

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 7 JUNE 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – Chair
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, NHS Hull CCG, (Clinical Member)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
A Oehring, NHS Hull CCG, (Clinical Member)
J Stamp, NHS Hull CCG, (Lay Member)
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
V Harris, NHS Hull CCG, (Assistant City Manager, Integrated Public Health
Commissioning)
Sarah Milner, NHS Hull CCG (Senior Finance Manager)
K McCorry, North of England Commissioning Support, (Medicines Optimisation
Pharmacist)
D Robinson, NHS Hull CCG, (Minute Taker)
Debra Stevenson, NHS Hull CCG (Commissioning Lead – System Resilience)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Robert Thompson, NHS Hull CCG, (Head of Nursing and Quality)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 3 MAY 2019

The minutes of the meeting held on 3 May 2019 were submitted for approval and taken as a true and accurate record after a small number of typographical errors had been amended.

Resolved

(a)	The minutes of the meeting held on 3 May 2019 were taken as a true and accurate record and signed by the Chair.
-----	---

3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 3 May 2019 was provided for information and the following update was provided:

05.04.19 – 6.5f- Children and Young People Autism

Status Update 07.06.19 – two meetings had been arranged with Hull CC and providers to discuss issues. Actions continue to occur around the service, the waiting list had been reduced. **The Status of this action was “Closed “**

03.05.19 - 9.2c - NICE MEDICINES UPDATE

Status Update 07.06.16 – the Hull Targeted Lung Health Checks document had been circulated to committee members. **The Status of this action was “Closed “**

(a)	Members of the Planning and Commissioning Committee noted the updates to the Action List.
-----	---

4. NOTIFICATION OF ANY OTHER BUSINESS

There were no items of Any Other Business to be discussed.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no items of Any other Business to be discussed at agenda item 10.1.
-----	--

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	6.4a, 6.2b2, 7.1	Declared a Financial Interest – GP Partner at Haxby The declaration was noted
Dr B Ali	6.4a, 6.2b2	Declared a Competing Loyalties Interest – GP Partner at Springhead Surgery, The declaration was noted
Dr A Oehring	6.4a, 6.2b2	Declared a Financial Interest – GP Partner at

Name	Agenda No	Nature of Interest and Action Taken
		Sutton Manor, the declaration was noted
Mark Whittaker	6.4a, 6.2b2	Declared a Personal Interest – Practice Manager at Newland Group, the declaration was noted

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared.
-----	---

5.2 GIFTS AND HOSPITALITY

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

Resolved

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

6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant City Manager, Integrated Public Health Commissioning advised that a more detailed update for the “Breast Feeding” and “Stop Smoking” procedures would be provided at the July 2019 Committee. It was stated that there was scope to change the model to incorporate Lung Health checks with the Stop Smoking specification.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

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.
-----	---

6.2b1 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.

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

QV Cream – Green, (CCG commissioned)
Betesil® Medicated Plasters – Green, (CCG commissioned)

Testavan® Testosterone 2% (20mg/g) gel – Amber, (CCG commissioned)

Resolved

(a)	Members of the Planning and Commissioning Committee noted the new drugs or changes in usage application and traffic light status to approve.
-----	--

6.2b2Hull & East Riding Prescribing Committee – Prescribing Guidelines, Policies or Shared Care Frameworks.

The Medicines Optimisation Pharmacist provided a report for the Planning and Commissioning Committee to consider and approve the Prescribing Guidelines, Policies or Shared Care Frameworks from the Hull & East Riding Prescribing Committee.

Disulfiram as an adjunct in the treatment of alcohol dependence to be added to the drugs monitoring list.

Prescribing Framework for Disulfiram for alcohol relapse - New

Agree also that Disulfiram for alcohol relapse was added to the CCG shared care monitoring drug list at Level 1 i.e.

Level 1 - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing.

It was stated that the specialist who initiated the treatment would review the patients at least monthly for 6 months and at reduced but regular interval if the drug was continued after 6 months.

It was stated within the responsibilities of clinicians involved that GP should monitor the patient every 3 months, it was suggested and agreed that GP should monitor every 6 months as the patient was being reviewed monthly by the specialist who initiated the treatment. It was agreed that the GP would monitor at the 6 month point.

