

## Item: 11.1

### PLANNING AND COMMISSIONING COMMITTEE

#### MINUTES OF THE MEETING HELD ON FRIDAY 3 NOVEMBER 2017 THE BOARD ROOM, WILBERFORCE COURT

##### **PRESENT:**

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair  
B Ali, NHS Hull CCG, (Clinical Member)  
K Billany, NHS Hull CCG, (Head of Acute Care)  
E Daley, NHS Hull CCG (Director of Integrated Commissioning)  
B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)  
T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)  
P Jackson, NHS Hull CCG (Lay Member) Vice Chair  
S Lee, NHS Hull CCG (Associate Director, Communications and Engagement)

##### **IN ATTENDANCE:**

D Robinson, NHS Hull CCG (PA - Minute Taker)  
G Dowley, NHS Hull CCG, (Commissioning Manager - Acute Care) – Item 6.2 and 6.3  
B Griffiths, North of England Commissioning Support (Senior MD Pharmacist)  
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
K McCorry, North of England Commissioning Support (Senior Pharmacist)  
T Yell, NHS Hull CCG, (Senior Commissioning Lead Mental Health & Vulnerable People)

##### **1. APOLOGIES FOR ABSENCE**

M Bradbury, NHS Hull CCG (Head of Vulnerable People Commissioning)  
P Davis, NHS Hull CCG, (Head of Primary Care)  
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
G Everton, NHS Hull CCG & Hull CC (Integrated Commissioning Lead)  
R Raghunath NHS Hull CCG, (Clinical Member)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)  
M Whitaker, NHS Hull CCG, Practice Manager Representative

##### **2. MINUTES OF THE PREVIOUS MEETING HELD ON 1 SEPTEMBER 2017**

The minutes of the meeting held on 6 October 2017 were submitted for approval and the following changes were agreed:

##### **Item 2 Item from September minutes**

##### **6.17 Primary Care Prescribing Offer NHS Hull CCG Zaluron XL**

It was stated that the PrescQIPP governance process had been followed which approved the scheme from a clinical, contractual and financial assessment perspective. The PrescQIPP review came back with “no significant reservations”

The impact of the rebate would be approximately £9k per annum. This is already a review incorporated in GP practice workplans as a more cost effective option.

Conversation had been held with Humber NHS Foundation Trust (Humber FT) who had indicated their agreement to use Zaluron in the future.

### Resolved

(b)	This would be submitted to the Integrated Audit and Governance Committee (IAGC)
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### Item 6.15 Primary Care Prescribing Rebate Offer NHS Hull CCG

Following the CCG Rebate Policy assessment process the rebate offer had then come to Planning and Commissioning. It was noted that the CCG do not actively promote certain drugs but made this available to be prescribed. Also, the rebate does not influence what was prescribed.

### Resolved

(a)	Members of the Planning and Commissioning Committee accepted and endorsed the primary care rebates for both Tiotropium and Olodaterol Respimat (Spiolto) and Mezolar Matrix (Fentanyl) Pain Patch.
(b)	This would be submitted to the Integrated Audit and Governance Committee (IAGC) for approval.

### Resolved

(a)	The minutes of the meeting held on 6 October 2017 to be taken as a true and accurate record subject to the above amendments being made and signed by the Chair.
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## 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 6 October 2017 was provided for information and the following update was provided:

### 03.05.17

#### 6.10 Emotional Vulnerability Hub Specification

A status update would be obtained with regard to this and reported at the next meeting. The Status of Action was 'In Progress'.

### 01.09.17

#### 6.15 Minor Surgery Provision in Primary Care

It was agreed to take the proposal to the prioritisation panel in January 2018. The Status of Action was 'In Progress'.

### Resolved

(a)	Committee Members noted the Action List.
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## 4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

## Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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## 5. GOVERNANCE

### 5.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest which the Action taken
- (iv) be declared under this section which at the top of the agenda item which it relates too;

Name	Agenda No	Nature of Interest / Action Taken
Bushra Ali	6.3 / 6.4 / 6.5 / 6.8	Declared a Direct Pecuniary Interest as GP Partner
Vincent Rawcliffe	6.3 /6.4 /6.5/ 6.8	Declared a Direct Pecuniary Interest as GP Partner

## Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest that were declared.
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### 5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts which Hospitality made since the Planning and Commissioning Meeting in October 2017.

