

PLANNING AND COMMISSIONING COMMITTEE

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

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) - Chair
A Oehring, NHS Hull CCG, (Clinical Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
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)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

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)
V Harris, NHS Hull CCG, (Assistant City Manager, Integrated Public Health Commissioning)
C Webb, NHS Hull CCG, (Programme Manager)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Vulnerable People)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
R Raghunath, NHS Hull CCG, (Clinical Member)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 1 FEBRUARY 2019

The minutes of the meeting held on 1 February 2019 were submitted for approval and taken as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 1 February 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 1 February 2019 was provided for information and the following update was provided:

02.10.18 – 6.8 Humber Acute Services Review

Status Update 01.03.19 – It was suggested that Caroline Briggs be asked to provide a full update at the May 2019 Committee. **The status of this action was “now complete”**

02.11.18 – 6.1 – PUBLIC HEALTH WORK PLAN

Status Update 01.03.19 – The work planned for April within the council had been delayed, therefore it was agreed that the workplan be brought to the May Committee. **The status of this action was “to be actioned but date not yet due”.**

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates to the Action List.
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Following the March meeting it was noted that two sections had been inadvertently omitted from the February’s minutes, these were as follows:

6.5 - Looked After Children (LAC) Attachment Therapy

The Strategic Lead Mental Health and Learning Disabilities Commissioning advised that a successful pilot around LAC attachment therapy had been undertaken by Humber TFT.

The final service specification had been brought to the Planning and Commissioning Committee for approval, after circulation to Humber TFT and NHS Hull CCG for comments (no comments had been received).

It was stated Child Social Workers could refer a patient into the service who would then be assessed by a psychiatrist from Humber TFT.

It was agreed that regular demand / capacity reports would be received by the commissioning lead and if demand increases due to proactive work the committee would be approached for additional support.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the service specification to fund a recurrent LAC Attachment Service.
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6.6 - Joint (with Hull cc) Continuing Healthcare / Funded Nursing Care Local Dispute Resolution Policy.

The Head of NHS Funded Care provided a report updating the committee on the two actions which were requested at the initial presentation of the policy at the January 2019 Planning and Commissioning Committee:

1. To ensure the policy incorporates more around children and young peoples’ Continuing Care
2. To have the joint policy ratified by the LA.

It was stated that action 1 had not been included in the revised policy as it had been agreed to devise a separate policy relating especially to children (Children's Continuing Care).

In relation to action 2 the Professional Practice Officer from the Local Authority would review prior to the policy being taken to necessary committees for approval, if any major issues were identified the policy would be brought back to Planning and Commissioning for review / re-approval.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and approved the policy.
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4. NOTIFICATION OF ANY OTHER BUSINESS

The NHS Funded Care, Social Care Interim Resource Paper would be present at agenda item 10.1.

Resolved

(a)	The NHS Funded Care, Social Care Interim Resource Paper would be present at agenda item 10.1.
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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;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken
Dr A Oehring	6.2ai	Declared a Financial Interest – GP Partner Sutton Manor 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 February 2019.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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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 April 2019 committee.

It was stated that the Health and Lifestyle survey was in the process of being reviewed.

The Sexual Health contract had been awarded; there had been some challenges around mobilisation which had been rectified.

A Public Health Peer Review had been scheduled to take place on the 13th and 14th March 2019, packs were being circulated to attendees imminently.

Procurement for the non-smoking service was underway.

Doula and Breast Feeding service specifications were to be brought to April 2019 Committee for approval.

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 provided an update to consider and agree a CCG commissioning statement in the relevant therapeutic areas.

The following Clinical Commissioning Drug Policies/therapeutic statements were proposed to the Committee for consideration and approval after a review of the NHS England Guidance.

PrescQIPP Drop List

1. A wide and varied conversation took place in relation to the commissioning recommendation of medical devices and appliance not recommended for routine prescribing.

The list was taken from PrescQIPP DROP-List (Drugs to Review for Optimised Prescribing) which incorporates medicines prescribed across the NHS that were considered low priority and poor value for money. It also incorporates medicines that

could potentially be provided as self-care, with advice and support from community pharmacists.