Ulipristal Acetate - The patient's GP should confirm agreement to enter into shared care arrangement. If the General Practitioner was unwilling to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of the framework and specialist's letter.

Prescribing Framework for Ulipristal acetate (Esmya) for the treatment of uterine fibroid with heavy menstrual periods - New

The Committee was asked to agree also that Ulipristal acetate (Esmya) for the treatment of uterine fibroid with heavy menstrual periods was added to the CCG shared care monitoring drug list at Level 1 or 3 or 4 i.e.

Level 1 - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing

Level 3 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. Sampling was undertaken by a District Nurse or other externally funded provider

Level 4 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. The practice also undertakes sampling.

Ulipristal acetate treatment was to be initiated and supervised by physicians experienced in the diagnosis and treatment of uterine fibroids.

The framework was reviewed with the following area needing clarification:

- The definition of long term on page 3, at what stage does the term become long term
- The monitoring of bloods and the justification as to why to be added to the specialist section of responsibilities of clinicians involved.
- The ALT of liver function tests needs to be more specific within the section of responsibilities of clinicians involved.

Methotrexate for Immunosuppression in Adults - The main element of this update was the change of subcutaneous methotrexate from a red drug to an amber drug. There are thought to be 400 patients relevant to Hull CCG and East Riding of Yorkshire CCG. HUTH presently recharge the CCGs for the drug cost and associated Homecare costs. It was thought the change from secondary care to primary care should be cost neutral.

It was stated that the guidelines had been approved by Hull and East Riding Prescribing Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the guidelines after the noted alteration where made.
-----	--

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:

NG574 - Certolizumab pegol for treating moderate to severe plaque psoriasis – NICE state this would be cost neutral.

TA575 - Tildrakizumab for treating moderate to severe plaque psoriasis – NICE state this would be cost neutral.

NG123 - Urinary incontinence and pelvic organ prolapse in women: management - NICE state the resource impact had to be confirmed and may have significant impact.

NG125 - Surgical site infections: prevention and treatment – NICE do not anticipate a significant impact on resource.

NG126 - Ectopic pregnancy and miscarriage: diagnosis and initial management – NICE state this would be cost neutral.

It was stated that a regular circulation of NICE guidance notifications to GP's would be beneficial, it was therefore agreed that further work would be undertaken to ascertain if this was already occurring.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Members of the Planning and Commissioning Committee requested that an overview of NICE guidance notification take place.

6.2d PRIMARY CARE PRESCRIBING REBATE OFFER

The Medicines Optimisation Pharmacist provided a report in relation to rebate offers which had been independently considered by PrescQIPP and by North of England Commissioning Support medicines optimisation team in conjunction with the CCG GP Prescribing lead.

An overview of each scheme was detailed below:

Edoxaban (Lixiana)

Was a rebate scheme paid quarterly using Daiichi Sankyo's terms and conditions offering a further update to their existing arrangements with no thresholds or penalties.

- The term was until December 2022.
- There was a 12 month termination clause for both parties.
- The contract was legalistic but brief and understandable.
- There are restrictions on disclosure of the scheme details to NHS staff and under FOI but they appear practical and implementable. A redacted contract defines what was and was not confidential.

Beclometasone Dipropionate Inhaler(Clenil Modulite)

- Utilises PrescQIPP standard terms and conditions to deliver a quarterly rebate based on PACT usage alone.
- The rebate was paid within 30 days of receipt of an invoice from the commissioner.
- The term of the contract was 2 years from signing but the company has a 6 month termination clause making the effective term quite short at 6 months.
Approximate rebate value per 12 months was £33,124. based on the last 12 month prescribing of £220,832.

Discussion took place with regard to the number of rebates received and it was noted that work was taking place to proactively obtain alignment across the four Humber CCGs.

Concern was expressed in relation to whether the cost would influence prescribing. The Committee were assured that there was no clinical difference in drugs and rebate decisions were not monetary driven. It was noted that PrescQIPP had reviewed both rebate schemes from a clinical cost effectiveness and contractual basis and concluded 'Scheme considered: No significant reservations'.

