

PLANNING AND COMMISSIONING COMMITTEE

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

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
A Oehring, NHS Hull CCG, (Clinical Member)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
K Billany, NHS Hull CCG, (Strategic Lead Acute Care)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
R Raghunath, NHS Hull CCG, (Clinical Member)

IN ATTENDANCE:

A Whitehead, NHS Hull CCG (
D Robinson, NHS Hull CCG (PA - Minute Taker)
E Shakeshaft, NHS Hull CCG (Head of Communications)
K McCorry, North of England Commissioning Support (Senior Pharmacist)
T Yel, NHS Hull CCG (Head of Commissioning, Integrated Commissioning)

1. APOLOGIES FOR ABSENCE

E Daley, NHS Hull CCG (Director of Integrated Commissioning)
M Bradbury, NHS Hull CCG, (Strategic Lead Vulnerable People Commissioning)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 September 2018

The minutes of the meeting held on 7 September 2018 were submitted for approval.

It was stated that item 6.2 paragraph 9 should read:

It was considered whether the risks of using Norethisterone should be discussed at Council of Members on 13th September 2018 – it was agreed not to do so at this time. It was requested that a national statement / guidance should be sought as prescribing approach would not generally be altered unless there was a change in national guidance and/or national narrative. The Royal College of Gynaecologists and local clinicians to be approached to seek their views. It was agreed that, at present, there would be no change to the commissioning position.

And not

It was considered whether the risks of using Norethisterone be discussed at Council of Members on 13th September 2018. It was requested that a national statement / guidance from NICE should be sought as prescribing would not be altered unless

there was national guidance along with and narrative/guidance from The Royal College to decide whether or not to approve the Clinical Commissioning Drug Policies therapeutic statement.

Resolved

(a)	The minutes of the meeting held on 7 September 2018 to be taken as a true and accurate record subject to the above amendment and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 7 September 2018 was provided for information, there were no updates.

03.08.18 5.3 - R&D excess treatment costs - midfut study

In relation to Excess Treatment Costs (ETCs) the committee were informed the meeting that NHS England had circulated a briefing note providing further details of the proposed new way of handling ETCs associated with research projects. NHS England would partner with the NIHR Clinical Research Network (CRN) and the 15 Local Clinical Research Networks (LCRNs) to manage ETCs on behalf of CCGs. This would require the CCG to delegate the commissioning function of ETCs to Bradford Districts CCG and would result in a revenue transfer of 2.6p per capita in 2018-19 and 5.2p per capita from 2019-20; which would be subject to annual review. A delegation had been sent to the CCG for signature.

(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.

Any approved items of Any Other Business to be discussed at item 10.1.

Resolved

(a)	There were no items of Any of 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 financial 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 and Action Taken
Dr A Oehring		Declared a Financial Interest as GP Partner at Sutton Manor, participation in the discussion would be permitted.
Dr V Rawcliffe		Declared a Financial Interest as GP Partner at Newhall Surgery, participation in the discussion would be permitted.
Dr R Raghunath		Declared a Financial Interest as GP Partner at James Alexander Family Practice, participation in the discussion would be permitted.

Resolved

(a)	The Planning and Commissioning Committee noted the above declarations of interest declared.
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5.2 GIFTS AND HOSPITALITY

The Gifts and Hospitality Declarations made since the September 2018 Committee were provided for information.

Resolved

(a)	Planning and Commissioning Committee Members noted there were no gifts and hospitality declared.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

No update was provided with regard to this item.

Discussion took place and the decision was made that the Chair would write to the Director of Public Health, Hull City Council to escalate representation at the Committee.

Resolved

(a)	Planning and Commissioning Committee Members noted that there was no update provided.
(b)	Planning and Commissioning Committee Members approved the Chair contacting the Director of Public Health Hull City Council to review representation at the Committee.

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no policies to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no policies to discuss.
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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.

Eletriptan - Blue drug (CCG Commissioned) - Specialist Recommendation only as per NICE guidance

DEKAS Plus/Essential – Blue drug (CCG Commissioned) - Specialist recommendation only

Dupilumab - Red drug (CCG Commissioned) - Pathway to be written by dermatology

It was stated that a blue drug would be prescribed by the GP with national or local approved guidance.

The Medicines Optimisation Pharmacist agreed to ascertain what “compassionate use” implied on the summary of new drugs/changed in usage application table.

