

**PLANNING AND COMMISSIONING COMMITTEE**

**MINUTES OF THE MEETING HELD ON WEDNESDAY 1 SEPTEMBER 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)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
P Jackson, NHS Hull CCG (Lay Member) Vice Chair  
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
S Lee, NHS Hull CCG (Associate Director, Communications and Engagement)  
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:**

J Crick, NHS Hull CCG, (Consultant in Public Health Medicine and Associate Medical Director)  
P Howell, Hull City Council, (ACM Integrated Commissioning)  
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
K McCorry, North of England Commissioning Support (Senior Pharmacist)  
D Robinson, NHS Hull (PA, Note Taker)  
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)  
G Everton, NHS Hull CCG & Hull CC (Integrated Commissioning Lead)  
T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JUNE 2017**

The minutes of the meeting held on 5 July 2017 were provided for approval and signature after minor typo's.

**Resolved**

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| (a) | The minutes of the meeting held on 5 July 2017 to be taken as a true which accurate record which signed by the Chair. |
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**3. MATTERS ARISING FROM THE MEETING**

The Action List from the meeting held on 5 July 2017 was considered. There were no items to be reported on.

## Resolved

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| (a) | The action list was noted. |
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### 4. NOTIFICATION OF ANY OTHER BUSINESS

The Chair advised that Musculoskeletal (MSK) Clinical Review and Triage Investment proposal would be presented at item 10.1.

## Resolved

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| (a) | That the item would be discussed at 10.1. |
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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      | 6.1       | Declared a Direct Pecuniary Interest as GP Partner |
| Raghu Raghunath | 6.1       | Declared a Direct Pecuniary Interest as GP Partner |

## Resolved

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| (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 and Hospitality made since the Planning and Commissioning Meeting in July 2017.

## Resolved

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

Dr Bushra Ali and Dr Raghu Raghunath declared a Direct Pecuniary Interest as GP Partners.

### 6.1 Public Health Work Plan

The Consultant in Public Health Medicine and Associate Medical Director provided the Committee with a verbal Public Health update.

It was stated that discussions had taken place at the Health and Wellbeing Board (HWBB) and Integrated Commissioning Officer's Board (ICOB) in relation to the £1.3m reduction in the Public Health grant from 2019/20 and the additional £1.25m allocated internally within Hull City Council (HCC). There would be a reduction in the value and range of services commissioned externally through the Public Health grant monies.

It was acknowledged that Public Health had been consulting on the impact of budget pressures and the increased proportion being internally allocated with colleagues within HCC and NHS Hull CCG.

The following points were also raised:

- The pharmaceutical needs assessment (PNA) was underway and would go out for consultation late 2017.
- A number of posts including 0-19 Programme Lead and Health Intelligence Manager are being advertised.
- The contract variation was in the process of being formalised to cease the FNP (The Family Nurse Partnerships) which would be replaced by a provision for vulnerable families.

NHS Hull CCG and HCC procurement panel are reviewing the options of where Local Authority (LA) Sexual Health Services would be commissioned in the future.

### Resolved

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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### 6.2 Clinical Commissioning Drug Policies

There were no Clinical Policies to discuss.

### 6.3 Papers from the Hull & East Riding Prescribing Committee (HERPC)

The Medicines Optimisation Pharmacist circulated a report advising the committee of recent new drugs or changes in usage application and traffic light status.

It was stated that the new drugs or changes in usage application were considered via the Hull and East Yorkshire Hospital Trust (HEYHT) drugs which therapeutics committee prior to be submitted to the CCGs.