A vote occurred to endorse the rebates:

Beclometasone was approved.

Edoxaban (Lixiana) was voted on, 3 members approved, 3 objected and 1 abstained therefore the Chair had the casting vote, therefore the rebate was approved.

The Integrated Audit and Governance Committee (IAGC) meeting was taking place on 9 July 2019, whereby the Primary Care Prescribing Rebate Offer report would be submitted for approval.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the rebates schemes of behalf of the CCG.
(b)	Members of the Planning and Commissioning Committee referred the endorsed rebate schemes to the Integrated Audit and Governance.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB/GENERAL UPDATE AND NOTES

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

The next Committee in Common was scheduled for 26th June 2019 and would be asked to approve the pre-procurement report for Targeted Early Help Youth Provision.

Discussion took place in relations to the distribution of Hull City Council (Hull CC) minutes, it was agreed that Committee in Common and Integrated Commissioning Officer's Board (ICOB) be circulated following each meeting.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

6.4 INTEGRATED DELIVERY

6.4a FOCUS AREAS

Primary Care Update

The Strategic Lead – Primary Care provided a report to update the establishment of Primary Care Networks and the Network Contract Directed Enhanced Service (DES).

The NHS Long Term Plan published in January 2019 identified “£4.5 billion of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people. As part of a set of multi-year contract changes individual practices in a local area would enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources would flow. Most CCGs have local contracts for enhanced services and these would normally be added to the network contract. Expanded neighbourhood teams would comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.”

The establishment of the primary care groupings in Hull created a firm foundation for practices to respond to the requirements for the establishment of PCNs. However it became apparent in March that some movement in practice membership of groupings as they moved towards developing PCNs was likely and some would be required for the minimum of 30,000 patients per Network requirement to be met.

The CCG received 5 registration forms by the 15th May deadline and following further discussion the following PCNs which include all Hull GP practices have been approved:

Name of PCN	Practices	List size	Geography (practice sites)
Bransholme	9	c. 43,800	East plus Princes Medical in West
Hull Health Forward	8	c. 52,800	West
Medicas ⁽¹⁾	4	c. 45,500	East
Modality	5	c. 85,500	Mix of West plus Diadem and 2 practices in Park Health Centre
Nexus ⁽²⁾	9	c. 73,400	Mix of West, East and city centre

⁽¹⁾ currently 4 practices but would be 2 from 1st July 2019

⁽²⁾ has indicated an intention to work as 2 neighbourhoods

A key component of the Network Contract DES would be the development and implementation of seven national service specifications. These service specifications would evolve over time and would support delivery of specific primary care goals set out in the NHS Long Term Plan. They would be focussed on areas where primary care can have significant impact against the 'triple aim' of:

The seven specifications are as follows:

1. Structured Medications Reviews and Optimisation
2. Enhanced Health in Care Homes
3. Anticipatory Care
4. Supporting Early Cancer Diagnosis
5. Personalised Care (as part of the NHS Comprehensive Model)
6. CVD Prevention and Diagnosis
7. Tackling Neighbourhood Inequalities

1-5 are to be commissioned from April 2020 and 6 & 7 from April 2021.

It was stated that the Strategic Lead Mental Health and Learning Disabilities was in the process of preparing an STP submission for Mental Health Transformation funding. Hull and East Riding CCG's are bidding as part of wider STP for additional funding to support integration of mental health into primary care. PC Networks in Hull have been supportive of the principle in submitting the bid and would be involved in development of the service model should the initial bid be successful.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update in relation to PCN development in Hull and the Network Contract DES.
-----	---

Unplanned Care

The Deputy Director of Commissioning provided a report to update the Committee of the work programmes that were being undertaken across Hull and East Riding on behalf of the Accident and Emergency Delivery Board.

The Hull and East Riding A&E Delivery Board was tasked with improving and overseeing the system response to delivering the 4 hour A&E Target and the winter (seasonal pressures) plan.

This responsibility was discharged, from a project perspective, by the Unplanned Care Deliver Group which has identified the system pressure areas, developed the attached projects and oversees their discharge. The Group was held to account for delivery by the A&E Delivery Board.

