

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 7 DECEMBER 2018 THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
A Oehring, NHS Hull CCG, (Clinical Member)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Vulnerable People)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
R Raghunath, NHS Hull CCG, (Clinical Member)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

IN ATTENDANCE:

C Mulligan, NHS Hull CCG (Care Quality Commissioner)
J Adams, NHS Hull CCG (Personal Assistant) - Minute Taker
K McCorry, North of England Commissioning Support (Medicines Optimisation Pharmacist)
P Young, NHS Hull CCG (Clinical Commissioning Lead - Equipment & Wheelchairs) representing Quality and Clinical Governance
V Harris, NHS Hull CCG (Assistant City Manager, Integrated Public Health Commissioning)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)

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

The minutes of the meeting held on 2 November 2018 were submitted for approval subject to the following amendments:

The Medicines Optimisation Pharmacist requested that agenda item 6.3 would be reworded to

It was noted that the drug company were offering the Erenumab (AIMOVIG ®) drug free of charge until the guidance was considered by the National Institute for Health and Care Excellence (NICE). This would be a CCG funded drug if approved. There were unknowns especially with regard to the decision view from National Institute for

Health and Care Excellence (NICE). The view from P&C committee was to await the NICE TA. It was noted that there was a policy for considering Free of Charge (FoC) drugs and certain principles needed to be in place especially from a patient centred approach and improving outcomes. It was acknowledged that this was a complex and difficult area especially from an ethical perspective, albeit the benefits for patients and the risks/benefits needed to be considered in detail. It was reported that the Policy (attached) stipulated the acceptance of offers to use drugs free of charge prior to NICE approval should not be supported.

Resolved

(a)	The minutes of the meeting held on 2 November 2018 were taken as a true and accurate record subject to the above amendment(s) being made and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 2 November 2018 was provided for information and the following update was provided:

02.11.18 – 5.3 – Programme Delivery Board and Joint Commissioning Forum Terms of Reference – This action would be updated to the Director of Quality and Clinical Governance/ Exec Nurse to take forward. The Director of Commissioning would have a conversation with the Director of Quality and Clinical Governance/ Exec Nurse to update her with the changes.

(a)	Members of the Planning and Commissioning Committee noted the updates to 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

Resolved

(a)	There were no declarations of interest noted.
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5.2 GIFTS AND HOSPITALITY

The Chair declared receipt of an Invitation to attend the Chief Executive of the Year 2018 awards at the HSJ Awards ceremony at the O2 Intercontinental London on 21 November 2018. To include three course dinner and refreshments.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the gifts and hospitality declared.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

The Assistant City Manager, Integrated Public Health Commissioning reported that the Smoking procurement had now been approved at ICOB. The next procurement to ICOB would be the breastfeeding provision. A discussion took place around does breastfeeding/ Doula sit in with the LMS (Local Maternity System) it was agreed it was a local responsibility. This had been reviewed internally by the Director of Public Health and Adult Social Care, the Planning and Commissioning Committee requested that the Deputy Director of Commissioning and the Director of Public Health and Adult Social Care to meet regarding Breastfeeding before the document was provided to Directorate Management Team.

Sexual Health – The commissioning of the sexual health services was noted and it was agreed that a briefing needs to be sent out to the GPs once the service was in place.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	The Deputy Director of Commissioning and the Director of Public Health and Adult Social Care to meet regarding Breastfeeding before the document go through DMT.

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

The Medicines Optimisation Pharmacist declared there was nothing to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee
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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.

Attention was drawn to the medications below

HEY D&T

5-aminolevulinic acid (Gliolan) – Red

Isavuconazole – Red

Pentosan (Elmiron) – Blue

Ciprofloxacin 2mg/ml ear drops (Cetraxal) – Green

Erenumab (Aimovig) – Red but the CCGs have decided not to commission and await the NICE TA

Dalbavancin (Xydalba) – Red

Collagenase Clostridium Histolyticum (Xiapex) – Red as per NICE TA459

CHCP

Levocert – Green

Utrogestan - Green

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 of changes or additions to NICE publications, and their implications for CCG Commissioners.

TA543: Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs - Commissioner: CCG, NICE do not anticipate a significant impact on resources

NG107: Renal replacement therapy and conservative management. NICE state this guidance was applicable to Secondary care – acute. Commissioner: NHSE & CCG
NICE state this would be low cost.

NG108: Decision-making and mental capacity. Commissioner: CCG & LA NICE state this would be cost neutral.

NG109: Urinary tract infection (lower): antimicrobial prescribing. NICE state this guidance was applicable to Primary care. Commissioner: NHSE & CCG. NICE expect this to be cost neutral.

NG110: Prostatitis (acute): antimicrobial prescribing. NICE state this guidance was applicable to Primary care. Commissioner: NHSE & CCG. NICE expect this to be cost neutral.