The following actions were identified:

- “not routinely” be added to the self-care areas
- Silk Garments requires IFR approval and should therefore be removed from the list.

Gluten Free Foods

2. It was stated that changes to the availability of gluten-free foods on NHS prescription in England came into effect from 4th December 2018, the amendments included to exclude all GF products in the categories of biscuits, cereals, cooking aids, grains/flours, and pasta. However, the GF breads and GF mixes were retained in the ACBS list and remain available on prescription in primary care.

It was agreed to approve the basic food requirements up to the minimum level advised by Coeliac UK which was the present recommendation.

Resolved

(a)	Members of the Planning and Commissioning Committee made 2 minor amendments on the PrescQIPP - Summary of other areas DROP-List and then approved the list.
(b)	Members of the Planning and Commissioning Committee approved the basic food requirements up to the minimum level advised by Coeliac UK (present recommendation) along with the revised Hull CCG gluten free guidance

6.2ai CCG Medicines Optimisation Workplan 2019/20

Dr A Oehring declared a Financial Interest as GP Partner and remained in the room, the declaration was noted.

The Medicines Optimisation Pharmacist provided a workplan for approval.

Policy on medicines in England aims to balance the competing goals of giving patients prompt access to effective treatments, incentivising the pharmaceutical sector to develop new products, and ensuring that expenditure on medicines was affordable for the NHS.

The therapeutics areas have been discussed with the CCG GP prescribing lead and the priority areas were included in the Medicines Optimisation Work Plan 2018/2019 (Appendix 1). The intention was the chosen QIPP therapeutic areas would form the basis for the Primary Care Prescribing Medicines Optimisation QIPP project.

There would also be additional medicines optimisation work plan project areas. These were;

- OptimiseRx – Clinical decision support software optimisation - OptimiseRx combines evidence-based best practice, safety and cost-effective prescribing messages, delivered in real time at the point of care. Innovative and intelligent, reviewing the clinical and cost effectiveness of medicines in different therapeutic areas; reviewing and implementing changes in low priority medicines, reducing polypharmacy and medicines wastage.

- Pharmaceutical rebates – CCG approved rebates
- Biosimilars opportunity utilisation - Ensure the health economy benefits from further increased usage of biosimilar biologics.
- PbR High cost drugs/Blueteq implementation – Ensure necessary challenges to PbR excluded drugs/ High Cost Drug recharges from secondary care providers. Ensure alignment to National Tariff guidance related to PbR excluded drugs.

The CCG Extended Medicines Management Scheme prescribing indicators had been reviewed and the proposed changes were discussed by the committee.

The Hull CCG Medicines Optimisation Workplan 2019/20 was reviewed with the following areas being debated:

- Were the indicators quality driven and challenging / ambitious enough
- Was there capacity within the workplan to add additional areas if required

It was noted that the workplan would promote various changes and patient engagement assistance was offered to ensure smooth implementation.

It was stated that Stoma/ continence require redesign it was agreed that the Deputy Director of Commissioning and the Deputy Director of Quality and Clinical Governance / Lead Nurse have discussions outside of the meeting to progress.

NHS Hull was undertaking a piece of work around Head Lice treatment devices so patients would not have to purchase these.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the proposed medicines optimisation work plan for 2019/2020 project areas
(b)	Members of the Planning and Commissioning Committee approved the proposed changes to the CCG Extended Medicines Management Scheme prescribing indicators

6.2b HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

There were no summary of new drugs or changes in usage applications to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there was no update.
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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 with particular attention being drawn to:

- Darvadstrocel for treating complex perianal fistulas in Crohn’s disease – NICE state the guidance was applicable to secondary care.

- Renal and ureteric stones: assessment and management – NICE state there would be a cost saving.
- Cerebral palsy in adults – NICE state to assess costs locally

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.2d PROJECT EXCEPTION

There were no exceptions to report.