Attached was an overview of the agreed A&E Delivery Board workstreams

- In Hospital Improvement Programme
- Primary Care Streaming
- Mental Health Programme
- Care Homes
- Improving Ambulance Handover
- Seasonal Planning and Delivery
- Diversionary Pathways
- Reducing Delayed Transfer of Care

These had been developed to address identified challenges within the system, namely

- Culture and systematic implementation of national projects
- Inconsistent delivery of the Primary Care Stream
- Mental Health response times need reducing to meet new national guidelines
- Perceived high demand from care homes

- Ambulance stacking and delayed turnaround
- Ongoing seasonal pressure management
- Limited alternatives for YAS to direct patients to
- Compliance with national targets around delayed transfer of care including stranded and super stranded patients.

It was stated that the Hull and East Riding System A&E Delivery Board Priorities for 2019/20 presentation had been circulated and includes high level messages and a delivery plan.



Discussion took place with the following areas being identified/stated:

- Humber Teaching Foundation Trust should be added to the System Partners Slide
- Type 3 activity to be included is Beverley and Bransholme UTC data
- A In Hospital Programme was being developed around same day emergency care

- Hull University Teaching Hospital NHS Trust (HUTHT) are receiving advice from an external medical consultant on the organisation of A & E
- Stranded patients are 7 days, Super Stranded patients are 21 days

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report and the work programmes that are underway to address identified system challenges around Unplanned Care.
-----	---

6.4b PROJECT EXCEPTIONS

Mental Health and Learning Disabilities

Children

Autism

The waiting list for autism has started to reduce slowly and the new clinical team would be fully staffed from end of July 2019, this includes the cessation of GP referrals for those children in education. The Neuro Disability referral form had been agreed which SENCO's would be in use from June 2019.

ADHD

The City Health Care Partnership (CHCP) ADHD case load transfer to Humber Teaching Foundation Trust (HTFT) had highlighted some young people who have not been reviewed as per NICE guidelines as well as some community paediatric patients who have transferred to Hull University Teaching Hospital NHS Trust (HUTHT) who should have transferred to HTFT. Discussions are taking place between HTFT and HUTHT to progress. A new locum Consultant Psychiatrist had been recruited to support the ADHD transfer and backlog.

Adult Mental Health

The funding for the new Rapid Response model of service which involves Humber working with a voluntary sector partner had been agreed by Hull CCG, the confirmation of the funding contribution from East Riding was awaited. In addition HTFT would be bidding for new NHS England monies for Crisis intervention.

Primary Care Networks and CMHTs

Hull and East Riding CCG's are bidding as part of the wider STP for additional funding to support integration of mental health into primary care. Primary Care Networks in Hull have been supportive of the principle in submitting the bid.

Older People

Dementia diagnosis rates in April 2019 show a 7.2% improvement compared to the previous month. Hull CCG are in the TOP 10 in England and are 2nd in the North East and Yorkshire region currently diagnosis rates are at 85.6%.

Planned Care

There were no exceptions to report.

Cancer Network Primary Care

There were no exceptions to report.

Medicine Management

There were no exceptions to report.

Children, Young People and Maternity

Speech and Language Therapy (SLT) Service remains a priority for NHS Hull CCG. 2 bids will be presented to the Prioritisation panel on 21st June 2019, one for recurrent funding for the service and another for Hull City Council Children and Young People's Services to provide additional support to children waiting for initial speech and language therapy assessment or intervention.

The Strategic Outline Business case (Stage 1) for the Children's Integrated Health and Care Community Hub had been approved by the Hull City Council Informal Cabinet, CST and NHS Hull CCG Senior Leadership Team. The Transformation Board leading this work was reviewing the requirements for the more extensive next stage of the business case that was expected to be completed by April 2021.

The Community Paediatric Medical Service transferred to HUTH 1 April 2019. The service was undertaking a review of all children awaiting follow-up appointments as a backlog had been identified. The outcome and impact of this review was expected by September 2019.

Resolved

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

6.5 NON-EMERGENCY MEDICAL TRANSPORT SERVICE

The Deputy Director of Commissioning provided a report to seek approval of the Non-Emergency Medical Transport Service specification.