NG111: Pyelonephritis (acute): antimicrobial prescribing. NICE state this guidance was applicable to Primary care. Commissioner: NHSE & CCG. NICE expect this to be cost neutral.

NG112: Urinary tract infection (recurrent): antimicrobial prescribing. NICE state this guidance was applicable to Primary care. Commissioner: NHSE & CCG. NICE expect this to be cost neutral.

Various other Medtech Innovation Briefings, Medical Technology Guidance's and Interventional Procedure Guidance were highlighted in the paper.

Resolved

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

The following updates were provided:

Acute Care

No exceptions to report.

New Models of Care

An update was provided around the stroke pathway Hull Royal infirmary have gone from 4 to 8 hyper acute beds, which was a key recommendation by the Royal College of Physicians.

East Riding CCG had agreed some investment into the stroke rehab which would improve the flow from the acute trust.

Medicines Management

No exceptions to report

Children Young People and Maternity (CYPM)

The quarter 4 monitoring meeting with NHSE and the Department of Education for SEND would be taking place next week with Hull CCG to review progress against the improvement plan.

Vulnerable People & L&D

No exceptions to report.

Resolved

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

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

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.

In Quarter 2 A&E met the trajectory target, in October as a system 98% was met and then in November 18 it was down to 70%. This was linked to 2 wards been shut to norovirus and high levels of major trauma.

A discussion took place around the communication between consultants within A&E due to constant change of Clinical Leadership. It was suggested that GP representatives from Hull CCG meet with GPs who work within A&E, the Deputy Director of Commissioning would take this forward.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	The Deputy Director of Commissioning would organise a meeting between the GP representatives at Hull CCG and A&E.

6.8 FINANCIAL PLANNING

The Head of Finance provided an update on the CCG's financial plan / Integrated Financial Plan.

The planning guidance from NHS England for Hull CCG was due in on the 21 December 18, so an update on Integrated financial planning was presented instead.

Attention was drawn to the below.

A revised section 75 agreement was due to be presented at Committee in Common on 27 Feb 2019, which would reflect elements of the IFP.

Est gross service expenditure 2018/19 - after MTFP savings assumptions are 692m with this going up to 702m in 2021.

The next steps are:

- Continue to develop the integrated governance arrangements in order to deliver a single strategy.
- To produce joint financial reports on a regular basis that highlight progress against integrated developments as well as risks and opportunities faced by both partners.
- To continue with the current joint review of services that would be re-configured and derive efficiencies that would enable costs to be contained within the "envelope" reflected in the Integrated Financial Plan.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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6.9 UPDATE ON THE CCG FUNDED NURSING BEDS COMMISSIONED AT ROSE VILLA

The Deputy Director of Commissioning sought Committee Members views with regard to:

- Current usage of the block of ten CCG fully funded nursing beds commissioned by the CCG at Rose Villa
- Potential underlying factors impacting on usage
- Whether the pilot should be extended in light of recent changes to the model
- Escalation to the Quality and Performance Committee regarding the concerns raised on the current model

HEY had flagged that they couldn't get patients in the beds that were commissioned at Rose Villa. The Deputy Director of Commissioning met with HEY and CHCP and it was found that very few patients had been put in these beds. There was very little data to support the need for the beds, the beds have never been more than half filled since they were commissioned.

There was a missed opportunity as there was no rehab input commissioned with the beds. After further discussion the Planning and Commissioning Committee agreed for the report to come back to Planning and Commissioning with an options appraisal for the service.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the contents of the report and provided their views on the items raised and the ongoing usage / commissioning of these beds.
(b)	The Planning and Commissioning Committee agreed for the Funded Nursing beds commissioned at Rose Villa report to come back to Planning and Commissioning with an options appraisal for the service.

6.10 IFR MANAGEMENT PROCESS - OPTIONS PAPER

The Deputy Director of Commissioning informed Planning & Commissioning Members of the potential options available to standardise systems and processes around policies for treatments of limited clinical value (Value Based Commissioning) across the Humber footprint.

Attention was drawn to the below.

At present whilst these policies are in place the oversight / management of them was undertaken either by the GP prior to referral, the Trust on receiving the referral or, in some instances, the CCGs IFR Panel.

NHS East Riding of Yorkshire CCG have adopted a manual approach to parts of these processes and have robust policies in place that are clearly measurable in terms of criteria / threshold as well as actively monitoring the level of activity relating to the value based commissioning policies.

It was proposed to utilise an electronic system which would manage the whole process with GPs, or other referring clinicians, entering the referral directly onto the system, which was pre-populated with the policy criteria, which then enables the GP to see immediately whether the case matches the criteria and was approved or not.