It was stated the committee would be advise of who would take on the Medicine Management role on the Hull & East Riding Prescribing Committee when the NHS Hull CCG Chair had had discussions with Board Members.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB/GENERAL UPDATE AND NOTES

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

Committees in Common had taken place on 27 February 2019 with all proposals of work being approved.

Resolved

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

The Strategic Lead Children, Young People & Maternity advised the Transfer of Community Paediatric Medical Service from CHCP to HUTHT was in process. The final contract agreement from HUTHT and the final the Service Specification and Service Development Improvement Plan was awaited. Weekly meetings had been scheduled with NHS Hull CCG, NHS East Riding CCG, HUTHT and CHCP to ensure transfer within agreed timescale of 1 April 2019 and continuity of service was achieved.

Children’s Speech and Language Therapy (SLT) Service. - Demand and waiting times had increased slightly (807 in total December 2018 to 812 February 2019) despite recruitment to core and additional posts. Further clinical assurance regarding review management of the waiting list was awaited. Service remodelling was in progress and led by the Clinical Director. Additional work was being progressed with the Local Authority.

The work regarding children’s neurodisability/neurodevelopmental service redesign aims to develop a single virtual and system-wide model that would realise service efficiencies and improve outcomes and experience of children and their families in the longer term.

A meeting was to be held with Humber Teaching Foundation Trust to review all services and ensure patients were not bounced around the services provided.

Resolved

(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 Director of Integrated Commissioning provided a verbal update on the A & E Delivery Board.

There had been a 28% reduction in admissions due to the Integrated Care Centre (ICC) outreach team.

Hull University Hospital NHS Trust (HUTHT) were performing at 78% against the 4 hour wait target at the end February 2019, an action plan had been implemented to move performance up to the 95% target.

Working patterns within A & E were to be reviewed to be more efficient, there was still a large amount of short term sickness within the department as well as direct admissions not being utilised.

The Deputy Director of Commissioning was participating in a piece of work to envisage what the Primary Care Stream would look like at the beginning of the A & E journey.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.4b ELECTIVE CARE NETWORK/PLANNED CARE DELIVERY GROUP

The Deputy Director of Commissioning provided a verbal update on the Elective Care Network/Planned Care Delivery Group.

There had been no Elective Care Network meeting since the February Planning and Commissioning Committee.

It was stated the Hull & ERY Planned Care Delivery Group was being reviewed and projects would include:

- 'Outpatient redesign' – this project would encompass consultant to consultant referrals review/reduction, reduction in follow-up numbers, changed methodologies for outpatient appointments – skype, etc., demand management, advice and guidance and referral advice services
- Respiratory – building upon the Hull work and spreading to ERY
- MSK – Physio FCPs and lower back pain pathways
- Diabetes
- Commissioning Policy Alignment

As the projects develop further information would be brought back to the Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.4c PROJECT EXCEPTIONS

The Strategic Lead – Primary Care informed the meeting on some of the details in relation to the NHS Long Term Plan and primary care. Practices were required to be part of a Primary Care Network covering 30,000 – 50,000 patients. Each Network needs to be established by mid-May and approved by CCGs. Resource was available nationally to support Networks including for a dedicated Clinical Director. A national Network DES contract was to be launched in July 2019 which would be the vehicle for CCGs to commission services from primary care medical service providers. The Strategic Lead – Primary Care had agreed to provide a 2 page summary of the NHS Long Term Plan implications for primary care.

The Deputy Director of Commissioning gave an update on the funding for the Diabetes Transformation Programme 2019/20. NHSE have informed the Transformation Programme that the following financial allocations would be given for 2019/20:

- Foot care & MDFT (our funding for podiatry staff) – 70% of 18/19 budget for 2019/20 or 2 years from start of scheme – only commitment for 2 years – STP issue 4 CCGs – (MOU ran out after 1 year)
- Structured Education – 50-60% of 2018/19 budget for 2019/20
- Treatment Targets – 50-60% of 2018/19 budget

This potentially leaves a gap in funding which needs addressing locally (Programme covers various configurations of CCGs / Providers from across the HCV footprint). Diabetes Transformation Team to be asked to prepare a briefing / business case regarding the funding.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
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6.5 COMMITTEE WORKPLAN

The Director of Integrated Commissioning presented the Committee workplan and ask for input on how the workplan should look in the future.