Non-Emergency Medical Transport Services (NEMTS) are typified by the non-emergency, planned transportation of Service Users with a medical need for transport to, from and between premises providing NHS Healthcare.

Following a competitive procurement exercise in 2016, NHS Hull CCG entered into a contract for the provision of Non-Emergency Medical Transport Service with Thames Ambulance Service Limited (TASL), which commenced on 1 April 2017.

In delivering the service a number of challenges had come to fruition, including: continued failure to deliver the required service performance targets, and address underperformance, particularly in relation to Priority Service User journeys and Same Day journeys; an increase in CCG PALS contacts based on patient experience and the impact of the service on individuals in getting to and from their appointments; and an "Inadequate" rating following a CQC inspection.

A project team had been formed to co-ordinate a review of the service specification, including involvement from key stakeholders of Hull University Teaching Hospitals Trust.

The revised service specification circulated includes the equivalent principles but includes robust data provide a more robust service for patients had been updated in various area so ensure that a more specific service was provided the initial service

was not flawed providers and commissioners were not aware of the scale and complexity of the service.

The project requires a GP for clinical representation, volunteers were invited to be involved in the evaluation of tenders.

It was stated that the Invitation to Tender would be published in early July 2019, bidders will have until August 2019 to submit their tenders, evaluation would take place in September 2019 and the contract will be awarded in October 2019.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed and approved the service Non-Emergency Medical Transport Service specification and associated performance indicators.
-----	--

6.6 FINANCIAL PLANNING REPORT

The Senior Finance Manager provided a report to update the Planning and Commissioning Committee on the NHS Hull CCG Financial plan.

The final iteration of CCG's 2019/20 financial plan was submitted to NHS England on the 4th of April 2019. This plan was the financial interpretation of the CCGs Operational Plan and was used by NHS England to monitor the CCGs financial performance throughout the year.

The Financial Plan covers 2019/20 only, as requested by NHS England. The guidance used to assist with the production of the plan was published on the 10th of January 2019 and called the NHS Operational Planning and Contracting Guidance 2019/20. This incorporates elements of the Long Term Plan and details the significant amount of additional funding allocated to CCGs. It should be noted that with this funding comes various requirements in relation to tariff increases (that incorporate some funding previously paid to acute trusts directly by NHS England plus Agenda for Change uplifts), the Mental Health Investment Standard and the impacts of the New GP Contract.

The CCG was also required to achieve a number of other business rules such as maintaining a historic surplus of at least 1% (£4.8m), delivering an underlying surplus of 1% (i.e. spending £4.8m non-recurrently) and holding a contingency of 0.5% (£2.4m).

The CCG received growth of £22.9m that resulted in a total annual budget for 2019/20, including running cost allocation, of £475.2m, which would maintain the historic surplus at £15.3m.

It should be noted that although the allocation received for running costs remains the same as 2018/19 this was a real terms reduction due to the impact of agenda for change. The plans for 2020/21 are for this to reduce again (a real terms reduction of 20% over the two years) therefore this was an area that the CCG would need to be cognisant of.

The question was posed whether Primary Care Services include prescribing, clarification was gained that this was the case.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
-----	---

6.7 PROFOUND AND MULTIPLE LEARNING DISABILITY SERVICE

This item has been deferred until the August 2019 Committee.

6.8 EXERCISE GENEVITIS REPORT

The Deputy Director of Commissioning provided a report which presents an overview of Exercise Genevitis, including lessons learnt from the exercise to maintain Planning and Commissioning Committee's awareness of the outcomes of local Emergency Preparedness, Response and Resilience (EPRR) exercises.

There was a national legal requirement under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 for organisations to ensure they main their level of EPRR in line with their Civil Contingency response category.

A table top exercise was held on 27 September 2018 to rest the capacity and resilience of local government, the health community and partner organisations to respond effectively to a community infectious disease outbreak.

The exercise looked at the following areas:

- Ability of relevant organisation to respond to a sudden increase in demand.
- The role of organisations within an Incident Control Team.
- Communication between Agencies and their staff.
- Media management and response arrangements.
- Recovery systems for organisations to return to normality.
-

During the exercise a number of lessons were identified by those participating which require auctioning in order to better ensure the joined up approach takin account of the capacity and resilience of local government, the health community and partner organisations.

