

Item: 11.1

PLANNING AND COMMISSIONING COMMITTEE

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

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
 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
 A Oehring, NHS Hull CCG, (Clinical Member)
 R Raghunath, NHS Hull CCG, (Clinical Member)
 D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

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

K Billany, NHS Hull CCG, (Head of Acute Care)
 M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)
 S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
 T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)
 M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 2 February 2018

The minutes of the meeting held on 2 February 2018 were submitted for approval; grammatical amendments noted.

Resolved

(a)	The minutes of the meeting held on 2 February 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 2 February 2018 was provided for information and no additional update was required

Resolved

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

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

Resolved

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

5.1 DECLARATIONS OF INTEREST

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

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

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

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

There following declarations of interest were declared.

Name	Agenda No	Nature of Interest / Action Taken
A Oehring	6.2	Declared a Financial Interest as GP Partner at Sutton Manor
A Oehring	6.10	Declared a Financial Interest as GP Partner at Sutton Manor
R Raghunath	6.2	Declared a Financial Interest as GP Partner at James Alexander Family Practice
R Raghunath	6.10	Declared a Financial Interest as GP Partner at James Alexander Family Practice
V Rawcliffe	6.2	Declared a Financial Interest as GP Partner at Newall Surgery
V Rawcliffe	6.10	Declared a Financial Interest as GP Partner at Newall Surgery

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 February 2018.

Resolved

(a)	Planning and Commissioning Committee Members noted that there were no gifts or hospitality declared.
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5.3 TERMS OF REFERENCE

The Deputy Director of Commissioning presented a copy of the current Terms of Reference requesting clarity on a number of issues.

It was agreed to change the following areas:

Quoracy should read:

Chair or Vice Chair
Director of Integrated Commissioning or Senior Commissioning Manager
At least 2 CCG Board GP Members (which may include the Chair),
Deputy Chief Finance Officer
Senior Quality Directorate representation

Replacing

Chair or Vice Chair
Director of Integrated Commissioning or Deputy Director or Head of Service / Commissioning Manager;
At least 2 CCG Board GP Members (which may include the Chair),
One of Lay Member – Strategic Change and Vice-Chair or the Associate Director, Communications and Engagement/Communication Manager.

Attendance should read:

Other Directors/Managers may be invited to attend, particularly when the Committee is discussing areas of risk or operations that are the responsibility of those Directors/Managers.

Replacing

Other Directors/Managers (can be?) should be invited to attend (?should attend), particularly when the Committee is discussing areas of risk or operations that are the responsibility of those Directors/Managers.

Remit should read:

To ensure that the programmes of work supporting the delivery of the Place Based Plan, Integrated Delivery Framework, the operating plan and the Medium Term Financial Strategy are enacted in a timely and effective way.

To ensure that the programmes of work supporting the delivery of the operating plan and the Medium Term Financial Strategy are enacted in a timely and effective way.

System Development

Point xi “To be responsible for sign-off of ‘Map of Medicine’ Care Maps” to be removed from the paper.

Membership should read:

Three CCG Board GP Members (One of whom shall be the chair of the Committee)
Director of Integrated Commissioning
Lay Member – Strategic Change (Vice-Chair)
Associate Director of Communication and Engagement
Deputy Director of Commissioning
CCG Heads of Service (four)
Senior Quality Representative
Deputy Chief Finance Officer: Contracts, Performance, Procurement and Programme Delivery
Hull City Council Representative
Deputy Chief Finance Officer: Finance
CCG Board Practice Manager Member

In attendance (as and when required)

Other CCG and Local Authority Colleagues

Replacing

Three CCG Board GP Members (One of whom shall be the chair of the Committee)
Director of Integrated Commissioning
Lay Member – Strategic Change & Vice-Chair
Associate Director of Communication and Engagement
CCG Heads of Service (four)
Senior Quality Representative
Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery
Hull City Council Representatives (City Manager, Adult Social Care and City Manager, Health and Wellbeing)
Deputy Chief Finance Officer / Finance
CCG Board Practice Manager Member

In attendance (as and when required)

Local Authority representatives
Other CCG Colleagues

Nominated deputies may be appointed subject to approval by the Clinical Chair.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the updates to the Terms of Reference.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

There was no update provided.