### 6.4 NICE Medicine Update

The Medicines Optimisation Pharmacist provided 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:

- Certolizumab pegol and secukinumab – NICE stated this would be cost neutral.
- Haematological cancers - NICE stated this would be cost neutral.
- Oral health in care homes - NICE suggested there would be cost savings.
- SecurAcath for securing percutaneous catheters – NICE suggest there would be a cost saving.
- Adalimumab, etanercept and ustekinumab – NICE stated this would be low cost
- Crohn’s disease - NICE stated this would be low cost
- Adalimumab and dexamethasone - NICE stated this would be low cost
- Parkinson’s disease in adults – NICE expected this to be cost neutral
- Quantitative faecal immunochemical – NICE stated there would be a cost saving

**Resolved**

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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**6.5 Programme Highlight Reports by Exception**

**Acute Care**

- The NHS England (NHSE) Clinical Peer Review deadline for implementation was 30<sup>th</sup> September 2017. It was stated that a service specification may be developed to ensure consistency whilst undertaking peer reviews. It was stated that the deadline for implementation would not be achieved and the Key Lines of Enquiry had been submitted to NHS England (NHSE) and was awaiting approval.

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**New Models of Care**

- There were no exceptions to report.

**Medicines Management**

- There were no exceptions to report.

**Children Young People and Maternity (CYPM)**

- There were no exceptions to report.

**Vulnerable People & LD**

**Dementia**

- There were no exceptions to report.

**Resolved**

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|-----|---|
| (a) | Members of the Planning and Commissioning Committee noted the update. |
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**6.6 Better Care Fund**

The Director of Integrated Commissioning updated the Committee on the progress of the Better Care Fund (BCF).

NHS Hull CCG had been shortlisted as one of the final twelve Clinical Commissioning Groups/Local Authorities to graduate from Better Care Fund (BCF). It was stated the BCF plan needed to be submitted on the 11<sup>th</sup> September 2017. The submitted plan would be brought to the October 2017 Planning and Commissioning Committee Meeting.

It was noted that the first Shadow Committees in Common Meeting occurred in August 2017.

**Resolved**

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| (a) | Members of the Planning and Commissioning Committee noted the update.   |
| (b) | Members of the Planning and Commissioning Committee requested the submitted BCF plan be brought to the October 2017 committee |

**6.7 Unplanned Care / Accident and Emergency Delivery Board**

The Director of Integrated Commissioning advised the Committee that there were no exceptions to report.

It was stated that the NHS England submission deadline for the Hull and East Riding 2017/18 Winter Plan was 8<sup>th</sup> September 2017.

Winter Planning process and calls had been arranged to commence September 2017.

Hull and East Yorkshire Hospital Trust (HEYHT) are in a good performance position nationally and are maintaining the NHS England (NHSE) agreed local trajectory of 92%.

The Integrated Urgent Care Centre (IUC) had formally been opened, work was being undertaken with the ambulance service and the Communication and Engagement Team to divert activity from HEYHT to the IUC.

The Integrated Urgent Care specification around 111 had been received and was in the process of being reviewed, the current target was to call back 30% for clinical advice which was being increased to 50%.

Work was being undertaken in the urgent and emergency care network with YAS to ascertain how the reviewed specification would affect NHS Hull CCG.

**Resolved**

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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**6.8 Care Homes Multi-Disciplinary Team (MDT) Pilot Summary and Proposed Model**

The Senior Commissioning Lead Mental Health & Vulnerable People advised the Planning and Commissioning Committee.

It was stated that the Care Homes Multi-Disciplinary Team (MDT) complements the Frailty Model and how we would work with care homes identifying patients and implementing plans. It was suggested that funding to backfill for the GPs could be progressed via the funding for the development of the ICC.

East Hull Family Practice continue to express an interest in supporting the work and had identified a care home to work alongside.

It was requested that the results of the development within the ICC structure including baseline reporting be brought to the Planning and Commissioning Committee at regular intervals.

It was stated that care co-ordination along with MDTs are being aligned within the community contract along with aligning dementia pathway bringing together all areas of work into one pathway.

### **Resolved**

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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### **6.9 Symbicort and Zoladex Comparison Prescribing Report in Relation to Pharmaceutical Rebate Agreements**

The Medicines Optimisation Pharmacist advised the Committee that the purpose of the report was to inform the committee of the Symbicort and Zoladex prescribing comparison information.

It was stated that since NHS Hull CCG had approved the rebates for Symbicort and Zoladex , there had not been a significant increase in usage of either with there being a reduction in the use of Symbicort.