Due to the costing of Dupilumab it was agreed that the usage of the drug would be monitored via contracting ensuring the correct criteria was implemented i.e. for severe cases.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Planning and Commissioning Committee members requested clarification be sought with the wording of “compassionate use” on the summary of new drugs/changed in usage application table.

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:

Dupilumab for treating moderate to severe atopic dermatitis - NICE stated to assess costs locally with a 30 day funding timeline

Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs - NICE stated this would be low cost

Dinutuximab beta for treating neuroblastoma - NICE state this would be low cost

Endometriosis - NICE stated this would be cost neutral

Intermediate care including reablement - NICE stated this would be cost neutral

It was acknowledged that if the Local Authority (LA) had an implication in a drug then this would be raised at the Joint Commissioning Forum (JCF).

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

- Humber Teaching Foundation NHS Trust (HTFT) performance had been raised at Board in particular CAMHs, assurance was provided to the Committee that the team are working closely with HTFT to address the issues. Children on the waiting list are receiving interventions so we need to look at how we can report accurately. Work will also be undertaken with the service on the referral, triage and initial assessments. Further information had been requested from HTFT; once received it would be shared with the relevant colleagues in the CCG. A trajectory had also been agreed in terms of Autism and this would be part lump sum funding with the remaining funding drip fed based on the performance against the trajectory.

Acute Care

Post Meeting Notes

- Following the meeting it was discussed with Dr James Crick and Deputy Commissioning Director to include the following in the Assisted Reproduction Treatment – Fertility Policy, which had been uploaded to the NHS Hull CCG website and it was agreed by the Deputy Commissioning Director that this was not a significant change so there was no need to be brought back to a future Planning and Commissioning Committee (P&CC).

Surrogacy - Any costs associated with use of a surrogacy arrangement not be covered by funding from CCGs, but would fund provision of fertility treatment (IVF treatment and storage) to identify (fertile) surrogates, where this was the most suitable treatment for a couple's infertility problem and the couple meets the eligibility criteria for specialist fertility services set out in the policy.

Welfare of the child – Clarity would be sought with regard to IVF in terms of the National Guidance entitled 'Welfare of the child' <https://www.hfea.gov.uk/>

Smoking was discussed pre referral to the IVF unit and then the IVF unit also check the smoking status of the couple.

New Models of Care

- A hypertension diagnosis had been trialled in all pharmacies, a full service specification would be brought to the November 2018 Planning and Commissioning Committee

Medicines Management

- There were no exceptions to report

Children Young People and Maternity (CYPM)

- Paediatric Speech and Language Service. The Service Improvement Group led by Humber Teaching NHS Foundation Trust (Humber TFT) with NHS Hull CCG representation met to review the revised data and trajectory.

Information submitted by Humber TFT requires further work to establish the CV. Recruitment continues to be a challenge.

- Children’s Neurodisability Service. A workshop was held in September 2018 that reviewed the community and acute consultant workforce and clinical pathways. There was agreement that City Health Care Partnership (CHCP) and Hull and East Yorkshire Hospital Trust (HEYHT) would work to review pathways and a joint working model. A subsequent workshop was planned for December 2018 with wider stakeholders such as therapy services to develop the service model.
- Permission had been given by the Local Authority (LA) and NHS Hull CCG for the development of a business case for a single site children’s community hub and short break facility by January 2019. An initial workshop was held on 3 October 2018 with the leading Short Breaks Transformation Board and subgroups to scope the service model and identify stakeholders. A wider stakeholder workshop would be held on 8 November 2018 to build on the work. Parent and the Hull Parents Forum would be involved as part of the coproduction requirements.
- Smoking at the time of delivery (SATOD) rate for Q1 2018/19 was 19.3%. This was the lowest rate recorded since before 2013. If the reduction continues at the same rate as the past 15 months Hull would be nearer to the national target of 6% by 2022.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
(b)	Clarity would be sought with regard to IVF in terms of the National Guidance entitled ‘Welfare of the child’ https://www.hfea.gov.uk/

6.6 INTEGRATED COMMISSIONING UPDATE

The Director of Integrated Commissioning provided a verbal update to the Committee on Integrated Commissioning.

Integrated Commissioning Officer’s Board (ICOB) was looking into the governance and flow of meetings as not every report needs to be presented at every meeting.

The Joint Commissioning Forum was progress welcome on all programmes of work.

Work was required on the language used within meetings to ensure all attends had the same definitions of words.

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 updated the Committee on the unplanned care activity.

