

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 5 JANUARY 2018
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
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)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
R Raghunath, NHS Hull CCG, (Clinical Member) arrived at item
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)

IN ATTENDANCE:

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

1. APOLOGIES FOR ABSENCE

K Billany, NHS Hull CCG, (Head of Acute Care)
M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)
B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
P Howell, Hull City Council, (ACM Integrated Commissioning)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
A Oehring, NHS Hull CCG, (Clinical Member)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 1 December 2017

The minutes of the meeting held on 1 December 2017 were submitted for approval and the following grammatical amendments and changes were agreed:

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

should read

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.

And not

Concern was raised in relation to the vacancies within the department, assurance was given that there are no safety issues and that there are enough members of staff to care for patients and that recruitment issues would be monitored robustly.

Resolved

(a)	The minutes of the meeting held on 1 December 2017 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 1 December 2017 was provided for information and the following update was provided:

03.05.17/ 6.10 Emotional Vulnerability Hub Specification

It was stated that a report had been provided at the Quality and Performance Committee and would be shared with the Planning and Commissioning Committee. A questionnaire on the CAMHS service is at present being circulated to GP practices. GPs were unsure on how to refer CAMHS and Autism patients which would be rectified with the relaunch of the referral form. The Status of Action was 'Closed'

01.12.17 Public Health

It was agreed that a written report would be provided at the February Committee after a discussion with the Chair, Director of Integrated Commissioning and the City Manager Integrated Public Health Commissioning had decided on the focus of the report. The Status of Action was 'Ongoing'

Resolved

(a)	Committee Members noted the Action List.
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NO REPORTS COULD BE APPROVED AS THE MEETING WAS NOT QUORATE

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;

There were no declarations of interest declared.

Name	Agenda No	Nature of Interest / Action Taken

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 December 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, Health and Wellbeing, provided the Committee with an update.

It was specified that discussions were continuing to take place in relation to agreeing the budget proposals to balance the Public Health grant for 2019/20 it was expected that further amendments would be received in the future. A proposal to balance the budget for 2018/19 was taken to cabinet in December 2017 and would be taken to the Full Council on 18 January 2018. It was stated that all budget proposals had been approved with the exceptions of Doula/Breast Feeding, and Outreach for CYP affected by Domestic Abuse which will now also be reviewed and re-procured due to recurrent £200k monies being allocated from the Housing Budget. The Chair requested that a comprehensive written update be presented at the February 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 February 2018 Committee.

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

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 blue drugs which were guideline led – prescribed on advice of specialist or in line with national/local guidelines with the following being identified specifically:

Binosto® Alendronate 70mg Effervescent Tablets - Treatment of postmenopausal osteoporosis

Menthoderm (Menthol in Aqueous) - All forms of Pruritis Urticaria

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)

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:

- Sarilumab for moderate to severe rheumatoid arthritis – NICE stated that this would be cost neutral. It was requested that Sarilumab be added to the local pathway
- Nice Guidance for Cataracts in adults: management – NICE stated to assess costs locally
- Nice Guidance for Cystic fibrosis: diagnosis and management - NICE stated that this would be cost neutral.
- Nice Guidance for Sinusitis (acute): antimicrobial prescribing - NICE stated that this would be cost neutral.
- Nice Guidance for Asthma: diagnosis, monitoring and chronic asthma management – NICE stated that there would be a cost saving. It was stated that a meeting had been arranged to review the guidance on 30 January 2018. It was requested that the reviewed and approved guidance be taken through PTL and senior nurse forum.
- Nice Guidance for Glaucoma: diagnosis and management - NICE stated that this would be cost neutral.

- Familial hypercholesterolaemia: identification and management - NICE stated that this would be cost neutral. It was acknowledged that services were now being implanted with historical referrals being reviewed in the first instance. Clarity was sought on how patients access the service.
- Tests in secondary care to identify people at high risk of ovarian cancer - NICE stated that this would be cost neutral.

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

The Associate Director of IT for the CCG's across the Humber stated that AliveCor Heart Monitoring tool was being reviewed to be used in practices and pharmacists identify health issues.

Resolved

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

Acute Care

- A clinical review had recently been undertaken of patients who were receiving infusion therapy of either Lidocaine or Phenytoin for the treatment of chronic pain. The treatment was currently being received by 40 Hull patients. The treatment was not recommended by The National Institute for Health and Care Excellence (NICE) and the evidence to support its use was very limited. There were also a number of potential side effects. For these reasons, Infusion Therapy for chronic pain had not been routinely commissioned by NHS Hull Clinical Commissioning Group and the treatment would only be approved via an Individual Funding Request (IFR) and would only be approved the treatment in exceptional clinical circumstances.