6.2 CCG MEDICINES OPTIMISATION WORK PLAN FOR 2018/19

Dr A Oehring, Dr R Raghunath and Dr V Rawcliffe declared a financial interest due to being partners. It was agreed that the GP's could participate in the discussion regarding the item but were unable to vote.

The Medicines Optimisation Pharmacist provided an update on the optimisation work plan for 2018/19 and prescribing indicators as per the CCG Extended Medicines Management Scheme for 2018/19.

NHS England had proposed a cost increase to overall primary care budgets of 1.9% to account for inflation for 2018/2019 and the Regional Drug and Therapeutics Centre had added to this by suggesting uplift to prescribing budgets of 0-1% on outturn with a possible 1% efficiency target for QIPP. It should be noted that CCG QIPP medicines optimisation efficiency target was 1.75% which was above the Drugs and Therapeutics Centre recommendation. However with 1.75% uplift this would lead to a final uplift to prescribing budget of 0% on outturn. This had been discussed with CCG finance.

It was stated that the NECS medicines optimisation team expertise would support GP practice implementation. This would also be in conjunction with GP Practice Groupings prescribing leads and clinical pharmacists from the GP Practice Groupings. NECS would provide strategic assistance with development and delivery support under the direction of the Practice Groupings.

It was noted that Appendix 1 within the paper identifies cost savings which NECS medicines optimisation team would help implement.

It was acknowledged that the medicines optimisation team needs to include providers in the cost saving work to ensure a consistent approach was adopted.

The medicines optimisation pharmacist clarified how the percentage based indicators were calculated.

It was recommended that GP practices should escalate Secondary Care requests that were considered not appropriate from a formulary or appropriate from a discharge of medication perspective. Concern was raised about pharmacy 'managed repeat' schemes, the medicines optimisation pharmacist commented that patients should be involved in the ordering process.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the medicines optimisation work plan for 2018/2019 project areas
(b)	Members of the Planning and Commissioning Committee approved the Extended Medicines Management Scheme prescribing indicators for 2018/2019 was agreed.

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 the change of usage applications on the following drugs.

Cladribine tablets – Red (NHSE commissioned)
Regorafenib (Stivarga) Caps 40mg - Red (NHSE commissioned)
Flamigel and Flaminal – Green to allow primary care usage
Tofacitinib (Xeljanz) – Red (CCG commissioned)
Opicapone - Green
Imuderm – Green
Etelcalcetide Injection – Red (NHSE commissioned)
Eluxadoline Tablet - Blue
Pure Fructose (Hydrogen Breath Test) - Red (hospital use only)
Trimbow MDI - Green
Baricitinib (Olumiant) – Red (CCG commissioned)
Free Style Libre – Red

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.3i HULL & EAST RIDING PRESCRIBING COMMITTEE – ‘CLINICAL GUIDELINE ON THE USE OF HIGH-POTENCY VITAMIN D REPLACEMENT’

The Medicines Optimisation Pharmacist provided an update on the use of High-potency Vitamin D replacement.

At present, there was insufficient evidence base for routine testing of vitamin D in patients with non-specific complaints.

It was agreed that the paragraph in the guidance stating

“Before replacing, please ensure that vitamin D level was recent (within 6 weeks). Repeat test especially if lower levels were in winter.”

Should read

“Before replacing, please ensure that vitamin D level was recent (within 10 weeks). Repeat test especially if lower levels were in winter.”

Clarification was requested on the timescales and levels of vitamin D for when repeat testing was required. GPs would provide further comments back to the medicines optimisation pharmacist relevant to other sections of the guideline.

It was agreed that an update version of the vitamin D guidance be brought to the May 2018 Committee or later dependent on Hull and East Riding Prescribing Committee review and amendments.

Resolved

(a)	Members of the Planning and Commissioning Committee approved in principle the clinical guideline on the use of high-potency vitamin D replacement.
(b)	Members of the Planning and Commissioning Committee requested clarification be added to the guidance of when repeating testing was required and brought to the May 2018 Committee.