It was stated NHS England would provide guidance in the event of a community infectious disease outbreak and City Health Care Partnership (CHCP) would be responsible for providing treatment.

It was noted that NHS Hull CCG are required to undertake Live and Table top exercises to ensure that the required protocol was understood and in place, it was requested that volunteers come forward and speak to Karen Ellis karen.ellis20@nhs.net. to contribute to the NHS Hull exercise. It was suggested the invites be circulate to the PCN's to ensure all services are covered.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the report and the recommendations arising from the exercise.
-----	--

6.9 PRIMARY CARE STREAMING SERVICE SPECIFICATION

The Deputy Director of Commissioning provided a report which presents the revised Primary Care Streaming Specification for review and approval in preparation for inclusion in the Hull University Teaching Hospitals Trust contract as the required model of for delivery of the Primary Care Streaming Service and the implementation of the revised model.

Historically there has been a requirement for a Primary Care Stream within the Emergency Department (ED) at Hull Teaching Hospitals NHS Trust (HUTHT). To support this when ED was redesigned an area was identified for this, but was never fully utilised to deliver the service. Initially the service was provided by CHCP as in-reach into the department, but activity was low and integration with the wider ED was negligible meaning the model was not optimised. In order to resolve this the provision of the Primary Care Stream was transferred over to HUTHT with a revised specification. Since this time HUTHT have struggled with lack of GPs and other professionals to deliver a comprehensive Primary Care Stream.

It was acknowledged that at present time a single GP would cover a 12 hour shift within A & E and it was difficult to acquire cover. Hull University Teaching Hospital NHS Trust are in the process of going out to GP practices for GP's and Nurse Practitioners.

The specification circulated was a combination of a service specification and a development plan in that it recognises that there would be progression over the proposed years of application of the specification rather than purely identifying the final service that was being commissioned.

The key element of the service was to provide a designated streaming area at the front door of ED as the first point of contact for all patients where clinical streaming would take place, (which excludes those patients and ambulance arrivals identified as requiring care in Resus or the Majors areas of ED).

A non-Clinical Navigator would assist individuals in arranging Primary Care appointments & Primary Care registration.

The Primary Care streaming area would be available 24/7 to ensure patients are directed to the right service to meet their needs and prevent unnecessary attendance in ED.

Staffing in the front door primary care streaming area to include, but not limited to:

- General practitioners (GP)
- Advanced Nurse Practitioners
- Therapy staff
- Social Prescribers
- Mental Health Practitioners
- Pharmacists
- Non-clinical Navigator

Commissioners acknowledge that a phased approach would be required to deliver the above pathway.

Concern was raised around the terminology when advising the role at patients may contemplate attending A & E to see a GP.

HUTHT would be responsible for Primary Care Streaming which would include financial consequences.

It was stated that HUTHT had requested if the Primary Care Streaming Service could be sub-contracted.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and approved the service specification as a service model which would be developed around Primary Care Streaming.
-----	--

6.10 NHS FUNDED CARE

The Head of Funded Care provided a report to seek approval for the NHS Funded Care Service Specification.

The Planning and Commissioning Committee has previously supported an increase in the funding of the Continuing Healthcare Service, supporting its ongoing development and delivery. This included additional resources for the Continuing Healthcare and Children's Continuing Care Provider (CHC/CC) and City Health Care Partnership CIC (CHCP) and for Adult Social Care (ASC).

The development of the service specification identified a number of gaps within the current provision. These included a lack of up to date policies and procedures which have previously resulted in a number of recommendations being made by the NHS England Independent Review Panel (IRP).

In collaboration with the provider and the councils Adult Social Care (ASC) Department a service specification underpinned by a Standard Operating Procedure (SOP) is being developed. The SOP will be completed by the end of September, to be presented to the committee's in October for its consideration. It was stated that the SOP would be written in an accessible format ensuring that patients, carers and practitioners are all able to use the procedure manual

It was stated that work has started to define the local position regarding the Personal Health Budget agenda, and this work will continue to feed directly into the development of the SOP. The changes in structure and process in terms of delivery going forwards will be fundamentally informed by the personalisation agenda. Therefore, to ensure that delivery going forwards is in line with nationally framed expectations the originally intended timescales have been moved to accommodate the intensity of work that will need to be completed.

