

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 4 JANUARY 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
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)
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)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

IN ATTENDANCE:

C Denman, NHS Hull CCG, (Head of NHS Funded Care)
C Mulligan, NHS Hull CCG, (Care Quality Commissioner)
D Robinson, NHS Hull CCG, (Minute Taker)
J Mitchell, NHS North East Lincolnshire, (Associate Director of IT)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
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

A Oehring, NHS Hull CCG, (Clinical Member)
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 7 DECEMBER 2018

The minutes of the meeting held on 7 December 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 7 December 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 7 December 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.

Status Update 07.12.18 It was stated that a meeting had been arranged to discuss the terms of reference

02.10.18 – 6.9 Humber Acute Services Review

No finance lead had been identified at present

Status Update 07.12.18 – a further update would be provided at the March 2019 Committee.

07.12.18 – 6.10 IFR Management Process - Options Paper

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

(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.

It was agreed to discuss the EU Exit Plan 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;

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

There had been no declarations of Gifts which Hospitality made since the Planning and Commissioning Meeting in December 2018.

Resolved

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

The Chair provided a report to brief the Planning and Commissioning Committee on the planning and commissioning risks on the corporate risk register.

It was stated that there are currently 28 risks on the CCG risk register of these 8 were planning and commissioning risks and include

- 2 risks which were rated as extreme
- 4 risks which were rated as high
- 1 risk was rated as moderate
- 1 risk was rated as low

It was acknowledged that risk 924 required to be reviewed as additional colleagues have been added to the existing on call rota.

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 February 2019 committee.

The roles of NHS Hull CCG and Hull City Council within this plan were being reviewed which would provide clarity when undertaken work programmes.

Funding allocations for 2019/2020 had not yet been received.

Work was ongoing on a new model for the JSNA along with the next health and lifestyle survey. The smoking service procurement was still on plan.

The Sexual Health procurement was underway with six organisations showing an interest for the upcoming bidders day. Points of clarification have been split in terms of understanding the different elements of the service, and who was responsible for these.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

The Medicines Optimisation Pharmacist declared there was nothing to discuss.

6.3 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

The Medicines Optimisation Pharmacist provided an update on recent new drugs or changes in usage applications and traffic light status.

The 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.

- Rivaroxaban for treatment of Cancer Associated Venous Thromboembolic Disease
- Systemic Biological Therapy (red drug) for Eczema would be prescribed to patients with severe and very severe eczema and would be monitored via HEYHT.

Resolved

(a)	Members of the Planning and Commissioning Committee approved both prescribing guidelines.
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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.

Tofacitinib for moderately to severely active ulcerative colitis - NICE stated this guidance was applicable to Secondary care – acute, NICE stated to assess costs locally.

Urinary tract infection (catheter associated): antimicrobial prescribing - NICE stated this guidance was applicable to Primary care. NHSE & CCG NICE stated this would be cost neutral.

It was stated that the following 3 Interventional Procedure Guidance had limited evidence of efficacy;

- Subcutaneous automated low-flow pump implantation for refractory ascites caused by cirrhosis.
- Transcranial MRI-guided focused ultrasound thalamotomy for neuropathic pain.
- Percutaneous insertion of a temporary heart pump for left ventricular haemodynamic support in high-risk percutaneous coronary interventions.

Resolved

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

It was stated that an alternative way of reporting programme highlights would be devised due to the integrated method of working.

The following updates were provided:

Acute Care

It was stated that the 41 – 52 week wait was being proactively managed.

New Models of Care

There were no exceptions to report

Medicines Management

There were no exceptions to report

Children Young People and Maternity (CYPM)

The SEND quarter 4 monitoring visits from DfE and DH had taken place on 14 December 2018. The inspection team were pleased with the progress made and acknowledged the work in progress. The monitoring would continue although less frequently with plans for a re- inspection in the autumn of 2019.

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. Committee Members were advised that first formal meeting of Committees in Common had taken place in December 2018 with Dr D Roper being the Chair for NHS Hull and Cllr Lunn being the Chair for Hull City Council.

Committee Members were advised that a discussion had taken place around Supported Independent Living with Home Care being the topic at the next Committees in Common.

