

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 1 FEBRUARY 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

J Stamp (Lay Member) NHS Hull – Chair
A Oehring, NHS Hull CCG, (Clinical Member)
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)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
R Raghunath, NHS Hull CCG, (Clinical Member)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

IN ATTENDANCE:

C Denman, NHS Hull CCG, (Head of NHS Funded Care) Representing Quality
D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
T Yel, NHS Hull CCG, (Head of Commissioning - Integrated Commissioning)
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)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Vulnerable People)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair

2. MINUTES OF THE PREVIOUS MEETING HELD ON 4 JANUARY 2019

The minutes of the meeting held on 4 January 2019 were submitted for approval and taken as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 4 January 2019 were taken as a true and accurate record and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 4 January 2019 was provided for information and the following update was provided:

07.12.18 – 6.7 – Unplanned Care – A & E Delivery Board

Status Update 01.02.19 – Dr D Roper and Dr S Richardson were having meeting with Hull University Hospitals NHS Trust (HUTHT) - **The status of this action was “now complete”.**

07.12.18 – 6.10 IFR Management Process - Options Paper

Status Update 07.12.18 – it was agreed to review the options on GPs

Status Update 01.02.18 – Work was being undertaken on the option paper, once completed this would be circulated. **The status of this action was “to be actioned but date not yet due”.**

04.01.19 - CCG Funded Nursing Beds Commissioned At Rose Villa

Status Update 01.02.18 - All patients had been assessed and moved to alternative appropriate accommodation. - **The status of this action was “now complete”.**

(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.

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 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	7.1, 7.3	Declared a Financial Interest – GP Partner Sutton Manor The declaration was noted.
Dr R	7.1, 7.3	Declared a Financial Interest – GP Partner James

Name	Agenda No	Nature of Interest and Action Taken
Raghunath		Alexander - The declaration was noted.
Jason Stamp	6.7, 6.8	Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships. Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. Chief Officer North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017. The declaration was noted

Resolved

(a)	The Planning and Commissioning Committee noted that there were declarations of interest declared.
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5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts which Hospitality made since the Planning and Commissioning Meeting in January 2019.

Resolved

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

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

It was acknowledged that the BAF presents the position against the assessed risks to the strategic objectives. All risks had been updated on a regular basis incorporating positive comments and would be reviewed again prior the end of the financial year.

The governance of Joint Commissioning with the Local Authority was being reviewed.

It was requested the transformation of mental health and learning disability services improving access and reducing delays to treatment risk be reviewed as work had been undertaken and the rating could potentially be reduced.

It was stated that the BAF in its current form was being terminated at the year end and would be redesigned for 2019/20 in more comprehensive form.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

The Assistant City Manager, Integrated Public Health Commissioning advised that Hull City Council were working on the service plan for 2019/2020 which would be brought to the March 2019 committee.

The Sexual Health procurement was underway and GP practices would be offered the LAC framework.

Doula and Breast Feeding Peer Support Procurement was taken to NHS Hull CCG Board to seek endorsement for the proposed commissioning and procurement route for Doula and Breast Feeding Peer Support Services.

Specialist Stop Smoking Service Re-Procurement was also taken to NHS Hull CCG Board to seek endorsement prior to approval from Committees in Common (CiC) for the proposed commissioning and procurement route for a specialist stop smoking service commissioned by the Council.

A review of the 0 – 19 Services was being commenced in March 2019 as the contract in due to end March 2021

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

The Medicines Optimisation Pharmacist declared there was nothing to discuss.

6.2b 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 Medicines Optimisation Pharmacist provided an update on recent Prescribing Guidelines, Policies or Shared Care Frameworks to approve.

It was stated that the following new Prescribing Guidelines had been presented and approved by Hull and East Riding Prescribing Committee.

Cannabidiol Oil (Epidioloex) treatment for Paediatric Epilepsy that had proven intractable to treatment with conventional licensed antiepileptic drugs given at therapeutic doses – Red drug which was not licensed in the UK, NHSE commissioned and guidance expected April 2019.

Nivolumab treatment for Melanoma stage III and IV – Red drug which is only available via Early Access to Medicines Scheme. Not a CCG commissioned medicines.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.2c 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.

Chronic obstructive pulmonary disease in over 16s: diagnosis and management - NICE anticipate this would be low cost.

Post-traumatic stress disorder - NICE state to assess costs locally.

The committee was advised that Erenumab had not been recommended in draft NICE guidance.

Resolved

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

6.3a ICOB/GENERAL UPDATE AND NOTES

The Director of Integrated Commissioning provided a verbal update highlighting the following areas:

Section 75- Update of Partnership Agreement 2018-20 had been taken to NHS Hull CCG Board and would be going to Committees in Common in March 2019.

Energy in the City - the Local Authority were introducing the potential investments in an alternative source of heating from Spencer's waste energy plant.

