

**Planning and Commissioning Committee
Chair's Annual Report
1 April 2021 to 31 March 2022**

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 2021 to March 2022.
- 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.
- 2.3 8 meetings were held, with 3 being cancelled prior to the event. All of these 8 meetings were 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 2021/22 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 was not convened during the year due to the changed financial arrangements, systems and processes associated with the ongoing management of the pandemic. When required the meeting 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 During 2021/2022 the Pandemic with regard to COVID 19, and its variants, continued and the national public health emergency status was maintained through the year across the UK.

3.2 The local numbers of individuals infected with COVID 19 remain high through the year with intermittent peaks in infections. The evolution of the virus over time has resulted in more virulent versions, but clinical impacts lessened and whilst significant numbers continued to require hospitalisation the demand for intensive care respiratory support was lessened. This meant steps could be started to re-commence routine surgery, which had been suspended, but the numbers of individuals requiring admission due to covid, and staff who have been infected with covid, has remained high. This has compromised the opportunities to make real impacts on planned care waiting lists

3.3 This state of emergency has been maintained but was stepped down from a category 5 to a category 4 incident nationally. This has impacted on the workings of the committee as the national policies and processes that were implemented in 2020/21 continued to be implemented to support service response to the unique circumstances of the pandemic.

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 continued to support 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 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 continued to operate in an emergency response mode.

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:

Hull & East Riding Children's Neurodiversity Service

Interim funding to support the development and mobilisation of the single access children's neurodiversity 'front door' was sought and agreed for 18 months, subject to joint funding arrangements. This service includes integrated working arrangements with both core and interdependent services. The front door was an open access, needs lead service. A request for support form was being developed for parents to complete, this would then be triaged to ascertain what support was required. Children and parents would be fully supported through their journey. There was a challenge to work in a different way and move from a pathway approach to triage approach. The service specification was also agreed.

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 reviewed and evaluated where required.

A broad range of guidelines/statements were considered following review at, and recommendation by, the Hull & East Riding Prescribing Committee. These guidelines/statements included:

- The Self Care Commissioning Statement
- Moderate-severe allergic rhinitis uncontrolled by maximal conventional therapy pathway (Acarzax) (New)
- Emergency Steroid Card Guideline (New)
- Diagnosis of airway disease guideline
- COPD Guideline
- Adult Asthma Guideline
- Prescribing for patients with heart failure
- Prescribing anticoagulants

A range of rebate agreements were reviewed during the year, some being extensions of existing rebate schemes, others being new schemes. A core principle for the assessment of the rebate scheme was that the scheme did not affect a clinician's right to choose clinically appropriate medicines for their patients.

The medicines optimisation workplan for 2021/22 was also approved.

Shared Care Framework for Modafinil and additional NHS England commissioning cohort (learning disabilities) for Flash Glucose Monitoring

The Committee considered and supported proposals to introduce a shared care arrangement for Modafinil and to include access to Flash Glucose monitoring for individuals with learning disabilities where clinically appropriate.

Lower Limb Wound Pathway

A new service was proposed to focus on wounds that specifically occurred between the knee and ankle which were resistant to healing. These specific wounds. It was anticipated there would be a positive impact upon the management, and clinical outcomes, of these cases and in supporting Primary Care in managing these cases. The Committee approved the introduction of the service.

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

Financial Planning

Committee Members were advised that the financial plan for 2021/2022 was being completed in two halves. It was noted that for this financial year the whole system would be measured against whether the system breaks even and not as individual organisations.

Information Management and Technology (IMT) Strategy and Approach

The Committee was updated on a quarterly basis regarding the progress being made in delivering the IMT strategic plans. Initiatives included:

- EPaCCS roll out across the Humber
- Yorkshire Health Care Record
- Digital (First) Primary Care
- GP IT Futures Funding
- Care Home Digital Maturity

- Talk Before You Walk\111First system connectivity

Mental Health and Learning Disability

Updates were given around:

- The progress made in developing a new service specification for anxiety and depression services
- The positive feedback that had been received regarding the new Profound and Multiple Learning Disability Specialty Doctor.
- Mental health system development funding & spending review allocation 2021/22
- Changes to the way Learning Disability Health Checks had to be reported
- Transforming Care – Safety and Wellbeing reviews

Children and Young People Programme

Updates continued to be given in respect to the delivery of the SEND improvement plan. These proved beneficial as they demonstrated improvements in the service offer for individuals with SEND.

Regular 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:

- Virtual Consultation – the utilization of virtual consultation, by either video link or phone, continued to be developed throughout the year.
- Plans to increase planned care activity to reduce waiting lists and systems and processes to support the monitoring of clinical safety for those on waiting lists
- Increased usage of Patient Initiated Follow-Up across more specialty areas
- Review of Pulmonary Rehabilitation services
- Impact of the Omnicron Covid variant on Primary Care
- Proposals to develop community diagnostic hubs to bring diagnostic services out into the community.

Primary Care

The Pandemic continued to have an impact on Primary Care with papers being considered around:

- Delivery of COVID vaccines in Primary Care
- Plans to start increasing available capacity within Primary Care as covid restrictions eased
- Community Pharmacy Contraceptive Pilot
- Long Covid enhanced service
- Weight Management enhanced services
- PCN reconfiguration and plans
- Winter access fund

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
- 2 Hour Crisis Response – a new initiative designed to provide rapid assessments at home for clinically deteriorating individuals who could be safely managed within a home environment which included telephone triage and face to face assessments where clinically appropriate.
- Local Clinical Assessment Services – following an initial trial the service could demonstrate an impact on patient care and was extended a further 12 months by the Urgent and Emergency Care Network
- Reducing Delayed Transfers of Care – The whole system worked together to try to reduce unnecessary delays in patient pathways into the community

Risk Register

Those risks that were allocated to the Committee were reviewed on a bi-monthly basis to ensure that the risks were reflective of the Committee's views and that the mitigations put in place to manage the risks were appropriate.

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 2022