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 Deputy Director of Commissioning updated the Committee on unplanned care activity.

It was reported that in September and October 2018 HEYHT performed well against the A&E target and the flow through the hospital was good. However since November 2018 the position had deteriorated again with A&E experiencing sustained pressure on service delivery due to clinical acuity and some occasional days of high patient attendance. Ambulance waits and waits to see a Doctor had increased. HEYHT was maintaining an overview of all patients, regardless of time of wait, to minimise patient impacts as far as possible. This had been compounded by slow transfers through the hospital with Hull City Council experiencing severe challenges in moving patients through the system to free up both hospital and community based beds. NHS Hull CCG Managers were working closely with all partners to look at options to improve the position.

It was requested that system pressure communications be circulated information to GP's where appropriate and queried whether there was an opportunity to undertake an awareness raising campaign in local communications, e.g. those distributed by the Local Authority, advising of alternative methods of being treated for injuries/minor ailments.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	The Associate Director, Communications and Engagement would look into circulating information of alternative methods of minor injury/ailment treatment.

6.8 IMT STRATEGY AND APPROACH

The Associate Director of IT gave a presentation advising of the progress and future stages of the JoinedUp Yorkshire and Humber IT work.

The current priorities include clinical record sharing highlighting

Improved S1->S1 sharing

- TPP introduced a new sharing model
- Control for sharing to each other S1 unit in control of GPs
- Logistically challenging
- We've created and distributed a centrally managed 'Green List' of approved sites for practices to quickly install

The Next Steps

- LHCRE - The 'Humber Care Record'
- We've agreed to take the technology behind the Leeds Share Care Record to deploy across NY &H
- The start of wider Integrated shared records.
- Rapid Deployment to cover:
 - A Cancer Record
 - End of Life Records
 - E-respect Forms

The Committee were advised that the current priorities of improved transfer of Care included:

- Continued Promotion of ERS
- E-Discharge
- Connected Care Homes
- FAX Machines to be discarded (work was being undertaken on how information would be cascaded)

The following current priorities of Safe Guarding Issues were highlighted:

- Earlier this year, following pressure from BMA & ICO, NHSD & NHSE requested TPP remove the consent override function in S1
- Due to our work with 'Green Lists' this isn't an issue for the majority of our users
- However, it causes a significant concern for SG teams and out of area patients, as they could no longer electronically retrieve the SG relevant information needed for urgent meetings
- Due to the lack of resolution we are working directly with TPP & the ICO to deliver a solution to NHSE. First Draft ready to present back to NHSD & NHSE

It was acknowledged that the current challenges were GPIT and Infrastructure and to bridge the gap of developers and users.

Resolved

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

The Deputy Director of Commissioning provided a report for approval to fund a recurrent LAC attachment service.

It was agreed that the item would not be discussed due to the service specification being light on pathway activity and would be brought to the February 2019 committee.

Resolved

(a)	Members of the Planning and Commissioning Committee agreed that the Looked after Children (LSC) attachment Therapy but brought to the February 2019 committee.
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6.10 UPDATE ON THE CCG FUNDED NURSING BEDS COMMISSIONED AT ROSE VILLA

The Deputy Director of Quality and Clinical Governance / Lead Nurse provided a report informing the committee of the various options that were available for the future use of the 10 Continuing Health Care beds at Rose Villa.

The National Framework for NHS-Continuing Health Care and Funded Nursing Care (Revised 2018) had recently come under scrutiny both regionally and locally. In Hull which circumstance had led to more innovative models being used in order to help prevent delayed transfers of care (DETOC) and to provide the opportunity for more accurate assessment of health care needs when the patient had had a period of 'convalescence' and there were better opportunities to optimise their care.

To enable which innovative approach to completing Continuing Health Care assessments within a legally compliant framework, 10 nursing beds were commissioned at Rose Villa, Beverley Road, Hull. The intention behind the commissioning of these beds was to enable safe but expedient discharges from the acute ward, whilst offering a period of 'convalescence' and the opportunity for fuller assessment of the individual's primary health care needs at a more appropriate interval. The name given to which model was Transfer to Assess.

