

Item: 11.1

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 1 DECEMBER 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)
 P Davis, NHS Hull CCG, (Head of Primary Care)
 B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
 J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
 P Jackson, NHS Hull CCG (Lay Member) Vice Chair
 R Raghunath, NHS Hull CCG, (Clinical Member)
 D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
 M Whitaker, NHS Hull CCG, Practice Manager Representative

IN ATTENDANCE:

D Robinson, NHS Hull CCG (PA - Minute Taker)
 G Everton, NHS Hull CCG & Hull CC (Integrated Commissioning Lead)
 K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
 K McCorry, North of England Commissioning Support (Senior Pharmacist)
 K Memlucks, Hull CCG, (Quality Lead)
 J Mitchell, NHS North East Lincolnshire CCG, (Associate Director of IT)
 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)
 K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
 T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)
 S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 3 November 2017

The minutes of the meeting held on 3 November 2017 were provided for approval.

Resolved

(a)	The minutes of the meeting held on 3 November 2017 to be taken as a true and accurate record and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 3 November 2017 was provided for information and the following update was provided:

03.05.17/ 6.10 **Emotional Vulnerability Hub Specification**
It was agreed that the Senior Commissioning Lead Mental Health & Vulnerable People would provide clarity on how patients were prioritised and how the CAMHS services was accessed as there had been no formal launch of the new service and report back to a Council of Members Meeting. The Status of Action was 'In Progress'

01.09.17 **Minor Surgery Provision in Primary Care**
It was agreed to close the action as a revised model was being explored.
The Status of Action was 'Closed'

06.10.17 6.2 **Community Frailty Pathway – Phase 1**
It was stated this action was closed as all district nurses had been meet with and the role established. The Status of Action was 'Closed'

06.10.17 It was stated that social work provision was being reviewed within the MDT therefore the action would be closed. The Status of Action was 'Closed'

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	6.2, 6.3i, 6.3ii, 6.4, 6.5, 6.11	Declared a Financial Interest as GP Partner
Vincent Rawcliffe	6.2, 6.3i, 6.3ii, 6.4, 6.5, 6.11	Declared a Financial Interest as GP Partner
Raghu Raghunath	6.2, 6.3i, 6.3ii, 6.4, 6.5, 6.9, 6.11	Declared a Financial 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 November 2017.

Resolved

(a)	Planning and Commissioning Committee Members noted that there were no gifts or hospitality declared.
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5.3 RISK REPORT

The Chair provided a risk report with regard to risks on the corporate risk register. It was noted that there were currently 27 risks, of these 7 were related to Planning and Commissioning.

It was identified that the waiting time for autism was high. Special Education needs had been reviewed and updated with a further review being undertaken with findings being taken to the Quality and Performance Committee for validation.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

The City Manager, Integrated Public Health Commissioning had submitted apologies to the meeting, no update was provided.

The Chair requested that a comprehensive written update be presented at the January 2018 Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Members of the Planning and Commissioning Committee requested a comprehensive written update be presented at the January 2018

	Committee.
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6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

Dr Ali, Dr Rawcliffe and Dr Raghunath declared Financial Interests as GP Partners. The Medicines Optimisation Pharmacist provided an update requesting approval on the draft Hull CCG Clinical Commissioning Drug Policy – Flash Glucose Monitoring (FGM) systems such as Freestyle Libre®

It was acknowledged that the Freestyle Libre® Flash Glucose monitoring system had become available for prescription in November 2017.

It was stated that a draft general commissioning policy had been produced and brought to Planning and Commissioning for approval reflecting the criteria for Flash Glucose Monitoring (FGM) system related to the Regional Medicines Optimisation Committee position statement issued 1st November 2017.

The policy had been presented at the Hull and East Riding Prescribing Committee with a positive response.

Training for Flash Glucose monitoring system would be delivered via the Diabetic Nurse from Hull and East Yorkshire Hospital Trust (HEYHT) on request.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the policy.
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6.3i HULL & EAST RIDING PRESCRIBING COMMITTEE – SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS (STANDING ITEM)

Dr Ali, Dr Rawcliffe and Dr Raghunath declared Financial Interests 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 with the following being identified specifically:

Argatroban Injection - Haemodialysis anticoagulation for patients with Heparin Induced Thrombocytopenia with an allergy to danaparinoid.