The system would then track that the case has occurred and identify where the procedures / treatments have occurred where prior approval has not been given and that the Trust should not have undertaken the intervention.

A discussion took place around how the new system would improve the system that Hull CCG currently have in place and what monies could be saved. The Planning and Commissioning committee approved the option paper in principle and would progress with the implementation, the report would then be presented to Council of Members to obtain the GPs support as they would be the ones using the new system.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the report and the attached appendix.
(b)	The Planning and Commissioning Committee agreed that the report would need to be presented to Council of Members to get the GPs on board as they would be the ones using the new system.

6.11 PHYSICAL ACTIVITY STRATEGY

The Assistant City Manager informed Committee Members to be aware of the draft Physical Activity Strategy for Hull ‘Towards an Active Hull 2018 – 2028’; which sought the Committee’s endorsement and identify a CCG lead to advocate and formal CCG adoption of the strategy.

The Planning and Commissioning Committee endorsed the Physical Activity Strategy and agreed that the Associate Director, Communications and Engagement would present the strategy to the Hull CCG Board on behalf of the Assistant Manager at Hull City Council.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the draft strategy.
(b)	Agreed that the strategy be submitted to the CCG Board for formal endorsement.

6.12 HULL AND EAST RIDING: CHILDREN’S INTEGRATED CARE PARTNERSHIP: A CASE FOR CHANGE

The Deputy Director of Commissioning informed the Planning and Commissioning Committee of the plans and work to develop a joint Hull and East Riding Children’s Integrated Care Partnership (ICP).

There are several initiatives that can be aligned to this programme of work including:

- Paediatric Community Medical service transfer from CHCP to HEYHT
- Children’s Neurodisability Service
- Children’s Transformation Programme (Children and Young People’s Emotional Health and Wellbeing: CAMHS, Autism, LD, ADHD services)
- Children and Young People: Respiratory RightCare project
- Children’s Community Hub and Short Breaks Services (Hull)
- Paediatric Speech and Language Service redesign

The Children's ICP Transformation Partnership Planning Group would meet on 5 December and 6-weekly thereafter to progress the work required for a formal Transformation Board from April 2019.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed the content of the report and the case for change and were assured of plans to take this programme of work forward.
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6.13 NATIONAL EVIDENCE BASED INTERVENTIONS POLICY: RESPONSE TO PUBLIC CONSULTATION AND NEXT STEPS

The Deputy Director of Commissioning presented a summary of the national response and next steps to the public consultation on the national evidence based interventions policy.

17 areas were under consideration:

Category 1 – Exceptional cases only via IFR

- Intervention for snoring (not Sleep Apnoea)
- Dilatation & curettage for heavy menstrual bleeding
- Knee arthroscopy with osteoarthritis
- Injection for nonspecific low back pain without sciatica

Category 2 – Criteria compliance to be demonstrated to IFR

- Breast reduction
- Removal of benign skin lesions
- Grommets
- Tonsillectomy
- Haemorrhoid surgery
- Hysterectomy for heavy bleeding
- Chalazia removal
- Shoulder decompression
- Carpal tunnel syndrome release
- Dupuytren's contracture release
- Ganglion excision
- Trigger finger release
- Varicose vein surgery

It was proposed that once the CCG receives the planning guidance that:

- Existing IFR policies are reviewed to ascertain compliance and updated as required
- Refreshed policies are aligned with and incorporated within contracts
- Review of IFR systems to ensure can accommodate additional activity
- A communication campaign is put in place for these and other changes proposed, e.g. gluten product prescribing, for both clinicians and service users / patients / relatives

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update on the national consultation and the treatments covered by the publication.
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(b)	Supported the proposed next steps for implementation.
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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.

Since the last report the following key procurement activity had taken place:

- The contract for Community Eating Disorders (Adults) has been awarded to the Preferred Provider;
- The procurement of an APMS practice for Calvert and Newington has concluded the standstill period and was in the mobilisation phase;
- The development of an Integrated Care Partnership for Children’s services for Hull and East Riding was progressing;
- The Prior Information Notice has been published to inform the market of the CCG’s intention to procure a framework for communications and marketing.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.2 LOOKED AFTER CHILDREN (LAC) ATTACHMENT THERAPY

The Strategic Lead Mental Health and Vulnerable People provided an update with regard to attachment therapy.

During 2017 the Strategic Lead Mental Health and Vulnerable People and Michele Priest (Hull CC) met with HFT to ask that HFT develop a model to deliver the associated specialist therapies for children with Attachment Disorder. Humber developed a proposal for a full service which the value was circa £280k per annum.

In February 2018 the number of young people who had been assessed as requiring attachment work or therapy increased and Hull City Council had 11 young people whose foster or care placements are at risk of failing are urgently awaiting therapy.