The Joint Commissioning Forum Terms of Reference had been approved.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.3c PROJECT EXCEPTIONS

Strategic Lead - Mental Health and Learning Disabilities Commissioning advised a substance misuse and mental health workshop is to be held on 14 February 2019 and a Shared Care meeting is being organised. The opportunity to closer align primary and secondary care mental health services was being explored and there would be meetings with GP groupings to ascertain their views on a future model of care delivery.

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.4 INTEGRATED DELIVERY

6.4a A & E DELIVERY BOARD

The Deputy Director of Commissioning provided a verbal update on the A & E Delivery Board.

Performance had been between 54% - 84% with an average in the early 70's. The most prominent issue was major's not being seen by medical staff in a timely fashion.

Hull University Hospital NHS Trust (HUTHT) and the Local Authority had both been in Operational Pressures Escalation level 4 (OPEL 4).

The numbers of super-stranded patients are increasing as the pathway through the system remains challenged.

Generally there was only 1 GP on duty in the A&E primary care workstream at a time.

Ambulance turnaround had improved.

Work was being undertaken around the numbers of patients attending A&E when they could be cared for elsewhere in the system. A number of diversionary pathways are in place to avoid patients being taken to A & E unnecessarily.

6.4b ELECTIVE CARE NETWORK/PLANNED CARE DELIVERY GROUP

Following review the work programme is being more focussed on joint working to deliver systemised change as well as focussing on the constitutional targets.

Numerous planned care projects had been closed as they had been completed.

The HCP Elective Care Network was looking at a project to reduce elective outpatient appointments with the possible introduction of skype / remote appointments being considered.

6.4c PROJECT EXCEPTIONS

The Strategic Lead - Primary Care advised that within the NHS Long Term Plan it had been announced by NHS England that 20,000 new staff would be employed in primary care over the next five years.

The new GP contract was nearing completion, there had been significant changes with a focus on Primary Care Networks made up of neighbouring practices.

Extended Access service had been in place since October 2018 - an analysis of data would be taken to Council of Members in March.

6.7 HUMBER POLICY ALIGNMENT

Jason Stamp declared a Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships.

Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG.

Chief Officer - North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017

The Deputy Director of Commissioning provided a report to the Committee on the outcome of a piece of work looking at the alignment of IFR/Evidence Based Interventions statements (policies) across the Humber area. The report permits the Committee to see the range of statements (policies) which were already aligned across the area.

There had been a significant success aligning policies across Humber area.

Several pieces of work had already occurred to align statements (policies) over recent years across the whole of the Humber Coast and Vale HCP as well as across Hull and the East Riding. There had historically been close alignment between Hull and East Riding and any differences had been maintained where required. Recent experience had indicated that there was also close alignment in commissioning positions across the 4 CCGs that fall within Humber area, but less alignment with the York / Scarborough community.

The piece of work had been undertaken to pull into a single place / document all those policies where there was clear alignment across the 4 CCGs (or 3 in some cases) including the nationally mandated Evidence Based Interventions. In addition North Lincolnshire CCG had just been through a process of adopting Hull and East Riding commissioning statements (policies) where they did not already had a position statement to ensure alignment.

The Excel spreadsheet circulated outlines the outcome of the review. A draft joint policy pulling all the statements into a single document was currently being developed but was not available yet for review.

It was stated that Interventions where there wasn't alignment across all 3 or 4 CCGs were to be looked at to ascertain if they should be taken forward.

Concern was raised around ensuring that alignment of key policies did not lead to an inconsistency of approach which may lead to legal challenge.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the assessment of alignment.
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6.8 HOMELESS DISCHARGE SERVICE SPECIFICATION

Jason Stamp declared a Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships.

Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG.

Chief Officer - North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017

The Head of Integrated Commissioning provided a report advising the committee of the service specification for the Homeless Discharge Service following approval of the funding for a 2 year proof of concept at the Planning and Commissioning Committee in November 2018. It was noted that HealthWatch had recently undertaken a review of the experiences of the homeless population and recommended further engagement with this group of patients.

It was stated that the service specification covers what was required when homeless patients left hospital.

Hull CCG undertook engagement to support the development of the specification. This was via two Voluntary and Community Groups; Hull Homeless Community Project and Emmaus. A full report could be found in Appendix B. The key conclusions from the engagement were as follows;

- Additional engagement was recommended as the model develops; working in partnership with agencies that had an established and trusted relationship with those who were homeless or on the edge of homelessness had worked well.
- The model would have close links with depression and anxiety services, as well as public health input for those who wish to make positive health changes, for example quit smoking and drinking.
- Respondents feel that being homeless or sleeping rough had a direct negative effect on their health.
- Although experiences, on the whole, were positive, there were some that feel their negative experience was due to the way they were treated by staff, it was not clear if this was solely down to their housing status or related to drug use as well.
- Some additional work should be undertaken relating to the RESPECT programme for this cohort of patients. Respondents state that their next of kin would be a parent; identifying the next of kin in a situation where the individual was unable to communicate or make decisions, may be particularly difficult for this group of people, more so than for those with an address.