A wide and varied discussion occurred around the following 3 options which were proposed for the recommissioning of beds:

Option 1. Letting the pilot run its course and not recommissioning any beds.

Option 2. Continue to commission the 10 Rose Villa beds and add bespoke rehabilitation services.

Option 3. Reduce the number of beds at Rose Villa by 50% and in addition commission 5 beds at Highfield.

Attention was drawn to the below:

- Changes to criteria to allow access to the Continuing Health Care beds at Rose Villa to support management of system pressures. As Rose Villa do not have the level of support the ICT beds have the bed capacity has been offered for Social Care patients.
- The patient cohort within the beds at Rose Villa are not necessarily clinically appropriate for the service offered – this is being reviewed on a case by case basis
- That if beds were not block purchased Rose Villa may reduce nursing services.
- If beds were not continued there would be a negative impact on winter pressures management.
- Potentially Highfield/Rossmore could provide the services provided at Rose Villa.
- The pathway for CHCP patients could potentially be undertaken at Rossmore

It was agreed that the beds would not be recommissioned and a further assessment would be undertaken by the Deputy Director of Commissioning and the Deputy Director of Quality and Clinical Governance / Lead Nurse for the 10 beds and capacity.

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 to undertake an assessment for the capacity of the commissioned 10 beds.

6.11 CHC LOCAL DISPUTE RESOLUTION POLICY

The Deputy Director of Quality and Clinical Governance / Lead Nurse provided a policy outlining the proposed process for resolving local disputes that may arise between NHS Hull CCG and the Local Authority (LA) in relation to NHS Funded Continuing Healthcare and Funded Nursing Care.

The purpose of which Local Dispute Resolution Policy was to ensure that any disputes that may arise between the NHS Hull CCG and LA are managed in a fair, robust and timely manner by clarifying roles and responsibilities between the two parties. Which policy was specifically designed to provide a process for resolving disputes between NHS Hull CCG and the LA concerning disagreements about which party should be paying for care packages.

It was acknowledged that there were 3 stages to the dispute process

Stage 1 Reported in writing to the Executive Nurse (CCG) and City Adult Care Social Care Manager (DAS) (LA) within 5 days of completion of the checklist, DST and CHC panel.

Stage 2 the dispute must be referred to another CCG with the exception of when the Exec Nurse and City Adult Care Social Care Manager (DAS) agree that referral to another CCG alone would not help resolve the matter.

Stage 3 Disputes progressing to Stage 3 of the DRP must be referred to an Independent Arbitration Panel. The CCG and LA would jointly identify an acceptable Independent Arbitration Panel and commit to accepting the decision of the panel when made.

The Bed Option Appraisal was reviewed and the following amendments/requirements were identified

- Additional narrative around Children Services were required to be added
- The Bed Option Appraisal would have to be taken to the relevant Local Authority meeting.
- The Bed Option Appraisal should be a joint ownership document

It was stated that NHS Hull CCG and Hull City Council were in breach of Statutory Duties not having a Bed Option Appraisal in place.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the contents of the report and requested that minor amendments be undertaken and brought back to the February 2019 committee.
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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) was awarded to City Health Care Partnership CIC and was now in the mobilisation phase in preparation for a service commencement date for the revised service model on 1 April 2019;
- The procurement of an APMS practice for Calvert and Newington area continues through mobilisation with Haxby Group;
- The first Transformation Board meeting for the Integrated Care Partnership for Children's services for Hull and East Riding was held on 5 December 2018;
- The CCG Board approved the option to extend the Depression and Anxiety Service contract for two years subject a number of relatively minor variations in specification which were identified through the engagement process.

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 – 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
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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 are 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 are 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.

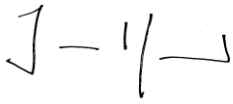
The Director of Integrated Commissioning and Deputy Director of Commissioning would be the co-ordinators for NHS Hull CCG.

The LMC are to be informed of what NHS Hull CCG are 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 February 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 February 2019

Abbreviations

A&E	Accident and Emergency
APMS	Alternative Provider Medical Services
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