## Resolved

(a)	Planning and Commissioning Committee Members noted that there were no gifts or hospitality declared.
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## 6. STRATEGY

### 6.1 PUBLIC HEALTH WORK PLAN

The City Manager, Integrated Public Health Commissioning, provided the Committee with an update.

It was specified that Public Health were in the process of setting the high level budget for 2018/2019 2019/2020, all proposals had been discussed through the Integrated Commissioning Officer's Board (ICOB) process therefore incorporating NHS Hull CCG and internally within Hull City Council (HullCC) and would be presented at the next informal cabinet after which an open public consultation would take place. Discussions would take place with key stakeholders and effected providers regarding budget/service arrangements. It was stated that key stakeholder information would be further discussed at the Health and Wellbeing Board (HWBB) and Overview and Scrutiny Committee (OSC) following this the decisions/information would be presented the budget setting meeting and added to the MTFP Plan going forward to December Cabinet.

Separate decision making processes for re-procurement of services would take place with the approval to cease services being decided on at the December 2017 cabinet.

It was stated that due to national directives the Public Health budget would be reduced by £1.3 million between present date and the end of 2019/2020 along with £1.25 million of the Public Health grant being moved strategically with extra accountability being required on how the money was used in partnership working and the impact on services changes, all key service alternations would be brought to Planning and Commissioning for information/approval.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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### 6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There was nothing to report

### 6.3 HULL & EAST RIDING PRESCRIBING COMMITTEE – SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS (STANDING ITEM)

Dr Ali and Dr Rawcliffe declared a Direct Pecuniary Interest as GP Partners.

The Medicines Optimisation Pharmacist provided an update on recent new drugs or changes in usage applications and traffic light status.

The Committee were updated on red drugs, in hospital and non CCG commissioned drugs with the following being identified specifically:

Ivermectin 10mg/g cream (Soolantra) - Dermatology, to ensure that topical ivermectin was always used as a 2nd line agent after topical metronidazole, in line with the Committee's wishes.

Ustekinumab/Stellara Injection - Approved in line with NICE 456, Biologics pathway in Crohns Disease to be completed.

Eloine Tablets , Ethinyloestradiol 20 mcg and Drospirenone 3mg - To replace Daylette on formulary (discontinued by manufacturer)

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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### 6.4 NICE MEDICINES UPDATE (STANDING ITEM)

Dr Ali and Dr Rawcliffe declared a Direct Pecuniary Interest as GP Partners.

The Medicines Optimisation Pharmacist provided an update on the National Institute for Health and Care Excellence (NICE) Medicine update report to the Committee for information purposes, which in particular, attention was drawn to:

- Dimethyl fumarate for treating moderate to severe plaque psoriasis - NICE does not anticipate a significant impact on resources
- HIV testing: encouraging uptake - NICE suggested this would be cost neutral
- Rehabilitation after critical illness in adults - NICE suggested this would be cost neutral
- Transition between inpatient mental health settings and community or care home settings - NICE suggested this would be cost neutral
- End of life care for infants, children and young people – NICE suggested assessing costs locally
- Sepsis - NICE suggested this would be cost neutral
- Intermediate care including reablement – NICE anticipated this would have a high cost

It was stated that it was imperative that NHS Hull CCG had a link into commissioning service specification and contracts ensuring all of the quality standards for NICE as well as the technical guidance was captured. A working group had been arranged which would update Planning and Commissioning.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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### 6.5 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

Dr Ali and Dr Rawcliffe declared a Direct Pecuniary Interest as GP Partners.

#### Acute Care

- A letter had been received from the Royal College of Ophthalmologists relating to the Humber Coast and Vale (HCV) cataract policy which refers to inaccuracies in the policy. The policy referred to was not the final HCV policy.