It was noted that the service was a 5 day week service, but the service specification stated that patients would be reviewed within 48hrs of admission. With a 5 day a week service this was not always going to be possible and the specification should be amended accordingly.

The KPI's had been revised with the outcomes of the services being defined locally and incorporating data from various providers.

The service being received from homeless patients was being reviewed as the length of time waiting and the quality of the appointment should not be any different.

William Booth House were looking at having Dental and Podiatry services provided there but this is proving challenging,

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Homeless Discharge Service Specification.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr Amy Oehring and Dr Raghu Raghunath declared a financial interest –which was noted but they stayed in the room.

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 was underway:

- Homeless Discharge service (CCG lead)
- Communications and Engagement Framework (CCG lead)
- Community Paediatrics (CCG lead)
- Day Opportunities for Vulnerable Adults (HCC lead)
- Doula and Breast Feeding Support (HCC lead)
- Specialist Stop Smoking service (HCC lead)

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.2 COMMUNICATIONS AND ENGAGEMENT ACTION PLAN

The Associate Director of Communications and Engagement provided a report to update the committee on the progress of the Engagement Delivery Plan 2018/19.

The Communication and Engagement Delivery Plan 2018/19 sets out the actions and activities to be undertaken to ensure that NHS Hull CCG meets its statutory obligation in respect of public consultation and engagement.

It was stated that all actions were on track or completed.

Work was being undertaken to develop the digital agenda including digital blogs and maximising use of social media. A large amount of work is also being undertaken in partnership with the Local Authority.

The Communication and Engagement Strategy was in the process of being updated and will reflect priorities in the Long Term Plan.

It was stated that engagement work should be integrated at the start of each project and Commissioning leads were now more conscience to involve Communications and Engagement at the commencement of each project guaranteeing they start the planning together at the earliest stage.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.3 OUTCOME OF PRIORITISATION PANEL

Dr Amy Oehring and Dr Raghu Raghunath declared a financial interest –which was noted but they stayed in the room.

The Director of Integrated Commissioning provided an update presenting the recommendations made by the Prioritisation Panel held on 18th January 2019 following their review of the Project Approval forms submitted by the deadline requesting recurrent/no-recurrent funding be made available.

An additional application was submitted for consideration. The paper was not received in time for consideration at the prioritisation panel, however it was a significant scheme that if the committee approve would need to be included within the Financial Plan for 2019/20.

The Prioritisation Panel reviewed a total of seven schemes across a number of work-stream areas. In total these applications came to £1,768.3k. These were a mixture of recurrent and non-recurrent funding requests.

Of the seven cases put forward all had been recommended for approval, however in some cases the amount approved was less than initially requested. In addition the Panel were suggesting a number of requirements / control measures that should be incorporated with the investment.

The following highlights were identified:

Community Paediatric – Complex Neuro Disability Service – Approved
Community Paediatric Medical Services – Approved funding to go into MTFP as a maximum value but not to be released until the future service model was fully developed and included in the specification. Due to the combined amount of the Community Paediatric work NHS Hull CCG Board would have the final approval.

Continuing Health Care CHCP – Partial Approval, it was recognised the need to increase funding in this area until the integration work which the council was progressing further. It was agreed to be determined and reported to SLT before releasing into the contract.

An additional scheme was received for a Parkinson's Hub to be developed at the ICC.

It was stated that all patients with Parkinson's would be seen and supported at the centre along with support being provided for carers.

The Committee approved the request but requested that the proforma be reviewed and fully completed and an EQIA undertaken. It was also requested that a full service specification be brought to the April Planning and Commissioning Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the scheme recommended.
(b)	Members of the Planning and Commissioning Committee approved the additional bid for a Parkinson's Hub at the ICC
(c)	Members of the Planning and Commissioning Committee requested that a Parkinson's Hub service specification be brought to the April 2019 Committee

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 – DECEMBER 2018

The Procurement Panel minutes from December 2018 were provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the Procurement Panel minutes for December 2018.
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9.3 INTEGRATED COMMISSIONING OFFICERS BOARD (ICOB) MINUTES – DECEMBER 2018

The ICOB minutes for December 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

EU Exit Plan

It was stated that direction was being received from NHS England and Improvement regarding the Department for Health and Social Care strengthening its national contingency plans for 'no deal'.

The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a 'no deal' exit. Which would ensure organisations were prepared for, and could manage, the risks in such a scenario.

The EU Exit Operational Readiness Guidance summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for EU Exit.

All organisations receiving which guidance were advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. In addition, the actions in which guidance cover seven areas of activity in the health and care system that the Department of Health and Social Care was focussing on in its 'no deal' exit contingency planning:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

The Director of Integrated Commissioning and Deputy Director of Commissioning would be the co-ordinators for NHS Hull CCG.

The LMC were to be informed of what NHS Hull CCG were responsible for and that they may be required to provide information from primary care.

10.2 DATE AND TIME OF NEXT MEETING

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



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 1 March 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
HUTHT	Hull University Hospital NHS 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