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:

- Golimumab for treating non-radiographic axial spondyloarthritis - NICE expect this to be cost neutral.
- Intrabeam radiotherapy system for adjuvant treatment of early breast cancer - NICE state this guidance was applicable to Secondary care – acute, There are no implementation tools available.
- Age-related macular degeneration - NICE state this guidance was applicable to Secondary care – acute.
- Sore throat (acute): antimicrobial prescribing - NICE does not state which organisations this guidance was applicable to. It would be reviewed as part of the Guidelines for Treatment of Infections in Primary Care in Hull and East Riding.

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

Incidental finding relating to FP10 use for prescribing hosiery and garments for lymphoedema patients. Review taking place to understand why CHCP were not providing these items as part of the service. Point to note that this could be happening across other “consumables” being requested on FP10. There may a need to be discuss if there needs to be a quick audit to establish what are drugs and what are “others”.

New Models of Care

There were no exceptions to report.

Medicines Management

There were no exceptions to report.

Children Young People which Maternity (CYPM)

There were no exceptions to report

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.6 INTEGRATED COMMISSIONING

The Director of Integrated Commissioning stated that NHS Hull CCG and Hull City Council had postponed the Committee in Commons meeting and would recommence in June 2018 after the Full Council Election had taken place.

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 performance at Hull Royal Infirmary was below standard at between 70% – 75%.

A call had been held with NHS Improvement, Chris Long, Jane Hawkard and Emma Latimer to ascertain why there had been a decrease in performance when there had been no increase in activity and there was adequate community capacity.

Regular system pressure calls are being held to assist with performance.

A call had been held with North London Partners in Health and Care in relation to work undertaken within Hull on the Integrated Care System and how this could be implemented in London.

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

The Programme Manager Diabetes System Transformation circulated a report on the progress with the Diabetes Transformational Funding areas and the national Diabetes Prevention Programme for information.

Resolved

	Members of the Planning and Commissioning Committee noted the update provided.
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6.9 SEND WRITTEN STATEMENT OF ACTION

The Head of Children, Young People and Maternity provided a report to review the Hull SEND Written Statement of Action (WSA) assist NHS Hull CCG to understand the current position regarding dementia and dementia provision in the city.

It was stated that between 9 October and 13 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kingston upon Hull to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection was led by one of Her Majesty's Chief Inspectors, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

The inspection outcome letter to Hull City Council and NHS Hull CCG from Her Majesty's Chief Inspector (HMCI) dated 6 December 2017 determined that as a result of the findings of this inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, HMCI has determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and NHS Hull Clinical Commissioning Group are jointly responsible for submitting the Written Statement of Action (WSA) to Ofsted.

The inspection outcome letter was publicised as required by both Hull City Council and Hull CCG who acknowledged the findings of the inspection and agreed to commit to the WSA.

It was acknowledged that clarity had been requested on the leadership responses and that a SEND Accountability Forum would drive the WSA forward.

A Designated Clinical Officer post had been advertised and would assist with the SEND programme.

A copy of the WSA would be present at Senior Leadership Team Meeting and then at the March 2018 NHS Hull CCG Board.

The SEND WSA had identified the need to reinstate SEND back on the programmes of work to be undertaken.

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 PRIORITISATION PANEL REPORT

Dr A Oehring, Dr R Raghunath and Dr V Rawcliffe declared a financial interest due to being partners. It was agreed that the GP's could participate in the discussion regarding the item but were unable to vote.

The Deputy Chief Finance Officer provided a report presenting the recommendations made by the Prioritisation Panel held on the 8th of February 2018 following their review of the Project Approval forms submitted by the deadline requesting recurrent / non-recurrent funding be made available to them.

The Prioritisation Panel reviewed a total of six schemes across a number of work-stream areas. In total these applications came to £2,676k. These were a mixture of recurrent and non-recurrent funding requests.

Of the six cases put forward four have been recommended for approval, another was recommended for partial approval and the final one has not been recommended for approval at this stage. The table at Appendix 1 of the document provided a brief summary of each scheme, the funding requested and the recommendation of the Prioritisation Panel including any conditions or requirements that they felt were necessary.