It was noted that with regard to Zoladex – Astra Zeneca had stopped issuing new contracts and discussions were ongoing with Astra Zeneca in relation to issuing a new contract.

Assurance was provided that the acceptance of the rebate offers had not unduly influenced prescribing which was in line with the NHS Hull CCG rebate policy.

### **Resolved**

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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### **6.10 Process to Assess Impact of new National Institute of Clinical Excellence (NICE) and other national Guidance / Guidelines**

The Deputy Director of Commissioning provided an update to the Committee on the impact of the new National Institute of Clinical Excellence (NICE) and other national Guidance / Guidelines.

Discussion took place in relation to the NICE guidelines/guidance as these go to Medicine Management and various managers within NHS Hull CCG with the following points being identified:

- Clarification on whether further screening was required
- A formal process including streamlining was needed with Planning and Commissioning agreeing the recommendations.
- Systematic assessment and review process to be finalised by the Quality Lead

## Resolved

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| (a) | Members of the Planning and Commissioning Committee noted the update.   |
| (b) | Members of the Planning and Commissioning Committee requested a formal process for screening NICE guidelines be brought to the November 2017 Committee. |

### 6.11 Joint NHS East Riding of Yorkshire CCG and NHS Hull CCG Specialist Palliative and End of Life (EoL) Care Strategy

The Commissioning Lead Community Services provided a report to the Planning and Commissioning Committee on the Joint NHS East Riding of Yorkshire CCG and NHS Hull CCG specialist Palliative and End of Life Strategy for approval.

NHS Hull CCG had commissioned community services from City Healthcare Partnership since 2015. A new community services contract for East Riding CCG was awarded to City Healthcare Partnership starting April 2016. Since April 2017, City Healthcare Partnership (CHCP) had delivered community services for both NHS Hull and NHS East Riding CCGs.

In May 2017, as a result of these developments, Hull End of Life Working Group and East Riding Multidisciplinary End of Life Group merged into one group, the Hull and East Riding Specialist Palliative and End of Life Care Locality Group. An agreed outcome from this first meeting was to establish a Task & Finish Group to develop a joint End of Life Care Strategy.

It was stated the NHS Hull and NHS ER are at different points in implementing the strategy and learning would be gained from sharing pathways and best practice.

Traditionally End of Life Care was seen to be the last year of life although it was now thought that once a patient was palliative or had a life limiting condition then discussions should be started to link in with advance care planning and, if appropriate, the community frailty pathway.

It was noted that the issues identified with the Equality Impact Assessment would be worked through with the Communication and Engagement Team and an update provided.

It was requested that more integration with the Integrated Commissioning agenda take place along with the balancing of services between NHS Hull CCG and NHS East Riding of Yorkshire CCG (NHS ERY CCG) with NHS ER CCG moving up to the standard of NHS Hull CCG.

The operational delivery of the strategy would be discussed at the Programme Delivery Board.

It was agreed to approve the strategy subject to extra work being undertaken with Integrated Commissioning as well as reflecting the need to work with the Local Authority (LA) on the home care provision and both LA's working jointly and sharing information ensuring NHS ERY CCG share the same packages that NHS Hull CCG do.

### Resolved

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| (a) | Members of the Planning and Commissioning Committee approved the strategy with the caveats noted. |
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## 6.12 Joint Community Integrated Chronic Obstructive Pulmonary Disease (COPD) Service

The Commissioning Manager for Acute Care and Stuart Gill Planned Care Lead – Pathway Development NHS East Riding CCG presented the Joint Community Integrated Chronic Obstructive Pulmonary Disease Service.

It was stated that integrated work was being undertaken between NHS Hull CCG and NHS East Riding CCG around the COPD pathway. During October 2017 workshops had been embarked upon to review the provisions already available in primary, community and secondary care including how pathways and services could be integrated.

A diagnosis, prevention, management, end of life matrix was developed inviting comments on where services lie, where the gaps, overlaps are and how services could be improved after which the service specification was compiled.