It was suggested the following item should be incorporated or removed from the workplan:

- Procurement Framework doesn't need to keep coming back routinely would be added when necessary.
- Place Base Plan update to be added twice yearly.
- Financial planning – no draft report to be scheduled to brought to the Committee
- Prioritisation Panel outcomes to be added into the plan

Resolved

(a)	Members of the Planning and Commissioning Committee agreed the
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	workplan would be brought back to the April 2019 committee for approval.
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6.6 HUMBER CCGS EVIDENCE BASED INTERVENTIONS POLICY DOCUMENT POLICY ALIGNMENT

The Deputy Director of Commissioning provided a report to the Committee presenting the resultant policy document which contains all the aligned policies initially across NHS Hull, NHS East Riding of Yorkshire and NHS North Lincolnshire CCGs. NHS North East Lincolnshire CCG was following the same process but was not ready to be party to the joint document.

The single policy document contains all the planned aligned commissioning statements. These were statements where there was clear alignment across the involved CCGs and the nationally mandated Evidence Based Interventions.

The document was reviewed with the following areas requiring further clarification; Haemorrhoids and the grading of and the process of referring into the IFR Panel. Gynaecomastia – BMI as the male BMI was 30 and the female 27.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the assessment of alignment.
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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.

Current procurements being prepared for publication by NHS Hull CCG were the Homeless Discharge Service and the Framework for Communications and Marketing.

Hull City Council were currently in the process of procuring Day Opportunities for Vulnerable Adults, Doula and Breast Feeding Support and the Specialist Stop Smoking service.

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

It was stated The Quality and Performance Committee had requested that the Planning and Commissioning review ASD and Stroke Beds.

9. REPORTS FOR INFORMATION ONLY

9.1 PROCUREMENT PANEL

There were no Procurement Panel minutes to circulate.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there were no minutes to circulate.
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9.2 QUALITY & PERFORMANCE MINUTES

The Quality and Performance minutes for December 2018 had been provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the minutes.
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10. GENERAL

10.1 ANY OTHER BUSINESS

NHS Funded Care Social Care Interim Resource Paper.

A transformation programme for NHS funded care commenced in January 2018 with the intention of reviewing the existing service specifications for; NHS Continuing Care (children and young people) and NHS Continuing Healthcare (adults). Increasing the operational resource allocation within the CHC budget on a reoccurring basis had remained central to the remodelling going forwards.

As part of the ongoing transformation programme quality assurance had been a continued focus; Increasingly review of patient care following a DST had continued to demonstrate that the quality of experience and safety of the patient was being affected by the fragmented structure within the current CHC and CC pathway. The impact of the current system was also evidenced from the Patient experience perspective.

A draft prioritisation request had been prepared regarding the additional investment of approx. £362,339.00 p.a. in total, the split for the provider being £108k and the split for the LA being £250k. p.a. The additional investment is required to assure the immediate system delivery of CHC. There were two key elements of CHCP delivery which require additional resource; Detail was available in (Appendix 1) which sets out the agreed process activity and staff structure that would be confirmed by the prioritisation bid.

It was noted that there is an ongoing gap in resource due to a lack of staff availability including in terms of operational leadership; as an interim measure the CCG was taking greater operational responsibility in assuring operational direction.

The Committee reviewed the paper and identified the following areas which required attention:

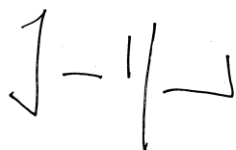
- Ensuring that the funding agreed was used for additional staff not just funding of existing staff. Different models of staff may need to be look at if staffing challenges.
- Children's & YP services may need additional funding.
- The request was for £258k not full £300+ figure identified

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the resource paper.
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10.1 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **5 April 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 5 April 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