A dedicated work stream for Integrated Personal Commissioning (IPC) and data had commenced to ensure that the KPI element of the new specification would be clear and definable.

The local resolution process were eligibility decision here being appealed by the patient within the service specification had been update as this had been poor in its previous iteration, it was agreed, however, that further work is required to ensure that the Local Resolution Meeting (LRM) process is not just robust and defensible from a corporate perspective, but is also accessible and fair for the individual who is raising

appeal to the eligibility decision. Notably, the role of advocacy to support any individual through the LRM process needs to be made more prominent.

It was acknowledged that the local resolution process proposed in the service specification was essential to ensure that eligibility decision making is more; accountable, transparent and consistent.

When the outcome of a Decision Support Tool assessment has been appealed and has been considered through a robust LRM process and cannot go forward any further locally, the patient is advised that they can then appeal to NHS England, to be considered as suitable for the Independent Review Panel process.

It was requested that assurance be given on the Independent Review Panel (IRP) process and how outcome reports are received by the CCG, particularly with regards to how learning opportunities are identified and taken forward. It was stated that the local IRP reporting process has recently been updated and an annual thematic review will take place with the findings being reported on at committee level on an annual basis.

Resolved

(a)	Members of the Planning and Commissioning Committee approved service specification and progress to contracting with the provider based on the agreed terms.
(b)	Members of the Planning and Commissioning Committee supported the development of a Standard Operating Procedure (SOP) to ensure the delivery of a robust and consistent service.
(c)	Members of the Planning and Commissioning Committee agreed that the overall service for CHC/CC, including the agreed provider specification, the finalised Adult Social Care specification and SOP would be brought to the October 2019 Committee

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

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

The Director of Integrated Commissioning Officer provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

The Homeless Discharge Service Invitation to Tender was due to close on 24 May 2019 with evaluation to follow immediately and contract award scheduled for 28 June 2019. – This had now closed and would be going to an Extra-ordinary Board for approval.

The service specification for Primary Care IT has been approved by all four Humber CCGs, the Invitation to Tender documents are being prepared for publication in early June 2019. - This was now out for procurement.

Engagement with service users for Patient Transport Services has been undertaken and the service specification was due to be presented for approval to the Planning

and Commissioning Committee on 7 June 2019. The service specification had now been approved.

Hull City Council are currently in the process of procuring Day Opportunities for Vulnerable Adults, Doula and Breast Feeding Support, Specialist Stop Smoking service and Healthwatch & Advocacy services. – The contract had now been awarded.

It was stated that the contract pipeline would be reviewed at the upcoming Procurement Panel.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
-----	--

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

Two Primary Care Prescribing Rebate Scheme had been forwarded to the Integrated Audit and Governance Committee (IAGC) for approval.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The Quality and Performance minutes for March and April 2019 had been provided for information.

Resolved

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

10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any Other Business to be discussed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no items of AoB to be discussed.
-----	---

10.1 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **5 July 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 July 2019

Abbreviations

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
APMS	Alternative Provider Medical Services
ASC	Adult Social Care
BCF	Better Care Fund
BHC	Bransholme Health Centre
C&YP	Children & Young People
CHC/CC	Continuing Healthcare and Children's/Continuing Care Provider
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
HCV	Humber Coast and Vale Cancer Alliance
HERPC	Hull and East Riding Prescribing Committee
HUTHT	Hull University Teaching 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
IPC	Integrated Personal Commissioning
ITT	Invitation to Tender
IRP	Independent Review Panel
JCF	Joint Commissioning Forum
LA	Local Authority
LDR	Local Digital Roadmap
LAC	Looked after Children
LRM	Local Resolution Meeting
MDT	Multidisciplinary Team
MH	Mental Health
MSD	Merck Sharpe Dohme
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PDB	Programme Delivery Board
PHE	Public Health England
SHO	Senior House Doctor
SPD	Sensory Processing Disorder
SATOD	Smoking Status at Time of Delivery
SOP	Standard Operating Procedure
ToR	Terms of Reference