

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 5 APRIL 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

J Stamp, NHS Hull CCG, (Lay Member) Chair
A Oehring, NHS Hull CCG, (Clinical Member)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, NHS Hull CCG, (Clinical Member)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Vulnerable People)
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)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
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)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

V Rawcliffe, NHS Hull CCG (Clinical Member) - Chair
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair

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

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

Resolved

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

02.10.18 – 6.8 Humber Acute Services Review

Status Update 05.04.19 – It was stated that Caroline Briggs would be asked to provide a full update along with minutes to the May 2019 Committee. **The status of this action was “now complete”**

01.02.19 - 7.3 – Outcome of Prioritisation Panel

Status Update 05.04.19 - It was agreed to alter the date of the Parkinson’s Hub service specification to May 2019 instead of April 2019. **The status of this action was “In Progress”**

Resolved

(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

The EQIA for over the counter items not to be routinely prescribed by primary care would be present at agenda item 10.1.

Resolved

(a)	The EQIA for over the counter items not to be routinely prescribed by primary care 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 M Balouch	7.1	Declared a Financial Interest – GP Partner at Haxby The declaration was noted
Jason Stamp	6.4c	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

Name	Agenda No	Nature of Interest and Action Taken
		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 or Hospitality made since the Planning and Commissioning Meeting in March 2019.

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 an update to the Planning and Commissioning Committee on the risks assigned to the Planning and Commissioning Committee on the corporate risk register.

There are currently 26 risks on the CCG risk register. Of these, 8 are aligned with Planning and Commissioning.

The overall profile of the Planning and Commissioning risks on the risk register are as follows:

- 2 risks are rated as extreme;
- 4 risks are rated as high;
- 1 risk was rated as moderate
- 1 risk was rated as low

It was stated that for risk 898 (vulnerable people – transforming care) it was the impact of the NHS England Specialised Commissioning programme which was generating the risk. It was noted that due to the patients being Hull residents any reputational risk would be assigned to NHS Hull CCG. It was requested that the risk register be updated with this information.

Humber Teaching NHS Foundation Trust had attempted to recruit to vacant posts to address risk 911 (skill mix and staffing)

Moderate risks which had been on the register for an extensive length of time were to be reassessed and possibly removed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the relevant risk, controls and assurances.
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5.4 TERMS OF REFERENCE PLANNING AND COMMISSIONING

The Deputy Director of Commissioning provided a review of the Terms of Reference (ToR) for the Planning and Commissioning Committee.

It was noted that changes to the ToR had been undertaken utilising track changes and comment boxes.

The quoracy of the committee should ensure that the meeting functions effectively and efficiently with ease.

A wide and varied discussed occurred with the following amendments being agreed.

Lay Member should be added to Chair or Vice Chair for quoracy.

Deputy Director of Quality and Clinical Governance or Lead Nurse/Senor Quality Directorate representation should stay in the quoracy ensuring that it was only senior representation who attends.

Deputy Chief Finance Officer or Senior Representative should be added to quoracy.

Medicines Optimisation Pharmacist/Senior Representative be added to the attendees.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Terms of Reference with the 3 above amendments.
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5.5 TERMS OF REFERENCE PROCUREMENT PANEL

The Deputy Chief Finance Officer provided a review of the Terms of Reference (ToR) for the Procurement Panel.

It was noted that changes to the ToR had been undertaken utilising track changes.

It was agreed to remove Senior Clinical Representative of the Quality Lead and add Senior Representative of the Quality Team.

5.6 TERMS OF REFERENCE PRIORITISATION PANEL

The Deputy Chief Finance Officer provided a review of the Terms of Reference (ToR) for the Prioritisation Panel.

It was noted that changes to the ToR had been undertaken utilising track changes.

The Membership should be altered to state

The Director of Integrated Commissioning or agreed deputy
One Lay Member Representative
GP Board Member

The line 'Any other Members of the Planning and Commissioning Committee' should be removed.

Director of Integrated Commissioning should be added to quoracy.

6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant City Manager, Integrated Public Health Commissioning advised that there were no exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no exception to report.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no clinical commissioning drug policies to approve.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there were no clinical commissioning drug policies to approve.
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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.

Linagliptin - Blue (CCG commissioned)
Inhaled Levofloxacin (Quinsair) - Red (NHS England commissioned)
Apomorphine (Dacepton) - Amber (CCG commissioned)
Valganciclovir Liquid - Red (in tariff when in hospital)
Aprotonin - Red (in tariff when in hospital)
Semaglutide - Blue (CCG commissioned)
Tofacitinib - Red (CCG commissioned)
Hydrocortisone Granules - Green (CCG commissioned)
Emerade Adrenaline Autoinjector - Green (CCG commissioned)

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:

QS179 Child abuse and neglect – NICE state this would be cost neutral

QS180 Serious eye disorders - NICE state this would be cost neutral

NG120 Cough (acute): antimicrobial prescribing - Nice state this would be cost neutral

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:

It was stated that there had been no issues with any integrated commissioning services being established and the benefits of joint working are being realised.