**Post Meeting Note** – a response had been generated with HCV colleagues which would be signed off by Chris O’Neil STP HCV Lead

#### New Models of Care

- There were no exceptions to report.

#### Medicines Management

- There were no exceptions to report.

### **Children Young People which Maternity (CYPM)**

- Local Area Inspection of Special Educational Needs & Disability (SEND) took place 2 – 13 October 2017. The inspection identified strengths, good practice and areas for improvement. A findings report was due December 2017 and the local area had 70 days to submit a statement of action. The report would be published on CQC, Ofsted, LA and CCG websites. Priorities had been identified in relation to the appointment of a Designated Clinical Officer (DCO) for SEND, review of service delivery models for Speech and Language Therapy (SLT) and autism for the local area.
- Community Paediatric Medical Service. City Healthcare Partnership had notified NHS Hull CCG of issues related to consultant paediatrician resource and the impact on delivering service. A meeting had been planned with East Riding of Yorkshire CCG (ERY) and the provider to further understand the impact on service delivery, how the service was prioritising work, communication with key stakeholders including service users and the short/medium term action plan. This would support the discussion and clarification of the review of the service specification for the service and the additional requirements for designated doctor roles.
- The maternity smoking project was presented at the Yorkshire and Humber Symposium on smoking in pregnancy. There was an issue related to the smoking at the time of delivery data collation and reporting due to Lorenzo system and Hull and East Yorkshire Hospital Trust (HEYHT) were addressing as a matter of urgency.

### **Vulnerable People & LD**

#### **Dementia**

- There were no exceptions to report.
- The Committee were advised that the Dementia pilot would be extended.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the update.
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### **6.6 BETTER CARE FUND/INTEGRATED COMMISSIONING**

The Director of Integrated Commissioning provided an update on the progress made in relation to the joint NHS Hull CCG and Local Authority (LA) Better Care Fund.

It was stated that the Better Care Fund Plan had been submitted to NHS England, the final assurance was awaited.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the update.
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## 6.7 UNPLANNED CARE – A & E DELIVERY BOARD

The Director of Integrated Commissioning reported that local and national Winter System Calls had been arranged, templates would require completing if Operational Pressures escalation level (OPEL) levels were high.

It was acknowledged that Hull and East Yorkshire Hospital Trust (HEYHT) were working extremely closely with community and service providers, therefore achieving target.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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## 6.8 OUT OF HOSPITAL CARDIOLOGY SERVICE

Dr Ali and Dr Rawcliffe declared a Direct Pecuniary Interest as GP Partners.

The Commissioning Manager Acute Care presented the Out of Hospital Cardiology Service specification.

It was stated that a large amount of Clinical input had been received into rectifying the issues around data sharing and consideration had been given to a centralised clinical 'Cloud' based storage resource being implemented.

The revised Service Specification incorporating the revised wording and context had been circulated to Council of Members (CoM) representatives for comment, no responses had been received.

It acknowledge that the service would be 3 tiered with GP's defining the expectations of what GP's would undertake.

### Resolved

(a)	Members of the Planning and Commissioning Committee approved the revised service specification.
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## 6.9 ASSESS IMPACT OF NEW NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE)

This item was deferred to the November 2017 meeting.

## 6.10/CHILDREN'S COMMUNITY NURSING SERVICE SPECIFICATION AND LOOKED AFTER CHILDREN SERVICE SPECIFICATION:COMMUNITY HEALTH SERVICE SPECIFICATION

- 6.11 The Head of Children, Young People and Maternity provided a report focussing on:
- Children's Community Nursing Service incorporating a range of defined services
  - Looked After Children: Community Health Service

It was stated that the current contracts were due to end on 31 March 2018 and approval had been received from Hull CCG Board to extend to 2019.

