation was considered by the Committee in November 2020.

5. Committee Decisions

5.1 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.

5.2 Items where the Committee **gave 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).

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. Of all the guidance/guidelines reviewed only 7 had not been actioned by the end of the March 2021.

The Committee approved the refreshed Primary Care Rebate Scheme Policy and Process. A number of manufacturers have established 'rebate schemes' for drugs used in primary care to support the NHS QIPP agenda. Under the terms of such a scheme, the NHS is charged the Drug Tariff price for primary care prescriptions dispensed, the manufacturer then provides a rebate to the primary care organisation based on an agreed discount price and verified by ePACT data. The policy sets out how the CCG will respond if offered a rebate.

The medicines optimization workplan for 2020/21 was also approved.

Augmentative and Alternative Communication Aids

The Committee approved a revised process which transferred responsibility for agreeing the provision of communication aids from the Individual Funding Request Panel to a clinical panel that can approve as part of a wider view of the care needs of the individual concerned.

FIT (Faecal Immunochemical Test) and its role in the Lower Gastro-Intestinal (LGI) 2 week wait (Nice Guidance 12) referral.

Although the number of 2 week wait referrals reduced due to the pandemic, access to endoscopy was compromised, reducing the number of patients that could be managed per list. This has resulted in a backlog of patients at various stages of the 2 week wait Lower Gastro-Intestinal pathway as well as waiting lists for endoscopy for patients on other non-cancer pathways. It was proposed and agreed that the use of FIT in primary care as part of the referral process would be adopted to support more effective clinical triage of individuals.

Humber Policies

The Committee reviewed and supported a wide range of joint policies for implementation across the Humber including:

- Spinal Epidural Injections
- Medial Branch Blocks
- Infusion Therapy
- Facet Joint Injections

These were included in acute providers contracts to support delivery of evidence based interventions.

Integrated Housing Wellbeing and Mental Health Service

The service provides dedicated specialist resource to the provision of an advice and support service to people at risk of losing their housing tenancies from identified mental health issues/problems.

The nature of the work involves the provision of a combination of advice to residents in all tenures to enable appropriate sign posting and guidance on specific cases; conducting telephone triage and face to face assessments with service users in relation to their mental health; and developing an integrated approach with teams across Neighborhoods and Housing and beyond to improve partnership working and build inter agency knowledge between the provider, Hull City Council, housing associations and the private rented sector.

Skin Cancer Pathway

The revised pathway promotes the use of clinical photographs, wherever possible, to support Consultant referral review, triage and case streaming to ensure that individuals

are managed on the most clinically appropriate pathway for their presenting condition. This is in line with the national direction of travel to increase the usage of clinical photographs.

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

Mental Health and Learning Disability

Mental Health Support Teams (MHST) – Whole School Approach - NHS Hull CCG was successful in securing new investment of £600k per annum as part of Wave 4 NHS E roll out of MHST in schools. The introduction of the programme was impacted by the pandemic and was flexed to accommodate the impacts on education of the pandemic. The programme is being progressed now schools are back and an opportunity to expand is being pursued.

Kooth Launched in April 2020 - delivery across HCV offering emotional and mental health support for children and young people aged between 11 – 24 years

Children and Young People Programme

Updates continued to be given in respect to the delivery of the SEND improvement plan. Due to the Pandemic progress remained slow but progress was made especially around co-production and understanding the needs of children, young people and families and frontline professionals.

Updates were also provided on the initiation of work to develop a Neurodiversity Service across Hull bringing together all the services that are needed to support children and young people with neuro diverse conditions.

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:

- Acute Provider Collaborative – bringing together the three acute Trusts in the Integrated Care System to work together to reduce inequality of access to services and systemized service delivery across the Integrated Care System
- Video Consultation – the pandemic has driven significant changes in how appointments are held and one of these was the development of video consultation.
- Patient Initiated Follow-Up – in order to better support follow-up appointments for those individuals with stable conditions HUTHT accelerated the roll out of empowering individuals to manage their own condition and, instead of having fixed appointments with limited clinical value, initiating follow-up when they believe they need additional support.

Primary Care

The Pandemic drove a number of changes in how Primary Care and Primary care Networks worked. The introduction of video and telephone triage and a focus on those with

CCGs were asked to:

- Take a pragmatic and supportive approach to minimise local contract enforcement
- Suspend locally commissioned services where possible but protect practice income

- Review whether clinical staff involved in CCG management could be better deployed in support of practice/PCN work

Priorities identified for Primary Care

- General practice to remain fully and safely open
- Support for COVID Oximetry@Home patient self-monitoring model
- Identifying people with Long COVID
- Supporting Clinically Extremely Vulnerable
- Progress in backlog of vaccinations/immunisations and chronic disease management
- Progress LD Health Checks

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
- NHS 111 First – previously ‘talk before you walk’ - the introduction of a national programme to support individuals ringing 111 before attending a health facility; for example, A&E, UTC; and being offered a time to attend to help manage demand for services and support individuals to access the right service at the right time
- Trial of local Clinical Assessment Services – to support the delivery of additional primary care support to NHS 111
- Reducing Delayed Transfers of Care – The whole system worked together to try to reduce unnecessary delays in patient pathways into the community

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

April 2021