A meeting had been held with City Health Care Partnership which identified that primary care are not included within the COPD flowchart and had requested that this be reviewed due to them needing to be present at the beginning of the process to assist in the diagnosis stage.

It was stated that care co-ordination could be more prominent in the service specification along with self-management which would provide patients with more confidence (including extra medication and relevant telephone numbers).

Concern was raised that the service proposed was a lift and shift from secondary care into primary care which does not address the integrated commissioning agenda, it was confirmed that there would be a seamless pathway from Primary Care into Secondary Care when fully implemented.

It was acknowledged that the service specification would sit with City Health Care Partnership (CHCP) with the expectation that they hold a provider partnership with the Acute Trust and that further work was required to be undertaken with Yorkshire Ambulance Service (YAS) as first responder.

It was also acknowledged that NHS East Riding CCG Service Redesign and Commissioning Committee would present the same report and service specification on Tuesday 5<sup>th</sup> September 2017

The Committee approved the service specification caveats discussed.



## Resolved

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| (a) | Members of the Planning and Commissioning Committee approved the Community Integrated Chronic Obstructive Pulmonary Disease (COPD) Service Specification |
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### 6.13 Clinical Complex Care Co-ordination Service

This item was deferred until the October 2017 committee.

### 6.14 Lesson Learnt from Emergency Preparedness, Response and Resilience Incidents

The Deputy Director of Commissioning provided lessons learnt documentation relating to Emergency Preparedness, Response and Resilience (EPRR) Incidents.

It was noted that each Clinical Commissioning Group (CCG) had the responsibility around EPRR to evaluate the lessons learnt including not only incidents that directly impacted upon the CCG but also from incidents that impacted upon other members of the health and social care system to establish any actions that the CCG was required to undertake or incorporate into the EPRR work programme.

It was stated that the Accountable Officer for NHS Hull CCG (Director of Integrated Commissioning) had to sign to confirm that they had considered both Leeds Teaching Hospitals NHS Trust Pathology IT Incident document and Northern Lincolnshire & Goole NHS Foundation Trust Cyber Attack October 2016 document.

It was expressed that after reviewing the reports the main item identified was to ensure that IT support was robust which clear with the following areas being identified:

- The IT support being received at present was only between Monday – Friday 9.00am – 5.00pm
- There was only 1 senior IT manager as point of contact.
- The core IT systems which needed restoring first need to be identified which prioritised
- Emergency contact numbers required updating which to be shared with NHS England
- Business continuity plans need to be regularly refreshed
- Primary Care to be fully supported by NHS Hull in all emergencies

It was acknowledged that the backup system had not been fully verified and regular reviews would be implemented to ensure full safekeeping was received along with software patches being up to date.

## Resolved

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| (a) | Members of the Planning and Commissioning Committee considered the lessons learnt documents. |
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### 6.15 Minor Surgery Provision in Primary Care

The Head of Acute Care provided a report to update the Committee on the current minor surgery service within primary.

At the Primary Care Joint Commissioning Committee in December 2016, it was resolved to continue to commission extended primary care medical services (Minor Surgery) and it was proposed to extend the contracts for a further 12 months to 31 March 2018. After discussions with NHS Hull CCG Chair and colleagues, various options had been identified with the preferred option being option 6.

Going forward NHS Hull CCG wish to further develop and extend the GPs knowledge and competence to enable them to provide services beyond the scope of their generalist role. This would enable them to see and treat dermatological conditions that are currently being undertaken in secondary care. They would have the ability to diagnose and manage skin disease and to peer support colleagues to enable treatment to remain within the primary care setting.

It was stated there had been internal discussions to establish how the minor surgery service would develop to include dermatology and also discussions at the Planned Care Delivery Group. Any pathways would be developed with the support of consultant dermatologists, to determine the service model going forward.

The monetary/financial value of option 6 was questioned, it was stated that the resource allocation had been transferred from the NHS England (NHSE) budget it was therefore agreed that the model would be worked up and a proposal be taken to the prioritisation panel for approval.