It was noted that procurement plans for patient transport would be discussed with Hull City Council. The Local Authority would require more insight into the patient transport service offered thereafter an open procurement would continue.

The NHS Long term plan was delivered via presentation at Integrated Commissioning Officers Board.

Resolved

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

6.4a FOCUS AREAS

The Director of Integrated Commissioning advised that quarterly focus area reports would be provided by services leads commencing with:

Children Young People & Maternity
Cancer Network

Resolved

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

Mental Health and Learning Disabilities

The Attention Deficit Hyperactivity Disorder (ADHD) caseload held by City Health Care Partnerships (CHCP) Community Paediatric Medic team had transferred to Humber Teaching NHS FT (HTFT) on 1 April 2019. It had become apparent from calls received from families to the NHS Hull CCG and HTFT PALs teams that some young people who had previously received their medication from CHCP required review / prescriptions during April 2019 which was earlier than previously identified by CHCP as part of the ADHD transfer work. In response to this HTFT Consultant CAMHS Psychiatrist would provide additional clinical sessions to review these cases and provide the relevant prescriptions. Urgent appointments would also be offered to those young people who require review prior to ongoing medication being prescribed. The issues which had been highlighted this week would be taken forward by the NHS Hull CCG as part of CHCP Contract and Quality performance monitoring.

A new Locum Consultant Psychiatrist had been recruited to work within CAMHS to support the ADHD team from 1 May 2019 this locum would remain in place until the new enhanced ADHD team had been recruited to. At this time waiting times for ADHD assessment and diagnosis have reached 52 weeks and consequently a new model of care delivery along with an increased staff team was required in Hull. A proposal for funding the locum and new team model would be taken through relevant approval process for new investment.

Planned Care

Rightcare are looking at how 1st contact practitioners could be aligned into the MSK service. A paper would be brought to the July 2019 committee advising of the progress. In was request that patient experience be used whilst reviewing the service.

54 Joint commissioning statements had been aligned and input into practices.

Unplanned Care

Rightcare had identified that CCGs should be supporting High Intensity Users of Accident and Emergency. The RightCare model focussed upon working with the top 20 to ascertain what assistance was required.

Alterations had been made within the Primary Care Stream, a designated area had now been implemented. The primary care stream would function 10.00am - 10.00pm with limited access to diagnostics.

NHS 111 direct booking into practices had gone live on 1st April 2019. 1 appointment per 3000 patients would be made available for either a GP or nurse practitioner.

111 Integrated Care System went live on 1st April 2019.

Primary Care

An increasing range of documents were being released nationally around Primary Care Networks including a Network Agreement and details of the associated DES. A contact email address had been put in place to manage Practice queries. Relevant documents had been added to the NHS Hull CCG portal. Submission of the proposed Networks footprints / involved Practices are due to be submitted 15 May 2019.

The Network's Funding must be assigned to a specific contract i.e. an agreed Practice who would distribute to Network partners.

The Clinical Director of the network does not need to be a GP it could be an appropriate other clinician from within the Network.

Joint correspondence had been circulated offering support to all GP practices from the LMC and NHS Hull CCG.

Children, Young People and Maternity

There are still issues relating to waiting times of Children's Speech and Language Therapy Service, the CCG had requested clinical information and assurance of the waiting list and management of the same.

The Community Paediatric Medical Service transferred on from CHCP to HUTH on 1st April 2019.

Cancer Network

Funding would be allocated on network population. It was acknowledged that a large amount of the funding goes on staffing.

The Cancer Alliance had advised that the 62 day target for 2019/20 would not be achieved.

The challenge with isotope provision for PET-CT continued to impact locally but was an improving position with the wait for scan now in the region of 3 weeks against a target of 2 weeks. Clinicians had been monitoring these patients.

Medicine Management

There were no exceptions to declare.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
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6.4c INDIVIDUAL FUNDING REQUEST OPTIONS PAPER

Jason Stamp declared a Financial Interest in 6.4c Chief Officer North Bank Forum and remained in the room, the declaration was noted.

The Deputy Director of Commissioning provided a draft options paper prepared by North of England Commissioning Support outlining potential options to redesign how Individual Funding Requests are reviewed, which includes how individual CCG's Individual Request Panel are constituted.

Now that the support system for IFR Panels was embedded NECS had started discussions with CCGs to explore how the initial proposals around rationalisation of Panels could be progressed.