Reslizumab Injection - Approved in line with NICE TA 479

Pembrolizumab (Keytruda) Infusion - The treatment of locally advanced or metastatic Urothelial carcinoma in adults who had received prior platinum-containing chemotherapy.

Ixekisumab Pre filled Syringe - Treatment of Moderate to Severe Plaque Psoriasis in Adults NICE TA 442

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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6.3ii HULL & EAST RIDING PRESCRIBING COMMITTEE – ‘PRESCRIBING FOR PATIENTS WITH HEART FAILURE WITH REDUCED EJECTION FRACTION’

Dr Ali, Dr Rawcliffe and Dr Raghunath declared Financial Interests as GP Partners.

The Medicines Optimisation Pharmacist provided an update requesting approval to ‘prescribe patients with heart failure with reduced ejection fraction’ (primary care communication) which Hull and East Yorkshire Hospital Trust would be sending in relation to prescribing recommendations.

It was stated that Professor Clark from Hull and East Yorkshire Hospital Trust had authored a ‘Prescribing for patients with heart failure with reduced ejection fraction’ (primary care communication). The paper had been to the Heart Failure Task and Finish Group who had highlighted that it was required to be reviewed/approved by Hull and East Riding Prescribing Committee (HERPC). A discussion had taken place at HERPC on 22 November 2017 where the procured was approved.

It was therefore agreed for NHS Hull CCG to approve the paper.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Prescribing for patients with heart failure with reduced ejection fraction’ (primary care communication).
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6.4 NICE MEDICINES UPDATE (STANDING ITEM)

Dr Ali, Dr Rawcliffe and Dr Raghunath declared Financial Interests 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:

- Tofacitinib for moderate to severe rheumatoid arthritis - NICE stated this guidance would be applicable to Primary Care.
- Cerebral palsy in children and young people - NICE stated this guidance would be applicable to Primary Care, Community health care, Secondary care - acute, Secondary care - mental health, tertiary care, Ambulance services and Social care.
- Child abuse and neglect - NICE stated this guidance would be applicable to Primary
- Cystic fibrosis: diagnosis and management - NICE stated this guidance would be applicable to Primary care and secondary care - acute

It was stated that the update provided includes Quality Standard and Med Tec information briefings.

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, Dr Rawcliffe and Dr Raghunath declared Financial Interests as GP Partners.

Acute Care

- There were no exceptions to report.

New Models of Care

- There were no exceptions to report.

Medicines Management

- There were no exceptions to report.

Children Young People which Maternity (CYPM)

- There were no exceptions to report.

Vulnerable People & LD

Dementia

- There were no exceptions to report.

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 advised that the Better Care Fund (BCF) Quarter 2 return had been submitted.

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 at level 3.

It was acknowledged that Hull and East Yorkshire Hospital Trust (HEYHT) had missed the 90% trajectory for November 2017.

Discussions are taking place in relation to the opening of the 27 bed winter ward.

It was stated that 111 soft launch online goes live on 4 December 2017.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.8 ASSESS IMPACT OF NEW NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE)

This item was deferred to the January 2018 meeting.

6.9 SENTINEL NATIONAL STROKE AUDIT PROGRAMME (SSNAP) – PEER REVIEW VISIT

Dr Raghunath declared a Financial Interests as a GP Partner.

The Head of Primary Care provided a report providing assurance to the Committee of actions undertaken and progress made following the review undertaken as part of the Sentinel Stroke National Audit Programme (SSNAP).

SSNAP was the single source of stroke data in England and Wales and Northern Ireland. The programme informs healthcare professionals about what should be delivered to stroke patients and how this should be organised.

Following a review of stroke mortality data by Hull and East Yorkshire Hospitals NHS Trust an invitation was sent to the Royal College of Physicians/British Association Joint Stroke Services Peer Review Scheme to conduct a peer review visit to the Trust.

The visit took place on 9 February 2017 with a series of recommendations being made.

A meeting with the Trust was held on 7 November to receive an update on the Trust's progress in addressing the recommendations from the Peer Review.