An extraordinary IFR panel was held on the 19 December 2017 to undertake a full clinical review of these patients, in line with NICE guidance. When making a decision, the IFR Panel considered the clinical evidence and the plan for managing each patient. In the cases reviewed, the IFR Panel did not consider clinical exceptionality in the majority of the cases and therefore did not feel able to continue to approve current treatment regimes without review. Patients had received a letter outlining the individual treatment plans. The CCG had been contacted by patients who were unhappy with their review. Enquiries had also been received from the media and MPs on behalf of patients. The CCG was responding to the individual patient enquiries and the media interest.

New Models of Care

- There were no exceptions to report.

Medicines Management

- There were no exceptions to report.

Children Young People which Maternity (CYPM)

- A joint Written Statement of Action with Hull City Council and NHS Hull CCG was being developed for the 19 March 2018 in response to the findings of the SEND inspection in October 2017. A review of speech and language therapy service and Autism was underway. SLT are considering a sustainable solution to the Designated Clinical Officer Post (DCO).

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 noted that additional community beds had been purchased via IBCF to support hospital discharge.

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 prior to the Christmas holidays the Trust was in a positive position. At present attendances were variable however sustainable. There had not been an increase in activity although the Trust were experiencing issues due to ward closures due to illness and a high level of mobility in patients.

Yorkshire Ambulance Service (YAS) had a manager at Hull and East Yorkshire Hospital Trust (HEYHT) on a daily basis assisting with turnaround.

National guidance had been received advising how to deal with increased demand and cancelling of none urgent appointments. It was acknowledged that HEYHT were not cancelling all none urgent appointments. A discussion took place in relation to how this was being communicated to patients.

It was stated that all ambulance turnarounds over 2 hours would be reported as a Serious Incident (SI), it was suggested that due to the amount a breaches that 1 SI should be reported with all breaches being listed within.

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)

The Quality Lead provided a report advising the Committee of the current reporting system of NICE guidance and to consider the wider benefit of working across the Sustainable Transformational Plan (STP).

The purpose of the guidance produced by NICE was to help the NHS provide high quality care that was consistent across England which occurs by giving the NHS evidence-based guidance on new medicines, surgical interventions, diagnostic and medical technologies, public health interventions and also by publishing clinical quality standards.

The main areas for the CCG to receive assurance from Providers were:

- Technology Appraisal Guidance – legal requirement within three months;
- Quality Standards;
- NICE Guidelines;
- Interventional Procedures Guidance.

NHS Hull CCG had four main Providers who implement NICE technology appraisals within three months to patients whose clinical conditions come within the definitions in the appraisals. All other NICE Guidance was advisory and was carefully considered by the CCG when developing strategies, planning services and developing service specifications.

It was agreed to utilise the NICE Resource Planner at the NICE Assurance Working Group as a financial year tool when determining commissioning intentions and developing service specifications. Each Provider was required to submit a baseline report on NICE Guidance and Guidelines detailing levels of compliance. A new report template had been developed to ensure consistent reporting by Providers.

Currently the CCGs within the Humber Coast and Vale STP all work individually on NICE. Hull, North Lincolnshire and the Vale of York CCG had all discussed the requirement to work in partnership with a meeting being arranged with all HCV STP CCGs.

It was acknowledged that each provider's contractual agreement would be reviewed to ensure all providers were being monitored and reviewed using the same criteria.

It was agreed that the assurance template requires minor amendments with a report being brought to Planning and Commissioning on a quarterly basis.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.9 DEMENTIA RESULTS

This item was deferred to the February 2018 meeting

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).

It was acknowledged that the strategy was developed by Public Health England in partnership with NHS England and in consultation with the British Thoracic Society confirmed

- the incidence of TB in England was higher than most other Western European countries, and more than four times as high as in the US.
- trends in England were in marked contrast to some comparable countries that had achieved consistent reductions by concerted approaches to TB prevention, treatment and control.
- TB in England was largely focused in a small number of high incidence areas although highly complex cases, such as those with multidrug-resistant (MDR) disease, could occur anywhere in the country.