The service review undertaken took into account the following interdependent projects that were part of the wider transformation of children's service agenda;

- Review of children's continuing care
- Review of children's disability short break service
- Paediatric medicine reconfiguration
- Paediatric Respiratory RightCare
- Children's emotional health and vulnerability service development plan
- Special Education Needs and Disabilities (SEND) Joint Inspection Improvement Plan
- Designated professional's for Looked After Children, Safeguarding and SEND

The service specifications identified the following cross-cutting and core deliverables:-

- A single point of access
- All children within the services would have a named health lead professional/worker that would support care coordination and care navigation as appropriate
- All assessment, care planning and delivery would be holistic, person-centred, outcome focused, include and evidence the voice of the child/young person (and his/her parent/carer as appropriate) with the aim to support self-management and self-care wherever possible; promoting age-appropriate independence
- Delivery would aim to support care close to home and wherever possible not disrupt the child/young person's learning and education
- Transition would be a key focus that included all key transition points not just children's to adult health services
- Services would be fully compliant with the statutory requirements within safeguarding, looked after children and SEND; supported by designated and named professionals within those areas
- Services would support the wider transformation programme and integrated delivery agenda identified through the above interdependent projects

Changes to the services include:

- Enhancement to the Designated Doctor and Named Doctor and Named Nurse for LAC (The recruitment to the CCG post Designated Nurse for LAC was in progress)
- Enhanced and extended LAC service provision to 18:00 hours and Saturday morning to prevent disruption to children and young people's education and learning and to offer choice
- Enhancement to children's community service to include acute short term conditions including follow-up of management of long term conditions including eczema and delivery of intravenous and subcutaneous medications at home
- Introduction of urgent and non-urgent response to referrals within the four care groups
- Inclusion of the specialist nurse service for long term conditions currently provided through Hull and East Yorkshire Hospitals NHS Trust
- The role of specialist school nurse was incorporated into the service to enable delivery to all school aged children including those with complex conditions in mainstream schools.
- Enhancement of delivery of competence-based training, education and support to all those responsible for providing care to children and young people with care needed to include education, health and care staff/professionals

It was stated that engagement and an element of co-production with key stakeholders as the provider and service user feedback had taken place as part of the review.



Discussion took place in relation to the contracts and it was agreed that within the contract/reporting system Key Performance Indicators (KPI's), CQUIN's and service development should be a specifically noted after being agreed with the provider.

It was requested that within the Children's Nursing Service, Service Specification it be define what was urgent and non-urgent and what the referral performance should be.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Member of the Planning and Commissioning Committee approved the service specification for Children's Community Nursing Service and Looked After Children; Community Health Service for the period 2018/19 be approved after incorporating the agreed amendments.

### **6.12 COMMUNITY PAEDIATRIC MEDICAL SERVICE SPECIFICATION**

This item was deferred and would be circulated electronically.

### **6.13 INTEGRATED PAEDIATRIC THERAPIES SERVICE SPECIFICATION**

This item was deferred and would be circulated electronically.

### **6.14 LOCAL MATERNITY SYSTEM (LMS) PLAN**

Dr Ali and Dr Rawcliffe declared a Direct Pecuniary Interest as GP Partners.

The Director of Integrated Commissioning provided a report on the progress made in developing the Local Maternity System Plan (LMS).

NHS Hull CCG had taken the lead on the LMS Plan over the last 6 months. The plan had been developed by members of the LMS Executive Board led by Dr Kevin Phillips with the following 4 key workstreams being agreed:

- Choice, Personalisation and Continuity of Carer
- Putting the individual, quality and safety at the core of our service delivery
- Delivering Improvements in Perinatal Mental Health
- Multi professional working and governance

The final plan had been submitted on 31 October 2017 which was the formal national submission date and this followed a series of confirm and challenge events to ensure that the plan meets regional expectations:

Once the plan was submitted feedback would be received although nothing had been received at present as to whether our plan was deemed sufficiently advanced to demonstrate we had a grip of and ambition around the agenda.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee accepted the next steps to finalise the plan.
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## **7. SYSTEM DEVELOPMENT AND IMPLEMENTATION**

### **7.1 PROCUREMENT UPDATE**

The Director of Integrated Commissioning provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

The following key procurement activity had taken place:

