

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 2 FEBRUARY 2018
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
 K Billany, NHS Hull CCG, (Head of Acute Care)
 B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
 E Daley, NHS Hull CCG (Director of Integrated 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)
 P Jackson, NHS Hull CCG (Lay Member) Vice Chair
 S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
 A Oehring, NHS Hull CCG, (Clinical Member)
 R Raghunath, NHS Hull CCG, (Clinical Member)
 D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
 T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)
 M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (PA - Minute Taker)
 K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
 K McCorry, North of England Commissioning Support (Senior Pharmacist)
 T Yel, NHS Hull CCG, (Senior Commissioning Lead Mental Health & Vulnerable People)

1. APOLOGIES FOR ABSENCE

M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 5 JANUARY 2018

The minutes of the meeting held on 5 January 2018 were submitted for approval with grammatical amendments.

Resolved

(a)	The minutes of the meeting held on 5 January 2018 to be taken as a true and accurate record after above amendments and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 5 January 2018 was provided for information and the following update was provided:

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.

Research and Development Excess Treatment Costs HERO was to be discussed as a matter of Any other Business at agenda item 10.1.

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;

There were no declarations of interest declared.

Name	Agenda No	Nature of Interest / Action Taken
Dr A Oehring	6.1	Declared a Financial Interest
Dr A Oehring	6.4	Declared a Financial Interest
Dr R Raghunath	6.1	Declared a Financial Interest
Dr R Raghunath	6.4	Declared a Financial Interest

Resolved

(a)	The Planning and Commissioning Committee noted that there were declarations of interest 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 January 2018.

Resolved

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

The Chair provided a report to present the current Board Assurance Framework (BAF).

It was stated that the BAF had been updated in December 2017 which would be brought to the February 2019 Planning and Commissioning Committee meeting, verbal updates would be provided at future Committee meeting if required.

6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

Dr A Oehring and Dr R Raghunath declared a financial interest.

The City Manager, Health and Wellbeing, provided a report advising the Committee on the progress of with an update.

It was stated that the purpose of the report was to provide the Committee with an overview of the current position and priorities in relation to Public Health in Hull. Given the remit of the Committee, the focus would be specifically on those aspects of Public Health relevant to planning and commissioning.

Since Public Health transferred to local authorities in 2013 there had been a significant amount of focus on the allocation of the Public Health Grant and the commissioning of the services that were funded through the grant and transferred from the NHS. One of the key strategic priorities within Public Health currently was to ensure that the focus and work regarding Public Health in Hull was appropriately system-wide and focussed on the 'health of the public', rather than being narrowly defined by a particular set of services.

High-level priorities that Public Health were focussing on over the coming year include mental health, childhood obesity, air quality and active travel.

It was stated that although NHS Hull CCG and Hull City Council had a good relationship there are two key areas which required attention where Integrated Commissioning and Joint Strategic Needs Assessment (JSNA).

Public Health were committed to integrated commissioning across health and social to make the most effective and efficient use of the total £680m spend on health and social care in Hull.

The intention was to use the integrated commissioning governance structure locally as the basis for Public Health Commissioning activity i.e.:

- Integrated Commissioning Group
- Integrated Commissioning Officers Board (ICOB)
- Committees in Common

However this process was still very formative and very little if any of the previous HCC or NHS Hull CCG consultation, scrutiny or decision making structures had been removed and there would therefore continue to be overlap between these processes.

One of the key Public Health priorities for the forthcoming year was to support the development of a joint prioritisation process for the integrated commissioning process in Hull that would be overseen through the ICOB, along with a joint financial plan which was being worked on at present to ensure that there are no duplications and that services and processes complement each other.

The Health Sciences team with Public Health continue to update the data and content within the JSNA and also to work closely with colleagues from across the NHS Hull CCG and HCC to provide bespoke input, data and analysis. This would include close working with colleagues and partners. The team to continue to develop the JSNA and range of ways it supports colleagues across health and social care.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Members of the Planning and Commissioning Committee identified the commissioning and planning priorities for the forthcoming year.
(c)	Members of the Planning and Commissioning Committee identified areas of the JSNA/health intelligence to be presented to inform the CCG of work programmes

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no policies to discuss

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

There were no policies to discuss

6.4 NICE MEDICINES UPDATE (STANDING ITEM)

Dr A Oehring and Dr R Raghunath declared a financial interest.

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:

Naltrexone–bupropion for managing overweight and obesity – it was stated that as per NICE TA494 - Naltrexone–bupropion is not recommended within its marketing authorisation for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity.

It was noted that all guidance advice was in relation to Secondary Care.

Resolved

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

Vulnerable People & L&D

- There were no exceptions to report.

Acute Care

- The infusion therapy treatment pathway was progressing with Spire working closely with patients holding individual and group sessions. A named consultant was being sourced for the service.

New Models of Care

- There were no exceptions to report.

Medicines Management

- There were no exceptions to report.