The un-validated performance for Accident and Emergency (A&E) for September 2018 was 90% with activity being between 350/360.
Due to the August rota more junior staff had been allocated to A & E.

Stranded patients were at 7 days and super stranded were at 21 days.

Accident and Emergency Delivery Board are focusing on heatwave planning and sun stroke.

Work was being undertaken in minors looking at the GP Stream front end.

Winter Plan 2018/19 had been signed off, all cost are being covered, weekly A & E Delivery Board – Resilience and Winter calls are in place.

Community beds are being reviewed with a pathway being developed; a frailty meeting would be taking place.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.8 SUSTAINABILITY OF DIABETES SERVICE FOLLOWING TRANSFORMATION FUNDING

The Project Officers provided an update to the Committee and to seek approval on the Sustainability of Diabetes Service following NHS England Transformation funding – Adults (18 years & over) service specification.

Hull and East Riding CCGs received additional funding (2017-2019) to support diabetes care from the NHS England Transformational Funding Bids. Much of the work was to develop clarity across the whole care pathway for those with Diabetes and to achieve cost savings which would be re-invested into diabetes services. Hull and East Riding CCGs are currently ranked outside the best 25% on spending.

Key stakeholders and all six Clinical Commissioning Groups in the Humber Coast and Vale Health and Care Partnership worked collaboratively to submit these bids. This partnership approach was built on developments which began in early 2016 through the Planned Care Delivery Group on the Commissioning redesign of Diabetes care in Hull and East Yorkshire.

It was stated that Diabetes had the fastest rising prevalence and if not managed properly, could lead to serious life-threatening and life-limiting complications, such as blindness and stroke. Clinical Commissioning Groups are required to rise to the challenge of multi-morbidity through proactive and comprehensive disease management, placing the service user firmly in the centre of their care

The service specification outlined was based on transformational funding to increase resource capacity within the diabetes team (Brocklehurst Centre). The increased capacity aims to deliver:

- a. Increased vascular consultant resource to support Multi-Disciplinary Foot Team
- b. Diabetes specialist nurses to support Primary Care
- c. Centralised co-ordination of structured education across Hull and East Riding

- d. Research for service users with Type 1 diabetes transitioning into Adult Diabetes Services

There was a requirement set out in the NHS England Memorandum of Understanding that all partners utilise the funding solely for the purposes set out in the transformational bid with savings reinvested in the long term sustainability of the service.

The Provider would:

- Ensure Service Users are provided with full access to all elements of the pathway when clinically appropriate.
- Ensure clinical staff are competent, qualified and/or trained in diabetes care
- Information was provided at the time of referral to enable the Service User to make informed decisions regarding care and requirements.
- Support, information and scheduled reassessments are provided at the time of first assessment.
- On-going support was provided where required.
- A responsive service was provided that addresses Service User's needs, provides service support and demonstrates that feedback was acted on and informs improved service delivery
- A responsive service was provided that regularly partakes in audit within and across all care settings, reviews data and uses it to inform and stimulate improvements in service delivery
- Education (in addition to the formal structured education courses) for Service Users in all settings to promote self-management.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the service specification.
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6.9 HUMBER ACUTE SERVICES REVIEW

The Programme Director, Humber JCC, HCV Elective Network provided a report to update the Committee on the ongoing work of the Humber Acute Services Review, which was being carried out by local NHS partners across the Humber area. The report sets out the interim conclusions in relation to the specialties in Wave 1 of the review and sets out the proposed approach to reviewing the services within Wave 2 of the Review's programme plan.

It was stated that the report also sets out an update in relation to engagement in relation to the review.

The briefing would also be considered at the Hull Council Health Overview and Scrutiny Committee on the 12th October 2018.

A clinical design group would take place through established clinical networks where these already exist. Where these established networks do not exist, the Clinical Design Group agreed to support the development of new networks across the Humber area to support the development of services in those service areas.

Through the Clinical Design Group session it was proposed that some of these specialty/service level discussions be organised on a Trust basis and others on a Humber wide or wider basis as follows:

Humber Wide (or wider where appropriate)/Established Network
Critical Care
Trauma
Cardiology
Maternity
Specialist Rehabilitation

A series of workshops would be arranged to design the proposals with a GP with special interest in each. GP representation from NHS Hull CCG should be sourced via the NHS Hull CCG Chair who would disseminate.

