


<b>Date:</b>	12 <sup>th</sup> April 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 12.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Report Title:</b>
CCG Planning & Commissioning Committee Chair's Summary Report
<b>Decisions to be made:</b>
To note

<b>Author:</b> <i>(Name, Title)</i>	Richard Young Director of Commissioning
<b>GB Lead:</b> <i>(Name, Title)</i>	Dr Satpal Shekhawat. Chair P&C Committee
<b>Director approval</b>	Richard Young Director of Commissioning
<b>Director Signature</b> <b>(MUST BE SIGNED)</b>	

<b>Continue to improve the quality of services</b>	<input type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input type="checkbox"/>	<b>Statutory/Regulatory</b>	<input type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
This is the Chair's report to the Clinical Commissioning Group Board following the Thursday, 15 March 2018. Planning and Commissioning Committee.	
<b>Recommendations</b>	Governing Body is requested to note the report.
<b>Report history</b>	This is a summary report from the Planning & Commissioning Committee held on Thursday, 15 March 2018.
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
There are no direct implications from this report. However, any implications from the matters reported in this report have been included within the original documentation provided to the committee.	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	N/A	Y	N	Date		N/A	Y	N	Date
<b>Patient:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PLANNING & COMMISSIONING COMMITTEE**  
**MEETING HELD ON THURSDAY, 15 MARCH 2018.**  
**CHAIR'S UPDATE REPORT**

## **INTRODUCTION**

This is the Chair's report to the Clinical Commissioning Group Board following the Thursday, 15 March 2018. Planning and Commissioning Committee.

### **5. LOCAL FLU OUTBREAK RESPONSE SERVICE**

The CCG is required to put a plan into place for a localised Influenza Outbreak Response Service. A letter was received from NHSE in November 2017 stating that the service needed to be a year round service and not just out of season; the service is a reactive one and will only be activated once an outbreak is identified by Public Health England.

The committee considered the commissioning and procurement options in order to implement the service. The potential risk value is approximately £200-£1,500 depending on the extent of the outbreak and it is anticipated that this will be met from the CCGs in-year contingency funds.

Potential providers have been identified as follows:

- The Federation
- Core Care Links
- NLaG
- City Health Care Partnership (CHCP)

There was concern that the draft specification assumed only one outbreak per annum (this was agreed to be re-worded). It was also agreed to factor in that the evidence confirms that treatment is more likely to cause side effects and this needs.

In summary the Director of Commissioning stated that this is a requirement of all CCGs and the report seeks to ensure that NLCCG have a process in place for the outbreaks.

**Members approved the draft specification with the minor amendments**

### **6. RECOMMISSIONING OF COMMUNITY SERVICES**

The P&CC were provided with a number of service specifications that have been developed and were asked to consider and approve them prior to any further work being undertaken on stakeholder engagement and procurement. It was noted that further work being done including business case preparation for community diagnostics, finance and activity.

The Director of Commissioning gave a summary of the work undertaken to date. The team have been tasked with producing a number of specifications for re-commissioning of community services by the end of March.

There was some concern expressed about process and that ideally the specifications needed to be considered in the context of activity and finance details. It was confirmed that this work is continuing.

The clinical lead for the re-commissioning of community services, Dr Faisal Baig asked members to consider what, ideally, would we like the services to look like and about agreeing the general principle. There was detailed discussion on the specifications for:

- MSK services
- Cardiopulmonary Services
- Nursing and Therapy services

Members considered and noted the updates provided.

- It was further agreed to utilise space on the Governing Body Workshop on 29 March for community services to be discussed
- The Director of Commissioning and the Chief Finance Officer to draft a formal communication to NLaG and other providers confirming the CCG will be commissioning community services from NLaG for 2018/10 (until 31/03/19) as a minimum.

## **7. NHS 111 and CAS**

The Head of Strategic Commissioning and Rebecca Bowen, Commissioning Manager gave an overview of the processes undertaken to date and out a recommended procurement approach. The development of the service specification is on-going with the CCGs of Humber, Coast and Vale (HCV) being involved in the process. It is a national requirement to ensure all CCGs have an Integrated Urgent Care service in place by 1 April 2019 which will include a Clinical Assessment Service (CAS). It is also proposed to have an interim contract in place for the current provider for 12 months with support to mitigate any risk.

Members are agreed to:

- Approve the procurement route
- Approved the draft specification in principle and resolved to delegate approval of the final specification to the Clinical Lead for Urgent Care and the P&CC Chair

## **8. INTEGRATED URGENT CARE**

Dr Neveen Samuel (Clinical Lead for Urgent Care) and Ms Rebecca Bowen (Commissioning Manager) gave an update regarding the development of Urgent Treatment Centres in North Lincolnshire. The committee was updated on the work completed to date and the development of the model for a UTC. It was noted that there is an intention for two urgent treatment centres in Northern Lincolnshire - to be located at Scunthorpe and Grimsby hospital sites.

Urgent and emergency care, right person, skills, right place, right time was discussed. The UTCs will be reliant on the crisis response service giving support to those in homes where necessary. UTCs will sit directly in front of A&E at the hospital sites. Once a patient arrives at the UTC they will be assessed by a senior streaming practitioner and will triaged appropriately.

It is envisaged that implementation would take place over the next 12 months; however some parts could be immediately implemented. It was agreed that an engagement exercise will take place and the model will be taken to Council of Members (completed).

An urgent care working group will be set up in order to start to develop the model.

The Director of Commissioning informed members that this is not new activity and that funding is available through existing blocks of money which has already been identified.

Members are agreed to:

- Approve the work completed to date
- Approve the development of a final model

## **11. TIER 3 WEIGHT MANAGEMENT**

This paper has been discussed previously and confirms the actions from the meeting held in January 2018. Option 3 approved to re-procure on a cost by case basis

**Dr Satpal Singh Shekhawat**  
**Clinical Chair - Planning and Commissioning Committee**  
**March 2018**