A review of the Individual Funding Requests Ratification Process Yorkshire and Humber CCG Options was undertaken with the following areas being identified;

- Concern was raised around moving towards a single clinician due to demand – this was declined immediately.
- A computerised checker was in the process of being implemented
- Joint panels for Hull and East Riding were a potential for the future

It was acknowledged that the introduction of the Value Based Commissioning Checker needed to be embedded before a clear way forward could be agreed. This, combined with a general concern from panels regarding rate of change meant that a further review of options would be required once the current system changes have embedded.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
(b)	Members of the Planning and Commissioning Committee agreed that a single clinician model was not acceptable to the CCG
(c)	Members of the Planning and Commissioning Committee requested a further report be submitted after the value based checker had been established

6.4d COMMITTEE WORKPLAN

The Director of Integrated Commissioning presented the Committee workplan incorporating the minor alterations recommended at the March 2019 committee and ask for input on how the workplan should look in the future.

The committee approved the revised workplan.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the revised workplan.
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6.5e OPERATIONAL NARRATIVE PLAN 2019/20

The Deputy Director of Commissioning provided a report presenting the 2019/20 operational narrative plan which accompanies the financial and activity submission.

The operational plan had been circulated and presented to various committees with approval. The Operational Plan sets out how NHS Hull CCG intends to deliver the key priorities and outcomes as outlined within the NHS Long Term Plan, including improvements in quality and outcomes.

In conjunction with Hull City Council the CCG had developed a robust place based plan which addresses the wider determinants of health to support our population to Start Well, Live Well, Age Well. By empowering our population to self care and self manage we are setting the foundations of personalised care with a focus upon anticipatory care.

This would provide us with the patient/population level focus upon which to redesign health services across the Hull and East Riding Integrated Care Partnership to support the development and delivery of community focussed services which provide systematic support to individuals for both physical and mental health challenges.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and acknowledged the operational narrative plan.
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6.5f CHILDREN AND YOUNG PEOPLE AUTISM

The Strategic Lead Mental Health and Learning Disabilities Commissioning provided an update on the on the Children and Young People Autism Assessment, Diagnosis and Post Diagnostic Support commissioned services from Humber Teaching NHS Foundation Trust.

The Strategic Lead for Mental Health and Learning Disability shared a paper outlining the current position with regard to Children Young People Autism Assessment and Diagnosis. It was highlighted that despite work undertaken in 2018 to develop the current service model and agree financial investment to address the identified waiting list challenges the model was based on an inaccurate waiting list position with a second waiting list being identified leading to an additional 223 cases being added. Consequently the initial waiting list trajectory agreed would not be achieved.

Due to the size of the revised list and the amount of money invested in the services it was agreed to escalate Children and Young People Autism to the May 2019 NHS Hull CCG Board. A paper would be shared highlighting the current position and steps which are being undertaken by the CCG and Humber TFT to reduce the waiting times for assessment and diagnosis. It was agreed that CYP Autism would remain on the CCG risk register after a root cause analysis and performance would be closely monitored at regular specific CYP Autism meetings which are held every 6 weeks with Humber TFT.

It was acknowledged that the waiting list needs to be cleansed which could also assist with the reducing the number of patents requiring assessment.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the content of paper.
(b)	Members of the Planning and Commissioning Committee agreed to escalate Children and Young People Autism to the May 2019 NHS Hull CCG Board.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr Masood Balouch declared a Financial Interest in 7.1 - GP Partner and remained in the room, the declaration was noted.

The Deputy Chief Finance Officer provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

- The Homeless Discharge Service and the Framework for Communications and Marketing continue to be progressed.

- The services designated for tender waivers had been approved and contracts out in place, namely the out of scope services with City Health Care Partnership and community paediatrics.
- Hull City Council are currently in the process of procuring Day Opportunities for Vulnerable Adults, Doula and Breast Feeding Support and the Specialist Stop Smoking service.

A collaborative procurement of GP IT support was being progressed.

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 agreed that work would be undertaken on how referrals to other committees are completed.

9. REPORTS FOR INFORMATION ONLY

9.1 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

The EQIA for over the counter items not to be routinely prescribed by primary care was presented by the Associate Director of Corporate Affairs who advised that NHS England had undertaken a 3 month consultation and led on national guidelines around medicines that would not routinely be prescribed.

It was agreed that The Comms and Engagement Team would support the development of a plan to ensure that the local community, patients and vulnerable groups are fully briefed on the changes.

It was stated that work would not be started until the local council were out of purdah.

Concern was raised by GP members on how to access if a patient was vulnerable, it was stated that an information sheet would be compiled to address this.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the EQIA paper.
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(b)	Members of the Planning and Commissioning Committee requested that a comms and engagement plan be undertaken to ensure the local community are fully briefed on the changes.
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10.1 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **3 May 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:
(Chair of the Planning and Commissioning Committee)

Date: 3 May 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