The Issues Paper was shared through a variety of existing engagement networks, including Patient Participation Groups in local GP practices, CCG membership and CCG-level engagement groups, via local Healthwatch and other voluntary and community sector partners. It was also shared on both Hospital Trusts' internal websites for the benefit of staff in those organisations.

At present no finance lead had been identified and it was agreed that further discussions on this would occur out of the meeting.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
(b)	No finance lead had been identified and it was agreed that further discussions on this would occur out of the meeting.

6.10 CORE STANDARDS SELF-ASSESSMENT - EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2018/19

The Deputy Director of Commissioning provided a report seeking approval of the self-assessment of Compliance with the national EPRR/BCM core standards. The self-assessment identified that substantial compliance was demonstrated against the Core Standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2017/18 including business continuity management (BCM) and the deep dive topic of Command and Control. In addition an action plan had been put in place to address the gaps identified.

It was stated that each year NHS Hull CCG had to review itself to ascertain if it met the minimum core standards relating to EPRR and BCM and to assess itself against a deep dive into specific aspects of the core standards. For 2018/19 the deep dive was into Command and Control.

Following the review the NHS Hull CCG had submitted the required template and statement of compliance, outlining the self-assessment, available evidence and action plans were partial or no compliance had been identified.

There were 43 total standards applicable, 39 fully compliant and 3 partially compliant, action had been implemented on the areas which NHS Hull CCG are not compliant with.

A meeting had been arranged which the Director of Integrated Commissioning to ensure the CCG was compliant.

NHS Hull CCG had undertaken several live tests and desktop exercises were also scheduled to take place.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2018/19.
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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 contract for Extended Access to Primary Care was operational.
- The Invitation to Tender for the procurement of an APMS practice for Calvert and Newington area had closed and evaluation was in progress.
- The Invitation to Tender for the Community Eating Disorders service for Adults was live with tenders due for submission on 18 October 2018.
- Depression and Anxiety Service, options for a joint procurement with NHS East Riding of Yorkshire and NHS Hull CCG were being explored. Discussions are ongoing with a paper going to Board for decision.
- NHS 111 was being procured by NHS Greater Huddersfield CCG, with contract award decision by end of November 2018.
- Sexual Health lot1 and 2 are going back out to procurement.

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 other Committees.

9. REPORTS FOR INFORMATION ONLY

9.1 PROCUREMENT PANEL

Procurement panel minutes from 8th August 2018 were circulated for information.

9.2 CHAIRS UPDATE REPORT – 7th September 2018

Committee Members noted the contents of the Chairs Update report.

9.3 ICOB MINUTES

ICOB minutes form 11th May 2018 were circulated for information.

10 GENERAL

10.1 ANY OTHER BUSINESS

The Chair thanked the Strategic Lead Acute Care (KB) for her attendance and contribution to all the Planning and Commissioning meetings she had attended and

expressed on behalf of the Committee Members that she would be extremely missed and wished her well.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **2nd November 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 October 2018

Abbreviations

5YFV	Five Year Forward View
AAU	Acute Assessment Unit
ACP	Advanced Clinical Practitioner
ANP	Advanced Nurse Practitioner
APMS	Alternative Provider Medical Services
A&E	Accident and Emergency
BAF	Board Assurance Framework
C&YP	Children & Young People
CHCP	City Health Care Partnerships
CQC	Care Quality Commission
CGMS	Continuous Glucose Monitoring
CORRS	Community Ophthalmic Referral Refinement
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECPs	Emergency Care Practitioners
EoL	End of Life Care
ENT	Ear Nose & Throat
EPRR	Emergency Preparedness Resilience and Response
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 TFT	Humber Teaching NHS Foundation Trust
ICC	Integrated Care Centre
IPG	Interventional Procedures Guidance
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
MH	Mental Health
MDT	Multi-Disciplinary Team
MSK	Musculoskeletal
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NHS-CHC	NHS Continuing Healthcare
NHS-FNC	NHS-funded Nursing Care
NHSE	NHS England
OSC	Overview and Scrutiny Committee
PALS	Patient Advice Liaison Service
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
PNA	Pharmaceutical needs Assessment
PTL	Protected Time for Learning
RIGS	Recommended Improvement Guidelines
RTT	Referral to Treatment
SHO	Senior House Officer
SRG	System Resilience Group
STP	Sustainable Transformational Partnership
TA	Technology Appraisal Guidance
ToR	Terms of Reference
UCC	Urgent Care Centre
YAS	Yorkshire Ambulance Service