Children Young People which Maternity (CYPM)

- The SEND written Statement of Action would be signed off by the NHS Hull CCG Board prior to submission to Ofsted and CQC in March 2018. Senior Leadership Team had approved recruitment for a 12-month secondment Designated Clinical Officer for SEND.
- Maternal smoking project had noted a 3.3% decrease of maternal smoking at the time of delivery (SATOD) over the last year. Further evaluation would take place in May 2018 with recommendations for future service development.

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 stated that NHS Hull CCG and Hull City Council had been nominated for an Integrated Commissioning and Better Care award with Local Government Chronical (LGC) results would be conveyed in March 2018. It was proposed and agreed that future updates would be titled Integrated Commissioning to reflect the progression from Better Care.

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 work continues with Hull and East Yorkshire Hospital Trust (HEYHT) on the 'Winter Green' project designed to manage the number of medical outlier patients and improve patient flow.

Medical, Clinical and Administration staff are being released to support work in Accident and Emergency. Work was being undertaken on ensuring patients are in the correct place at the correct time with emphasis on discharge and patient flow.

The Director of Integrated Commissioning advised that further work would be undertaken to understand the high re-admission rate of patients over 65 years of age.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.8 DIABETES UPDATE

This item was deferred to the March 2018 meeting.

6.9 DEMENTIA RESULTS

The Commissioning Manager provided a report to assist NHS Hull CCG to understand the current position regarding dementia and dementia provision in the city.

It was proposed that the key recommendations are to commission a Secondary Care and Primary Care Interface model for dementia assessment, diagnosis and treatment and a post diagnostic model of care and support delivery via a Advanced Clinical Practitioner (ACP).

It was suggested that a Programme Board be initiated with providers to utilise the systems/process which are in place and pull together a revised structure.

Additional work was required within the frailty model within the community on provider care home service, ensuring that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.

Promote health and wellbeing resilience to help tackle inequalities, using the assets (people and places) available from communities themselves.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the report and recommendation within.
(b)	Members of the Planning and Commissioning Committee endorsed the report and instructed the forward actions.

6.10 TB SERVICES – DIAGNOSIS AND TREATMENT SERVICE SPECIFICATION

The Head of Primary Care provided a report presenting for approval a revised service specification of Tuberculosis (TB).

Further to the update at last month's meeting the report had been returned for approval due to the January 2018 meeting not being quorate.

Committee Members were advised that minor grammatical had been made to the Service Specification and the incorrect information on the TB pathway had been changed to show +VE and not VE+.

The Service Specification was therefore ratified and approved.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the development of the national TB Service Specification.
(b)	Members of the Planning and Commissioning Committee approved the local TB Service Specification

6.11 JOINT NHS EAST RIDING OF YORKSHIRE CCG AND NHS HULL CCG SPECIALIST PALLIATIVE AND END OF LIFE CARE STRATEGY REVISION 1

The Commissioning Lead Community Services provided a report requesting approval of the Committee on the Joint NHS East Riding of Yorkshire CCG and NHS Hull CCG Specialist Palliative and End of Life Strategy Revision. A previous draft of the strategy was approved by the committee in September but feedback from the Hull Integrated Commissioning Officer Board (ICOB) suggested that the strategy be strengthened to reflect the integrated commissioning arrangements with Hull City Council (HCC).

Further to the update at last month's meeting the report had been returned for approval due to the January 2018 meeting not being quorate.

Committee Members were advised that minor additions had been made to the Strategy and once approved would be taken to Integrated Commissioning Officer's Board (ICOB) for approval.

It was specified that an Implementation Plan would be arranged to oversee that implementation of the strategy.

The Strategy was therefore ratified and approved.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the strategy, implementation plan, model and pathway.
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6.12 END OF LIFE CARE GP MACMILLAN EDUCATION FACILITATORS

The Commissioning Lead Community Services provided a report to the Committee with a revised service specification for the GP Macmillan Educator Facilitators. The Joint Hull and East Riding CCGs End of Life Care Strategy for Ambition 5 states "All staff was prepared to care". In order to achieve this, workforce development and education were key and the Macmillan Facilitators were essential contributors of specialist palliative and end of life training care training in community services, primary care and care homes.

Further to the update at last month's meeting the report had been returned for approval due to the January 2018 meeting not being quorate.

No further narrative was received therefor the Service Specification was approved.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Service Specification.
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6.13 REPROCUREMENT OF NHS HULL HEALTH CHECKS IN HULL

The City Manager, Health and Wellbeing, provided the Committee with an update on the process of commissioning NHS Health Checks in Hull.

The NHS Health Check had a mandated national risk assessment and prevention programme that identifies people at risk of developing cardiovascular disease and helps them take action to avoid, reduce or manage their risk of developing these conditions.

In Hull 56.2% of those offered received an NHS Health Check, compared to the national uptake rate of 44.3%. In addition, percentage uptake among eligible population had increased more dramatically among residents of the most deprived eight Wards in Hull.

In 2017/18, the Council would spend £150,000 on NHS Health Check services. A reduction of £45,000 would take place in 2018/19. A further £45,000 had been identified for savings in 2019/2020.

It was stated that any qualified provider for primary care could offer the service with 24 GP practices and 11 pharmacies being contracted to provide the Health Checks at present.

The question was posed as to how to increase the uptake of Health Checks, it was suggested that place of employment be targeted.