**Resolved**

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| (a) | Members of the Planning and Commissioning Committee approved option 6 of the Minor Surgery Provision in Primary Care.  |
| (b) | Members of the Planning and Commissioning Committee requested a worked up proposal be taken to a prioritisation panel. |

**6.16 Humber Coast and Vale Clinical Commissioning Policy Review Update**

The Head of Acute Care provided a report to inform the Planning and Commissioning Committee of the first 22 clinical commissioning policies agreed across the Humber Coast and Vale.

It was stated Humber Coast and Vale (HCV) had worked together to review each of the first group of 27 clinical commissioning policies, to date 22 polices had been agreed which are being taken for final sign off at the respective governing bodies with the remaining 5 policies requiring further review.

The approved 22 policies would then be implemented into acute care contracts and uploaded to the NHS Hull portal.

**Resolved**

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| (a) | Members of the Planning and Commissioning Committee approved the 22 HCV Clinical Commissioning Policies  |
| (b) | Members of the Planning and Commissioning Committee noted that out of the 27 clinical commissioning polices reviewed 5 required reviewing further. |

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

The Medicines Optimisation Pharmacist provided the Committee with a primary care rebate offer from Fontus Health Ltd.

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 have indicated their agreement to use Zaluron in the future.

### Resolved

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| (a) | This would be submitted to the Integrated Audit and Governance Committee (IAGC). |
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## 7 SYSTEM DEVELOPMENT AND IMPLEMENTATION

### 7.1 Procurement Update

The Deputy Chief Finance Officer Contracts, Performance, Procurement and Programme Delivery provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG. The following key points were noted:

- Agreed pathways for Dermatology and COPD
- Expressions of Interest received from GPs to potentially provide minor surgery services in primary care;
- Tender waiver approved for CORRS contract with local community optometrists.
- Agreement of proposed way forward for Community Paediatrics contracts

It was stated that there were no large external procurements at present nonetheless the Commissioning Agenda was being reviewed and procurements would be brought to the Planning and Commissioning Committee for information.

### Resolved

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| (a) | Members of the Planning and Commissioning Committee noted the update. |
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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 June 2017 Procurement Panel

The minutes were provided for information.

## 9.2 Chairs Update Report July 2017

### 10 GENERAL

#### 10.1 Any Other Business

##### **Musculoskeletal (MSK) Clinical Review and Triage Investment**

The Head of Acute Care presented an MSK Clinical Review and Triage Investment proposal for approval.

NHS England in June 2017 had mandated that CCGs would implement MSK clinical reviews and triage for all orthopaedic referrals from primary care to control demand for elective care services.

Initial discussions with HealthshareHull were positive with it being alluded to that this could be undertaken with no extra cost, after meeting with providers it was ascertained that there would be a substantive increase in referrals.

It was requested that the Committee approve the costings of £560.4k for the service being required to be in place by 30<sup>th</sup> September 2017. It had been agreed at SLT to undertake a 6 months pump priming of Non-Recurrent Funding, during this period activity undertaken and impact within acute services would be monitored and reviewed.

It was stated that the resource saved using the pathway would be from patients who do not require Orthopaedic Surgery, HealthshareHull would then seamlessly refer patients who require further treatment onto the pathway.

The level 2 diagnostic service was questioned and clarified. Discussions are to be undertaken with Hull and East Yorkshire Hospital Trust (HEYHT) around the impact on HEYHT of HealthshareHull taking on extra patients. HealthshareHull requested that they pay the same amount as NHS Hull CCG for diagnostics. Additionally a request to reduce the aligned incentive contract otherwise they would be being paid for the service twice.

The Committee approved the proposal subject to The Director of Finance's approval.

It was stated that HealthshareHull would be approached to approve sharing protocols.

#### **Resolved**

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| (a) | Members of the Planning and Commissioning Committee approved the proposal.   |
| (b) | Members of the Planning and Commissioning Committee approved HealthshareHull being approached to approve sharing protocols |

#### 10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 6<sup>th</sup> October 2017, 2.00pm in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed: V. A. Rowcliffe

(Chair of the Planning and Commissioning Committee)

Date: 6 October 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                                     |
| 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                       |