- Further development in respect of Community Paediatrics contracts
- Proposals for community cardiology pathways were emerging

Committee Members noted the Joint working with Hull City Council continues and their procurement plan was considered at each meeting of the CCG procurement panel. Public health contracts were a particular area of focus at the present time due to the contracts expiring in the next 12-18 months, additional funding constraints within the local authority and the integrated commissioning agenda. Other key procurements were Residential & Complex Care and Housing Related Support.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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## **8. STANDING ITEMS**

### **8.1 REFERRALS TO AND FROM OTHER COMMITTEES**

Two Primary Care Prescribing Rebate Schemes had been forwarded to the Integrated Audit and Governance Committee (IAGC) for approval.

## **9. REPORTS FOR INFORMATION ONLY**

### **9.1 SEPTEMBER 2017 PROCUREMENT PANEL**

The minutes were provided for information.

### **9.2 ICC BOARD MINUTES**

There were no minutes to distribute.

### **9.3 ICOB MINUTES OCTOBER 2017**

The minutes were provided for information.

### **9.4 CHAIRS UPDATE REPORT – 6 OCTOBER 2017**

Committee Members noted the contents of the Chairs Update report.

## **10. GENERAL**

### **10.1 ANY OTHER BUSINESS**

There were no items of Any other Business to discuss.

### **10.2 DATE AND TIME OF NEXT MEETING**

The next meeting would be held on **1<sup>st</sup> December 2017, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed: *V. A. Rowcliffe*  
 (Chair of the Planning and Commissioning Committee)

Date: 3 November 2017

## **Abbreviations**

5YFV	Five Year Forward View
AAC	Augmentative and Alternative Communication
AAU	Acute Assessment Unit
ADASS	Association of Directors of Adult Social Services
APMS	Alternative Provider Medical Services
A&E	Accident and Emergency
BAF	Board Assurance Framework
BPPE	Birth Preparation and Parent Education
BMI	Body Mass Index
CANTAB	Neuroscience technology company delivering near-patient assessment solutions
C&YP	Children & Young People
CHCP	City Health Care Partnerships
CQC	Care Quality Commission
CAMHS	Children and Mental Health Services
CGMS	Continuous Glucose Monitoring
CORRS	Community Ophthalmic Referral Refinement
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECIP	Emergency Care Improvement Programme
ECPs	Emergency Care Practitioners
EoL	End of Life Care
ENT	Ear Nose & Throat
EHCH	Enhanced Health in Care Homes
EPRR	Emergency Preparedness Resilience and Response
FNP	Family Nurse Partnership
GPC	General Practitioners Committee
GCOG	General Practitioner Assessment of Cognition
H&WBB	Health and Wellbeing Board
HEYHT	Hull and East Yorkshire Hospital Trust
HERPC	Hull and East Riding Prescribing Committee
HCC	Hull City Council
Humber FT	Humber NHS Foundation Trust
ICC	Integrated Care Centre
JSNA	Joint Strategic Needs Assessments
IAPT	Improving Access to Psychological Therapies
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer's Board
LMC	Local Medical Committee
LMS	Local Maternity System

IDS	Immediate Discharge Summary
ITT	Invitation to Tender
KPIs	Key Performance Indicators
LA	Local Authority
LAC	Looked after Children
LDR	Local Digital Referral
LIFT	Local Improvement Finance Trust
LMS	Local Maternity System
MH	Mental Health
MDT	Multi-Disciplinary Team
MSK	Musculoskeletal
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NHSE	NHS England
ONS	Oral Nutritional Supplements
OSC	Overview and Scrutiny Committee
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
PFI	Private Finance Initiative (PFI).
PNA	Pharmaceutical needs Assessment
PTL	Protected Time for Learning
RIGS	Recommended Improvement Guidelines
RTT	Referral to Treatment
SOMB	System Oversight Management Board
SRG	System Resilience Group
STP	Sustainable Transformational Plan
ToR	Terms of Reference
UCC	Urgent Care Centre
VOCA	Voice Output Communication Aids
YAS	Yorkshire Ambulance Service