Following the review the Trust had developed an improvement plan and an associated business case. The business case had been approved and included resource for the following:

Expansion of HASU beds from 4 to 8 – 4 additional beds would be in place by the end of Q4 in 2017/18.

An additional Stroke Consultant – although the Stroke Consultant had not been recruited to at present an additional 0.8WTE consultant time had been allocated to the service.

Additional Nursing posts - A specialist recruitment agency had been used and additional clinical supporting roles (eg. Nutritional and Recreational Assistants) had been put in place to release nursing time.

Additional Speech & Language Therapy - Additional Speech and Language Therapist posts had been recruited to and a further post was currently out to advert.

The review suggested that thrombolysis within the Emergency Department should be considered. The Trust had trialled this and it was found to be less efficient than thrombolysing on the HASU, hence thrombolysis continues to be undertaken on the HASU.

A limited thrombectomy service was currently delivered, the aim was to provide a comprehensive thrombectomy service as part of the Trust being a regional stroke centre.

The length of stay in the community beds within Rossmore remains longer than would be expected, it had been identified that some of these could be due to delays in care packages being implemented.

Mortality rates for Hull CCG remains outside the three standard deviations of the predicted rate although the SMR had reduced from 1.45 in 2015 - 2016 to 1.34 in 2016 - 2017.

It was acknowledged that overall SSNAP performance for April 2017 – July 2017 shows performance had improved compared to the previous quarter, performance continues to be monitored by the Quality and Delivery Group.

Discussion took place in relation to ITU specialist nurses providing support to the HASU in view of the current winter pressure on beds. Assurance was given that there were no safety issues identified and that there was enough nursing staff to care for patients on ITU. Safer staffing returns from the trust would be monitored by commissioners.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the action and progress following the peer review visit.
(b)	Member of the Planning and Commissioning Committee agreed that a further update would be brought to the Committee in February 2018.

6.10 SPECIALIST INTEGRATED HOMECARE SERVICE PILOT

The Head of NHS Funded Care provided a report to propose a pilot for an NHS Continuing Healthcare Fast Track homecare service.

It was stated that the purpose of the pilot was to provide proof of concept for an alternative delivery model for NHS Continuing Healthcare (NHS-CHC) Fast Track homecare.

It was acknowledged that there was a gap around end of life home care and the NHS Continuing Healthcare Fast Track homecare service pilot would assist with this in the short term and provide intelligence to inform the re-commissioning of the homecare framework in 2018/19.

The most common care package required to support an individual who was NHS-CHC Fast Track was four half hour calls per day and three 8 hour night care shifts per week. However there was a significant variation with no minimum or maximum thresholds in place.

The purpose of a 12 month pilot would be to gather information regarding the demand and potential delivery model of an end of life homecare service. The pilot would also aim to increase capacity and provide a dedicated resource to meet the needs of individuals NHS-CHC Fast Track eligible. City Health Care Partnership had been identified as a Provider for the purpose of a pilot.

CHCP would be required to use the electronic call monitoring (ECM) system as part of the pilot. This would record minute by minute records of the care and support provided to inform payment.

A discussion took place in relation to the amount of consultation which had taken place with Hull City Council (HullCC) with the following areas being raised:

- The Directorate Management Team (DMT) had not had sight of the proposed service specification – the Committee were advised that although the DMT had not had sight of the service specification the Deputy Director of Adult Social Care had received a copy. The DASS and Assistant City Manager: in house services had been consulted on the development of the specification.
- Further discussion was required with the DMT and Integrated Commissioning Officer's Board (ICOB) to consider the service specification and the impact on the homecare provider framework.
- The ACM Integrated Commissioning, HCC accepted the overall principles of the Specialist Integrated Homecare Service Pilot.
- It was agreed that the Specialist Integrated Homecare Service Pilot would complement the frailty pathway.

It was agreed to approve the pilot subject to working closely with the Local Authority and the Head of NHS Funded Care was to present the service specification to HCC DMT regarding implementing the service and change of provider.

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.

6.11 COMMUNITY PAEDIATRIC MEDICAL SERVICE SPECIFICATION

Dr Ali, Dr Rawcliffe and Dr Raghunath declared Financial Interests as GP Partners.