It was stated that the City Health Care Partnership (CHCP) had been advised to divide the Transformation Case into 3 separate proposals which would be further discussed at the Planning and Commissioning Committee in April 2018 and then if approved be taken to the May 2018 NHS Hull CCG Board.

The number of Physician Associates (PA) in Primary Care Roles had been increased to ensure equity across the practice groupings. Work was continuing with the LWAB to ensure the CCG offer was consistent with the wider STP scheme. Further communications would be circulated in relation to the available PA roles.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the development of the national TB Service Specification.
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6.11 SPECIALIST PALLIATIVE AND END OF LIFE CARE BED PROVISION: FUNDING RE-ALIGNMENT

The Head of Contract Management provided a report to update the committee how the Five Year Joint Specialist Palliative and End of Life Care Strategy would be delivered through an integrated End of Life (EoL) pathway and to seek approval for the sustainable funding of the pathway.

A proposal was developed for a long term, sustainable funding framework for hospice based specialist palliative care and end of life care. The principles of the framework are that funding proposed was broadly equitable in comparison with other arrangements between commissioners and end of life service providers and that the funding allocated secures an ongoing, cost effective and stable bed provision within the City.

A 5 year Joint Specialist Palliative and End of Life Care Strategy for Hull and East Riding CCGs and an integrated EoL pathway had recently been approved by Hull CCG Planning and Commissioning Committee. The strategy focuses on our

Providers delivering against the 6 Ambitions in the National End of life care strategy. The integrated EoL pathway supports our integration with Hull City Council and the use of the trusted assessor model to reduce 'hand offs' and the need for the patient to undergo multiple assessments by health and social care staff.

NHS Hull CCG had commissioned end of life services through secondary care, community services, hospices, care homes and other providers over several years. Funding for our main hospice service has been allocated through a fixed sum grant which had not changed during the CCG's life. Therefore, the real value of the grant had eroded over years through inflationary pressures. The commissioner grant was a contribution towards specialist palliative and end of life care and hospice funding, which also includes charitable donations, legacies, retail sales and other income generating activities. The main provider for hospice specialist palliative and end of life care specialist for Hull CCG was Dove House hospice. The continuing relative fall in the commissioner grant against other income has now led to an overall instability in their service and a scaling back of existing bed capacity was required within the next year, if there was no change to the current position.

Over the previous 6 months work had been undertaken on a range of service developments with Dove House Hospice. One element of this service development was to better align Dove House's service offer with others. This particularly includes integration with City Health Care Partnership's (CHCP) services. There would be benefit, and both parties have agreed in principle, that Dove House Hospice become a sub-contractor to CHCP, which would allow a more integrated and cohesive service offer.

The Head of Contract Management advised that if the proposal for Dove House to sub-contract from CHCP was approved the present contract would be extended for approximately 4 months to ensure management costs were accounted for and that both CHCP and Dove House understood and agreed with the new contract as KPI's would be included.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the request for the sustainable funding of the EoL pathway.
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6.12 DOWN'S SYNDROME

The Engagement Manager provided the Committee with an update on the purpose of the Down's Syndrome Pathway, why it was required and how it had been developed.

NHS Hull Clinical Commissioning Group, in partnership with health and social care services in Hull, had developed a pathway for people living with Down's Syndrome and their families or carers. The pathway documents existing services and requires no extra monies.

It was stated that a focus group had led to the following proposals for the maintenance and monitoring of the Down's syndrome Pathway

- A named representative from each team or department on the pathway should be identified and they should be responsible for the review and update of their

area. Generic departmental contact details should also be held to ensure that the turnover of staff does not hinder this process.

- The pathway should be formally reviewed every 6 months
- The pathway review should be co-ordinated by a named contact at the CCG. It was important that the services and departments be active in the review to ensure ownership and embedding of the pathway in practice.
- The review timetable should be clearly laid out in advance, with key timescales and deadlines to ensure that everyone was aware of the expectations of them; and has sufficient notice to make sure teams have the capacity to undertake the work.
- NHS Hull CCG's website would have the functionality for people to give feedback and comment on the pathway; these would be collated at each review round.
- If an error or omission presents a significant clinical risk, the correction would be made immediately and key personnel notified of the change. The pathway and website would contain instructions regarding what to do in these circumstances.
- Engagement would take place at regular intervals to determine awareness and experience of the use of the pathway with professionals, parents and carers. In the first instance this would take place in the late autumn / winter 2018.
- Any revisions to the pathway would be submitted to the Planning and Commissioning Committee, by way of a paper for information. A more formal update and review of this process would occur a year after the launch of the pathway.