Formal recording and reporting would take place outside Hull City Council Cabinet with a decision being made by the City Manager for Health and Wellbeing/Deputy Director of Public Health alongside a formal report as to if the current contract be extended for a further 2 years.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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6.14 OUT OF HOSPITAL CARDIOLOGY SERVICE – APPROVAL TO ADVERTISE THE PROCUREMENT OPPORTUNITY

The Deputy Chief Finance Officer provided a report to seek approval to advertise the procurement opportunity for the Out of Hospital Cardiology service.

The CCG Board approved the use of an Open procurement route on 24 November 2017. At the same meeting it was agreed to delegate the approval to advertise to the Planning and Commissioning Committee once it was satisfied that the CCG was in a position to publish the procurement opportunity.

The procurement timetable highlights the key processes and decision points required to undertake the procurement and are compliant with EU and UK procurement regulations and directives.

Once approved, the Invitation to Tender (ITT) would be published on or after 9th February 2018.

Resolved

(a)	Members of the Planning and Commissioning Committee approved that NHS Hull CCG advertise the procurement opportunity.
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6.15 OUT OF HOSPITAL CARDIOLOGY SERVICE

The Commissioning Manager for Acute Care provided a report presenting the revised Out of Hospital Cardiology Service Specification.

The service specification was approved at the Committee Meeting held on 6 October 2017 pending subsequent amendments to wording which were further approved on 3 November 2017.

The service was currently undergoing a re-procurement process, part of which had involved from the analysis of the service specification.

The minor amendments had been made and implemented into the service specification.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Cardiology Service Specification.
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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 opportunity would be advertised in February 2018.
- Options for securing services to meet the Extended Access to Primary Care requirements are being considered.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.2 PROCUREMENT FRAMEWORK

The Deputy Chief Finance Officer provided an update to the Committee on the context and regulatory environment within which NHS Hull CCG undertakes procurements for the provision of service.

It was stated that the Framework was a high level framework document encompassing the NHS Hull CCG approach within the regulated framework.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Procurement Framework.
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7.3 COMMUNICATIONS AND ENGAGEMENT DELIVERY PLAN UPDATE

The Associate Director of Communications and Engagement provided an update on the Communications and Engagement Delivery Plan 2017/18.

The Communications and Engagement Delivery Plan 2017-18 sets out the actions and activities that underpin the Communications and Engagement Strategy 2014-17. These actions and activities ensure that NHS Hull CCG meet the statutory obligations in respect of public consultation and engagement, as well as complying with the commitments set out in the NHS Constitution whilst supporting effective delivery of NHS Hull CCG's Commissioning Strategy.

A significant amount of public engagement work had been undertaken during the period covered in this plan. The updates for each theme was in the progress/update column with all themes being RAG rated.

It was stated that the Maternal Smoking Campaign theme which was displaying a RAG rating Red had now been completed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Members of the Planning and Commissioning Committee were assured on the delivery of the actions within the Communications and Engagement Delivery Plan.

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 DECEMBER 2017 PROCUREMENT PANEL

The minutes were provided for information.

9.2 CHAIRS UPDATE REPORT – 5th JANUARY 2018

Committee Members noted the contents of the Chairs Update report.

9.3 ICC BOARD MINUTES

Minutes of the December 2017 meeting were circulated for information.

9.4 ICOB MINUTES

Minutes of the October 2017 meeting were circulated for information.

10 GENERAL

10.1 ANY OTHER BUSINESS

The purpose of this report was to provide an overview of the NIHR Health Technology Assessment (HTA) HERO Trial Study and to seek approval for the Excess Treatment Costs associated with local participation in the study.

CCGs are required to declare their understanding of, and compliance with, their statutory obligations to support research and specifically.

It was stated that if the associated NHS treatment costs are greater the difference between the NHS treatment costs and the cost of standard treatment was called Excess Treatment Costs (ETC).

A pragmatic, multi-centre individually randomised controlled trial to determine the clinical and cost-effectiveness of a home-based exercise intervention as a potentially simple approach to extending the rehabilitation for older people with frailty discharged from hospital or intermediate care after acute illness or injury.

Eligible participants would be older people (aged 65 years and over) with frailty admitted with an acute illness or injury, then discharged home either directly from hospital or following transfer to local intermediate care sites. Care home residents and people in the terminal stage of life would be excluded.

Following discharge home, participants would be randomised to receiving the Home-based Older People's Exercise (HOPE) which was a 12 week graded, progressive exercise intervention aimed at improving strength, endurance and balance.

Hull and East Yorkshire Hospitals (HEYHT) NHS Trust had confirmed an intention to be a recruitment site for the HERO trial, and anticipate starting recruitment from May 2018, subject to capacity and capability assessment locally. The intervention would be delivered to participants within their own homes by community therapists based at HEYHT.

It was proposed and agreed to fund £13,068 over 3 years period.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 2 March 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 2 March 2018

Abbreviations

5YFV	Five Year Forward View
AAC	Augmentative and Alternative Communication
AAU	Acute Assessment Unit
ACP	Advanced Clinical Practitioner

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