Within Hull a TB service had been commissioned from City Health Care Partnership (CHCP) for a number of years. A national Service Specification and Clinical Policy for TB, to be used by CCGs to monitor/commission services, was first developed in 2015. A new draft Service Specification and Clinical Policy for TB was subsequently developed and circulated to CCGs in July 2017. The Service Specification had been used, with some local contextual information added, as the basis for the local specification presented.

It was stated that the TB pathway had incorrect information on the flow and it should show +VE and not VE+.

Clarity was sought on the cost of the service.

It was agreed that the service specification was fit for purpose and would be brought to the February 2018 for approval.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report and requested that it be taken to the February 2018 for approval.
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6.11 IMT STRATEGY AND APPROACH

The Associate Director of IT gave a presentation on the current 13 LDR and IT delivery priorities which were listed below with points that were identified.

- The eSCR – It was difficult to obtain patient consent to share records, extra focus was being paid to specific patient ailments, the work being undertaken was with NHS Digital. YAS default to accident and emergency as they cannot get access to patient records.
- ERS -
- eDischarges into Primary & Social Care
- CP-IS – work was being undertaken on child protection data
- NRLS
- Humber Care Record
- Technical Infrastructure – work was being undertaken to pull everyone together across the patch
- Shared Clinical Storage – a piece of work to be undertaken on the storage of shared clinical outputs across the Humber or STP.

- Living With and Beyond Cancer Pathways – a workshop had been arranged to align the integration of records as well as looking at one system to record cancer treatment across the patch.
- Connected Care Homes – There was a RA pilot at present in one care home which was linked to the ICC.
- U&EC – a proposal to protect 3 appointments per day for 111 usage was being reviewed, if these were not use one hour prior to appointment these would be open to the public.
- Patient Engagement
- Other Significant Local initiatives – there would be a workshop each month on a named topic, two programme boards had been integrated across the patch

Resolved

(a)	Members of the Planning and Commissioning Committee noted the content of the presentation.
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6.12 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).

It was stated work had been undertaken with the Local Authority and social care to amend the strategy encompassing the recommendations made at ICOB.

A baseline assessment against the 6 ambitions in the strategy had been completed by the main End of Life (EoL) care providers to produce an implementation plan.

It was acknowledged that all EoL providers were in agreement with NHS Hull CCG and the Local Authority (LA) that an integrated model and pathway was required. The new model proposed reflects an integrated service with minor ongoing aspirational services on advanced care planning and the relocation of Dove House hospice to a sub-contracting arrangement under City Health Care Partnership (CHCP).

Interviews were in the process of being arranged for a community palliative care consultant which would assist the implementation of the strategy.

Clarity was sought on the ownership of the implantation plan, it was agreed that a working group be introduced to prioritise the tasks and drive the plan forward.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report and requested that it be taken to the February 2018 for approval.
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6.13 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.

It was stated that at present NHS Hull CCG were commissioning a service which was outdated. The Department of Health, 10 year End of Life Care Strategy (DH, 2008) set-out a vision for giving people approaching the end of life more choice about where they would like to live and die. In November 2013, the National Council for Palliative Care held a national conference titled “Refreshing the strategy. The next five years for end of life care: what do we need to do?”

As a result, it released an updated strategy, (National Council for Palliative Care Ambitions, 2013) which focused on six key ambitions:

- Each person was seen as an individual
- Each person gets access to care
- Maximising comfort and well-being
- Care was coordinated
- All staff were prepared to care
- Each community was prepared to care

A comprehensive EoL care local programmed of education for both health and social care was required therefore a revised service specification had been established including care home and the facilitators would support the successful City Health Care Partnership (CHCP) EoL academy which was open to health and social care staff.

It was requested that extra narrative be added to the service specification around NICE guidance.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report and that it be taken to the February 2018 Committee for approval with extra NICE narrative added.
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6.14 HULL DRAFT PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021 PUBLIC HEALTH WORK PLAN

The City Manager, Integrated Public Health Commissioning, provided the Committee with an update on the development of Hull’s Pharmaceutical Needs Assessment (PNA).

From 1st April 2013, every Health and Wellbeing Board in England had had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

PNAs were used by NHS England to determine whether to approve the opening of new pharmacies in the area and may be used by CCGs and Local Authorities,

alongside the Joint Strategic Needs Assessment (JSNA), to inform commissioning decisions.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013) set out the legislative basis for developing and updating PNAs. Regulation 6 sets out the requirement for the Health and Wellbeing Board to publish a revised assessment within three years of the previous assessment, which for Hull, was published in April 2015.