The Head of Children, Young People and Maternity provided a report to review and approve the Community Paediatric Medical Service Specification.

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 specification identifies the following cross-cutting and core deliverables:-

- A single point of access (the proforma for referrals to be developed and agreed with key referrers and the service)
- All children within the service would have a named professional.
- 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 includes all key transition points not just children's to adult health services

- the service 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 service include:-

- A focus on developmental disorders, complex health needs, special educational needs and disabilities (SEND), behavioural presentations of neurodevelopmental disorders or neurodisability and looked after children (LAC)
- enhancement to the Designated Medical Officer for SEND
- The Designated and Named Doctor roles for LAC were to be confirmed through the CCH and provider contracting agreement and whether this was encompassed within the LAC service specification only.
- The assessment and diagnosis for Autism and ADHD had transferred to HFT as part of the Children’s Emotional Health and Vulnerability Service. Community paediatric service would be involved where there were comorbidities related to the service.

It was acknowledged that clarification was required on the number of children who were using the service and that the development of the contracting process, Key Performance Indicators and CQUIN’s would assist in clarifying this.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the content of the report.
(b)	Members of the Planning and Commissioning Committee approved the service specification for Community Paediatric Medical Services.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

The Deputy Chief Finance Officer 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:

- The Out of Hospital Cardiology service procurement was gaining momentum with a paper to be received at the Part II CCG Board meeting on 24 November 2017. A draft paper outlining procurement procedures, ITT principles and proposed extensions to current contracts was submitted to the procurement panel for review/comment.
- Community paediatrics continues to progress with two specifications now approved. Discussions had commenced with providers in respect of revised service specifications.

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

There were no referrals to be made.

9. REPORTS FOR INFORMATION ONLY

9.1 NOVEMBER 2017 PROCUREMENT PANEL

The minutes were provided for information.

9.2 ICC BOARD MINUTES

There were no minutes to distribute.

9.3 ICOB MINUTES

There were no minutes to distribute.

9.4 CHAIRS UPDATE REPORT – 1 DECEMBER 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 5 January 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed: 

(Chair of the Planning and Commissioning Committee)

Date: 5 January 2018

Abbreviations

5YFV	Five Year Forward View
A&E	Accident and Emergency
AAC	Augmentative and Alternative Communication
AAU	Acute Assessment Unit
ADASS	Association of Directors of Adult Social Services
APMS	Alternative Provider Medical Services
BAF	Board Assurance Framework
BMI	Body Mass Index
BPPE	Birth Preparation and Parent Education
C&YP	Children & Young People
CAMHS	Children and Mental Health Services
CANTAB	Neuroscience technology company delivering near-patient assessment solutions

CGMS	Continuous Glucose Monitoring
CHCP	City Health Care Partnerships
CORRS	Community Ophthalmic Referral Refinement
CQC	Care Quality Commission
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECIP	Emergency Care Improvement Programme
ECPs	Emergency Care Practitioners
EHCH	Enhanced Health in Care Homes
ENT	Ear Nose & Throat
EoL	End of Life Care
EPRR	Emergency Preparedness Resilience and Response
FNP	Family Nurse Partnership
GCOG	General Practitioner Assessment of Cognition
GPC	General Practitioners Committee
H&WBB	Health and Wellbeing Board
HCC	Hull City Council
HERPC	Hull and East Riding Prescribing Committee
HEYHT	Hull and East Yorkshire Hospital Trust
Humber FT	Humber NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
ICC	Integrated Care Centre
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer's Board
IDS	Immediate Discharge Summary
ITT	Invitation to Tender
JSNA	Joint Strategic Needs Assessments
KPIs	Key Performance Indicators
LA	Local Authority
LAC	Looked after Children
LDR	Local Digital Referral
LIFT	Local Improvement Finance Trust
LMC	Local Medical Committee
LMS	Local Maternity System
LMS	Local Maternity System
MDT	Multi-Disciplinary Team
MH	Mental Health
MSK	Musculoskeletal
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
ONS	Oral Nutritional Supplements
OSC	Overview and Scrutiny Committee
PFI	Private Finance Initiative (PFI).
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
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