

PART 1 GOVERNING BODY 2022/23

Date of Meeting:	20 May 2022
Agenda Item:	4.4
Subject:	Primary Care Commissioning Committee from (from 11 March 2022 meeting)
Reporting Officer:	Peter Riley
Aim of Paper	To provide an update from the Primary Care Commissioning Committee meeting on 11 March 2022

Governance route prior to Governing Body	Meeting Date	Objective / Outcome
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group		
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Governing Body Resolution Required:	For Information Only
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Recommendation:

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	No
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	No
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

RISK LEVEL (To be reviewed in line with the Risk Policy)**RAG Status:** *n/a***Comments:****CONTENT APPROVAL / SIGN OFF****The contents of this paper have been reviewed and approved by:**

Not Applicable

Clinical Content signed off by:

Not applicable

Financial content signed off by:

Not applicable

Clinical Engagement taken place: Not Applicable**Patient and Public Involvement:** Not Applicable**Patient Data Impact Assessment:** Not Applicable**Equality Analysis / Human Rights Assessment Completed:** Not Applicable

EXECUTIVE SUMMARY

The Primary Care Commissioning Committee met virtually on Friday 11 March 2022.

Public Questions

It was confirmed that a question has been received from a member of the public regarding Clough Street Surgery, which is now known as The Hive.

The question is similar to one previously raised in January 2020 and relates to the progression of the new GP building and the reasons for the delays.

The Chief Finance Officer who has responsibility for estates advised that the CCG is very supportive of this development. There has been some progress with the site, however delays have been experienced due to the discovery of Japanese Knotweed and the impact of Covid 19.

Both have significantly impacted the timescales of this work.

Discussions are ongoing between the practice and NHS England (NHSE), which the CCG is supporting.

A further update will be provided once a response is received from NHSE.

FOR DECISION:

- **Committee Self-Assessment** – The Committee agreed to approve the Committee Self-Assessment

FOR DISCUSSION:

- **Finance Update** – a paper was presented which provided an update to Month 10. It was noted that prescribing information for December was not available when writing the report, this data has now been received, which highlights an increased level of prescribing. There is a separate line for winter access funds, this currently appears as an overspend. However, it was confirmed that this will be funded via the national team.
- **GM Health and Social Care Partnership Update** – item deferred due to apologies
- **Primary Care Workforce Update** - It was noted that there are a number ARRS roles in place across the borough.

Pennine Care NHS Foundation Trust (PCFT) have been working with the Primary Care Networks (PCN) and the CCG to recruit Mental Health Practitioners. Across the PCNs there are now 5 currently in post and a further practitioner will start in April 2022.

ARRS funding is split into two parts, NHSE pays the CCG an element of this which is included directly in the baseline, the remaining funding can be drawn down once this funding has been fully utilised.

The disruption experienced as a result of the covid-19 pandemic, in particular the central role that primary care has played in the vaccine programme, has directly impacted the recruitment to planned additional roles.

Based on the latest PCN ARRS claims received , HMR CCG's forecast spend on ARRS roles in 2021/22 is estimated at £1.13m. The anticipated underspend against the 55.6% of funding held in the CCG's baseline is £0.52m.

.The CCG is working with colleagues including PCN clinical directors and the Primary Care Academy in order to make plans to utilise any available ARRS slippage in 21/22. Any ARRS slippage would be used to support workforce development and delivery, working with the Primary Care Academy and PCNs. Once plans are finalised, the CCG will take these through appropriate governance routes and we will continue to keep the PCCC updated.

Work continues as part of recruitment, retention and skills development. This work is being led by the Primary Care Academy with links to the GM Primary Care Workforce Programme and the GM Training Hub and is key workstreams as part of the Primary Care Mandate.

Key success to highlight is the recent award of the Queens Nurse title to a practice nurse working at Castleton Health Centre in our Canalside PCN. The Queens award programme is a national award scheme and the title is given to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

- **Primary Care Risk** - The report was outlined, and it was noted that the paper provides an overview of the primary care risks on the corporate assurance framework.

Members were advised that there are 2 risks which have an inherent score of 16 or more that appear on the corporate assurance framework relating to:

- Developing leadership skills with the PCNs
- Competing demands for recovery from Covid 19

- **Primary Care Recovery Update** - A presentation was provided regarding Primary Care Recovery.

The following areas were covered:

- Primary Care Mandate
- Primary Care Recovery: Vaccine Programme
- Primary Care Recovery: Winter Access Fund
- GP Contract Changes 2022/23: Headlines
- GP Contract Change 2022/23: Headlines: Extended Access
- Pulse Oximetry and Respiratory Diagnostics
- The Future: A Start for 10

- **Serious Mental Illness (SMI) and Learning Disability (LD) Healthchecks** - It was noted that the health inequalities faced by people living with SMI and LD are significant, and that these could increase further due to the impact of the pandemic.

Consequently, throughout the pandemic NHSE has continued to ask practices to work towards delivery of these targets.

83.4% of Health Checks have been completed in HMR which is the highest in GM.

22.4% of SMI Health Checks have been completed, and it was noted that although

this remains low it is a significant improvement on the previous position of 15%.

Further work will continue to take place and it was recognised that there tends to be a dip in numbers at this time of year.

- **Core+** - It was noted that due to Covid 19 all data collection and submission requirements were suspended. From 2021/22 Core+ was reinstated with a reduced set of indicators and light touch reporting requirements. Due to the planned closure of the CCGs and transition to the Integrated Care System (ICS) from 1st July 2022 it is anticipated that similar funding arrangements as per H2 of 21/22 will continue to be in place for Core + for Q1 of 22/23.
- Local discussions are currently underway to review existing indicators and to agree indicators and reporting arrangements for Q1 22/23 with a key focus on indicators that will support local system recovery and manage current system demands. full reporting measures and KPIs will be introduced from April 22/23 to provide adequate assurance of progress against the agreed indicators.
- Further work will take place throughout Q1 to develop an agreed approach for Core + for remainder of 22/23 as the transition from CCG to ICS continues and further information becomes available. It is also expected that CCGs/ local systems will be required to make efficiency savings in 22/23.

SUB COMMITTEES

- **IM&T Update** – a summary report was shared with members
- **Primary Care Assurance and Transformation Sub Committee** – no update was provided due to the last meeting being cancelled; the next meeting will take place on 16 March 2022.