It was recommended that the pathway be launched on World Down's Syndrome Day on 21st March 2018. This date had obvious benefits to support the widest promotion and media coverage. All partner agencies and appropriate VCSE partners would be formally invited to attend; as would everyone who has been involved in the development of the pathway.

There was already an awareness of the pathway, as a result of professionals being involved in the development work; with professionals continuing to register their interest and wish to be involved. It was recommended that the named contact for each service involved in the pathway be instrumental in raising the awareness and implementing the pathway in their respective areas in health and social care.

The pathway had started to be promoted in Primary Care, with attendance and updates at PTLs. A more formal approach to raising awareness in Primary Care was planned, maximising existing communication routes, and more formal structures such as the LMC, Provider Forum and Council of Members.

It was agreed that all partners would be requested to review their existing contracts and advise who and where the contract would be taken to for official sign-off confirming that all governance areas had been agreed.

Professionals, parents and carers all fed back that they were unsure of what services were available and when to contact them. Professionals also stated they find it difficult to talk about Down's Syndrome fearing they would cause offense. It was recommended that supplementary training be investigated particularly for those who

have a high contact with people living with Down's Syndrome as part of their role. The possibility of parents and carers attending this training should also be explored.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Down's Syndrome Pathway and implementation
(b)	Members of the Planning and Commissioning Committee approved the proposed method for maintenance of the pathway
	Members of the Planning and Commissioning Committee were assured that professionals, parents, carers and people living with Down's Syndrome have co-produced the pathway.

6.13 STROKE UPDATE

The Head of Primary Care provided the Committee with a verbal update in regard to stroke service.

The next Stroke Pathway Group meeting was scheduled to be held on Tuesday 6th March; however the Trust had provided an update as follows:

The Trust had approved a business case to develop the stroke service and increase the Hyper Acute Stroke Unit (HASU) bed base from 4 to 8 as recommended by the Peer Review in February 2017. A new Consultant post has been advertised but not successfully recruited to yet. Additional nursing staff had been recruited but some vacancies remain. Speech & Language Therapy are now at full establishment following recruitment of additional Band 4, 5 and 6 posts. The Admin support to the Stroke Co-ordinators was currently in recruitment. All patients are now being admitted to a HASU bed and the Trust was participating in the regional thrombectomy group.

Committee Members were also informed that a concern regarding the care of patients in a community stroke rehabilitation facility had been raised with NHS Hull CCG and as a result a visit had been made to the facility and actions were being put in place to address the concerns. The Head of Primary Care clarified that the NHS Hull CCG's contract for community services, including the community rehabilitation beds, was with City Health Care Partnership (CHCP) CIC and that CHCP sub-contract the beds from another part of the CHCP group which now owns the care home. A full quality visit was to be arranged within 4-5 weeks.

General discussion ensued regarding the physical suitability of Rossmore for Stroke patients, it was agreed that this was not an issue that can be resolved within P&C.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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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 Invitation to Tender has been published and was live on OJEU.
- Plans for securing services to meet the Extended Access to Primary Care requirements continue to be developed.

It was noted that Accountable Care System (Formerly MCP) would be removed from the status report.

The Integrated Care Centre (ICC) was due to open in May 2018, an update would be provided at the April 2018 Planning and Commissioning Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
(b)	An ICC update would be provided at the May 2018 Committee.

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 – 2nd February 2018

Committee Members noted the contents of the Chairs Update report.

9.3 ICC BOARD MINUTES

There were no minutes to circulate.

9.4 ICOB MINUTES

There were no minutes to circulate.

10 GENERAL

10.1 ANY OTHER BUSINESS

There were no items of AoB to discuss.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6 April 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6 April 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
ETP	Electronic Transmission of Prescriptions
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
WSA	Written Statement of Action
YAS	Yorkshire Ambulance Service