The regulations stipulate that a minimum 60 day consultation period was held before finalising the PNA, with a range of specific groups including the local CCG.

The final PNA would be presented to the Health and Wellbeing Board in March 2018 following the consultation process and any necessary update, prior to publication within the statutory timescales at the beginning of April 2018.

Committee Members were informed that the PNA would be used to ascertain if pharmacist could extend hours or move premises.

Comments on the PNA were sought to be sent to Public Health Analyst/Epidemiologist prior to the final paper being presented to the Health and Wellbeing Board in March 2018.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the update provided.
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MEETING BECAME QUORATE THEREFORE REPORTS COULD BE APPROVED

6.15 ENHANCED SERVICES COMMISSIONED FROM COMMUNITY PHARMACIES

The Head of Primary Care provided a report reviewing the services commissioned by NHS Hull CCG from community pharmacies and to recommend future commissioning arrangements.

The Health & Social Care Act 2012 which created the NHS Commissioning Board, subsequently NHS England, and Clinical Commissioning Groups (CCGs) gave the NHS Commissioning Board responsibility for commissioning pharmaceutical services from community pharmacies. CCGs which wished to continue to commission locally developed services from community pharmacies had been able to do so through NHS England. NHS Hull CCG had continued to commission a number of these services as well as additional services which had been developed more recently.

NHS Hull commissions the following services:

DOMICILIARY CHARTS

Pharmacies support domiciliary care workers by preparing medication record charts (MRC) for patients under their care.

MEDICINES MANAGEMENT SUPPORT

Pharmacies support vulnerable people, who require more support than a one off adjustment, as covered under the Disability Discrimination Act 1995 criteria.

Pharmacies may provide advice, support and assistance to the person, family member or informal carer with a view to improving the patient's knowledge and use of their drugs and their compliance, or may need to refer to their GP for further referral to other health and social care professionals where appropriate.

MINOR AILMENTS

Patients could receive advice and/or treatment under the Minor Ailments Scheme for a range of minor conditions. The pharmacy provides the service to all patients who were exempt from paying prescription charges. The patients must be registered with a Hull CCG GP practice. Patients who pay for their prescriptions should be referred to a pharmacy for advice and to purchase over the counter medicines in the usual way. The service specification was reviewed in 2017.

PHARMACY URGENT REPEAT MEDICATION SERVICE (PURMS)

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who had previously been prescribed the requested POM) without a prescription, at the request of the patient. The service allows the supply of a medicine at NHS expense where the pharmacist deems that the patient had immediate need for the medicine and that it was impractical to obtain a prescription without undue delay (such as when demand for urgent appointments was very high).

POINT OF DISPENSING COUNSELLING AND INTERVENTIONS SCHEME

The pharmacy delivers the service at the point of dispensing a prescription by counselling the patient about their ongoing medicines needs which could prevent patients' stockpiling of prescribed medicines and reduce inefficiencies in prescribing on FP10s. The service would inform GP repeat prescribing processes thus contributing to improved patient outcomes through increased medicine concordance.

PALLIATIVE CARE DRUGS STOCK

The service ensures that palliative care drugs palliative care medicines were held as stock for regular NHS prescriptions. The list of drugs and quantity to be stocked, specifically for the service, was included in two lists A and B. List B contains high cost drugs and therefore the number of pharmacies stocking part B had been restricted.

TUBERCULOSIS (TB) DIRECTLY OBSERVED THERAPY

The service offers supervised consumption of tuberculosis treatment drugs to ensure that the dose had been consumed by the patient.

A discussion took place in relation to the commissioning of services it was stated that the scheme proposed was not a scheme which takes over the ownership of ordering medication for patients nonetheless was to continue to commissioning a locally developed service from community pharmacies for the services highlighted for 3 years with a 3 month notice period.

A request was made for future updates on any implications for services in the light of the NHS England over the counter medication consultation and any other national services commissioned through community pharmacies.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
(b)	Members of the Planning and Commissioning Committee approved the continued commissioning of the services for a further 3 years (with a 3 month notice period).
(c)	Members of the Planning and Commissioning Committee requested regular updates on the implications of 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
- Community paediatrics continues to progress with two specifications now approved.
- Hull First (Fall Intervention Response Safety Team) following a pilot phase the service would be incorporated into the City Health Care Partnership (CHCP). CHCP were looking at extending the service bypassing Yorkshire Ambulance Service (YAS).

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
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