A proposal was shared with the Hull CCG Senior Leadership team which was that Hull Council and Hull CCG would jointly fund a LAC Attachment Service from HTFT. The service was ‘pump primed’ at £15k per organisation and additional therapy funded on the basis of paying the additional bank staff costs or staff within CAMHS overtime costs.

The Planning and Commissioning Committee approved the proposal to commission a LAC attachment Service. A discussion took place and it was agreed that the service specification for the pilot would need updating and reporting back into the Planning and Commissioning Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the proposal to commission a LAC Attachment Service from Humber Teaching NHS FT in partnership with Hull City Council Children’s
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	Directorate.
(b)	The Strategic Lead Vulnerable People Commissioning would present the Service Specification for the Looked After Children Attachment Therapy to the next Planning and Commissioning Committee.

7.3 SHORT BREAKS SERVICE & CONTINUING CARE FOR CHILDREN AND YOUNG PEOPLE WITH DISABILITIES, FAMILIES AND CARERS. ELIGIBILITY CRITERIA & PRACTICE GUIDANCE

The Clinical Commissioning Lead provided information on the joint NHS Hull CCG and Hull City Council Eligibility criteria and practice guidance for children and young people with disabilities, families and carers requiring NHS Continuing Care and/or short break services.

Following on from the SEND inspection the Short Breaks Services had an action of increasing the eligibility criteria for families. Close work had been taking place with the parent's forum and they are fully on board with the guidance and the Communications Team at Hull CCG was fully involved.

The Planning and Commissioning Committee reviewed the eligibility criteria and practice guidance for children with disabilities accessing NHS Continuing Care and/or short break services.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed the eligibility criteria and practice guidance for children with disabilities accessing NHS Continuing Care and/or short break services.
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7.4 PROCUREMENT OF A SUPPORTING INDEPENDENCE - SUPPORTED LIVING DYNAMIC PURCHASING SYSTEM

The Deputy Chief Finance Officer provided information with regard to the proposed future approach to the commissioning and procurement of Supported Living Services purchased by Hull City Council (HCC) and the CCG.

This proposal was to establish a single contractual arrangement for a period of 8 years with possible extensions to ten years in total, for the purchase of Supported Living services to be based on four bands of support for adults and four bands for young people.

Hull City Council was proposing the Procurement of a Supporting Independence – Supported Living Dynamic Purchasing System.

Under the new governance arrangements for Integrated Commissioning this report would now normally have been considered by the NHS Hull CCG Board and a recommendation made to the Committees in Common. Due to challenging timeframes the paper was not available for the Board meeting of 23 November 2018 and it has been requested that the Planning and Commissioning Committee consider the proposal on behalf of the CCG Board with the proposal also being shared separately with Dr Roper, the CCG Chair and members of the Committees in Common.

In terms of the procurement, CCG representatives are members of the project team and would be fully involved in the specification and procurement evaluation.

The Planning and Commissioning Committee endorsed the Proposal.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the proposal and recommend that the report proceeded to the Committees in Common for decision on 19 December 2018.
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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 – 10 OCTOBER 2018

The Procurement Panel minutes from 10 October 2018 were provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the Procurement Panel minutes for 10 October 2018.
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9.2 CHAIRS UPDATE REPORT – 2 NOVEMBER 2018

The Chairs Update report for 2 November 2018 was provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the Chair's Update report for 2 November 2018.
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9.3 INTEGRATED COMMISSIONING OFFICERS BOARD (ICOB) MINUTES – 26 OCTOBER 2018

The ICOB minutes for 26 October 2018 had not been provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the above minutes would be submitted to the next meeting.
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10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any Other Business.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **4 January 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 4 January 2019

Abbreviations

A&E	Accident and Emergency
APMS	Alternative Provider Medical Services
BCF	Better Care Fund
BHC	Bransholme Health Centre
C&YP	Children & Young People
CHCP	City Health Care Partnerships
COM	Council of Members
CQC	Care Quality Commission
DOIs	Declarations of Interests
EQIA	Equality Impact Assessment
ERoY	East Riding of Yorkshire
HCC	Hull City Council
HERPC	Hull and East Riding Prescribing Committee
HEYHT	Hull and East Yorkshire Hospital Trust
Humber TFT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit and Governance Committee
IBCF	Integrated Better Care Fund
ICOB	Integrated Commissioning Officer's Board
ITT	Invitation to Tender
JCF	Joint Commissioning Forum
LA	Local Authority
LAC	Looked after Children
MDT	Multidisciplinary Team
MH	Mental Health
MSD	Merck Sharpe Dohme (MSD)
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
PCCC	Primary Care Commissioning Committee
PDB	Programme Delivery Board
PHE	Public Health England
ToR	Terms of Reference